

# PREA Facility Audit Report: Final

**Name of Facility:** Missouri River Correctional Center

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 10/10/2023

**Date Final Report Submitted:** 03/20/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> DeShane Reed	<b>Date of Signature:</b> 03/20/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Reed, DeShane
<b>Email:</b>	drbconsultinggroup@gmail.com
<b>Start Date of On-Site Audit:</b>	07/27/2023
<b>End Date of On-Site Audit:</b>	07/29/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Missouri River Correctional Center
<b>Facility physical address:</b>	1800 48th Avenue Southwest, Bismarck, North Dakota - 58506
<b>Facility mailing address:</b>	PO Box 5521, Bismarck, North Dakota - 58506

Primary Contact
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<b>Name:</b>	Shannon Davison
<b>Email Address:</b>	sdavison@nd.gov
<b>Telephone Number:</b>	701-328-9691

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Lance Anderson
<b>Email Address:</b>	lwander@nd.gov
<b>Telephone Number:</b>	701-328-6039

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Shannon Davison
<b>Email Address:</b>	sdavison@nd.gov
<b>Telephone Number:</b>	O: 701-328-9691

<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Michael Hundley
<b>Email Address:</b>	mhundley@nd.gov
<b>Telephone Number:</b>	701-328-9675

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	191
<b>Current population of facility:</b>	191
<b>Average daily population for the past 12 months:</b>	191
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males

<b>Age range of population:</b>	21-73
<b>Facility security levels/inmate custody levels:</b>	minimum custody
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	52
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	62
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	143

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	North Dakota Department of Corrections and Rehabilitation
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	3100 Railroad Avenue, PO Box 5521, Bismarck, North Dakota - 58502
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Casey Traynor	<b>Email Address:</b>	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:

0

#### Number of standards met:

45

#### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-07-27
2. End date of the onsite portion of the audit:	2023-07-29

#### 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:	Contacted representative from Abused Adult Resource Center (AARC) regarding MOU with ND-DOCR (MRCC).

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	191
15. Average daily population for the past 12 months:	191
16. Number of inmate/resident/detainee housing units:	13
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="radio"/> Yes <input 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**

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	185
<b>37. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	3

<p><b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>3</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>52</p>

<b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	143
<b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	62
<b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	23
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
<b>If "Other," describe:</b>	Targeted



<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>I selected from the master inmate roster, which included detailed demographic information on each inmate.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>7</p>
<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>	
<p><b>59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/detainees.</p> <p><input type="checkbox"/> The inmates/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/detainees).</b></p>	<p>All inmates are 18 years old or older. MRCC does not house youthful inmates.</p>
<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I asked interviewed residents during formal interviews, as well as informal interviews. I also reviewed the master inmate roster, which included detailed demographic information on each inmate.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I asked interviewed residents during formal interviews, as well as informal interviews. I also reviewed the master inmate roster, which included detailed demographic information on each inmate. If there were any present, none revealed themselves.</p>

<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I asked interviewed residents during formal interviews, as well as informal interviews. I also reviewed the master inmate roster, which included detailed demographic information on each inmate. If there were any present, none revealed themselves.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I asked interviewed residents during formal interviews, as well as informal interviews. I also reviewed the master inmate roster, which included detailed demographic information on each inmate. If there were any present, none revealed themselves.</p>

<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>1</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I asked interviewed residents during formal interviews, as well as informal interviews. I also reviewed the master inmate roster, which included detailed demographic information on each inmate. If there were any present, none revealed themselves.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>19</p>

<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></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><b>If "Other," describe:</b></p>	<p>Specialized Staff</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>7</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>a. Explain why it was not possible to interview the Agency Head:</b></p>	<p>Interviewed Agency Head designee due to absence during the time of this Audit.</p>

<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <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)

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

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



	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<p><b>84. Did you have access to all areas of the facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>Was the site review an active, inquiring process that included the following:</b></p>	
<p><b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>No text provided.</p>
<p><b>Documentation Sampling</b></p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

Multiple selections while onsite.

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

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

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

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

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

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

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

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

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

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

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

**Sexual Harassment Investigation Outcomes**

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	3
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<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input 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><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

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

<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>2</p>
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<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input 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>
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**Inmate-on-inmate sexual harassment investigation files**

<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>2</p>
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<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input 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>
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<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input 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>
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<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	No text provided.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No

## Non-certified Support Staff

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

Yes

No

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

1

## AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

The audited facility or its parent agency

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

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

Other

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

<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) 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 MRCC’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 of Adult Facility Operations to effectively engage in his role. This auditor also interviewed MRCC’s PREA Compliance Manager who explained that MRCC has carved out time within her role to engage in her PREA</p>

	<p>Compliance Manager’s (PCM) 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 MRCC is in compliance with PREA Standard 115.11.</p>
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<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) submitted their contracts with Bizmark Transition Center (BTC), Center Incorporated (CI), Barnes County Jail (BCJ), Lake Region Residential Reentry (LRRR) as evidence of compliance with PREA Standard 115.12, for contracting for confinement. Each of the reviewed contracts had the necessary language within them, which identifies the requirements to adopt and comply with PREA Standards.</p> <p>This PREA auditor concludes that MRCC is in compliance with PREA Standard 115.12.</p>

<b>115.13</b>	<b>Supervision and monitoring</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) 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 MRCC’s “ND-DOCR Policy #3A-03,” concluding that it has the necessary language to align with PREA Standard 115.13.</p>

	<p>This auditor interviewed MRCC’s PREA Compliance Manager/Deputy Warden who shared that MRCC complies with the protocol identified in their staffing plan. When call-offs and time-offs occur, MRCC provides coverage through adjusting/rotating on-shift staffing, voluntary, or mandatory overtime. This allows MRCC’s staffing plan and staffing coverage to remain fulfilled. Furthermore, MRCC’s PREA Compliance Manager/Deputy Warden shared that staff could also voluntarily work shifts or switch shifts/dates.</p> <p>This auditor also reviewed MRCC’s “Staffing Plan Review” (June 2023) which documented MRCC’s process of ensuring adequate staffing to protect inmates from sexual abuse. MRCC’s Staffing Plan contains all the components which need consideration when identifying staffing needs. MRCC’s PREA Compliance Manager/Deputy Warden submitted MRCC’s “Staffing Plan Deviation Form (SPDF).” She explained that the SPDF is used when there’s deviations from the staffing plan, and after all other above-mentioned alternatives have been exhausted. MRCC submitted their two completed SPDF’s as evidence of compliance. This PREA auditor also observed the facility’s staffing roster for the past 21 days, which seemed to have adequate staffing coverage to protect inmates from sexual abuse.</p> <p>Additionally, while onsite, this auditor interviewed the MRCC’s Captain of Security, who shared that supervisory unannounced rounds are conducted once daily. MRCC submitted “All Supervisory Rounds” from 6/26/22 through 6/26/23. This auditor reviewed multiple unannounced supervisory rounds documented at minimum every 48 hours.</p> <p>This PREA auditor concludes that MRCC is in compliance with PREA standard 115.13.</p>
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<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>This PREA auditor reviewed multiple random selected dates of MRCC facility rosters and counts while onsite. No youthful inmates were present on the rosters. ND-DOCR’s PREA Coordinator and MRCC’s PREA Compliance Manager/Deputy Warden also shared, and through OAS, that MRCC did not house youthful inmates. The daily counts while this auditor was onsite did not show youthful inmates being housed at MRCC. This auditor also interviewed a random selection of 19 specialized and security staff. Each responded that youthful inmates are not housed at MRCC. This auditor also interviewed a random selection of 23 inmates, selected from MRCC’s daily inmate roster. All 23 interviewed inmates shared that MRCC did not house youthful inmates. During this auditor’s exhaustive tour, this auditor informally asked multiple inmates if there were inmates under 18 housed at MRCC. Each response was similar stating that there were no inmates under 18 years old at this facility.</p> <p>This PREA auditor concludes that MRCC is in compliance with PREA Standard 115.14.</p>

<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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 115.15. Missouri River Correctional Center (MRCC) 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 MRCC’s “ND-DOCR Policies #3A-06 and 3C-09,” concluding that they have the necessary language to align with PREA Standard 115.15.</p> <p>MRCC is an all-male inmate prison. While on-site, this PREA auditor interviewed 23 randomly selected inmates. Each inmate verified that they are only searched by staff of the same gender. When this auditor interviewed a random selection of 12 MRCC security staff and asked, “Which gender staff pat searches a transgender or intersex?” There were consistent responses from the 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. This auditor also reviewed MRCC’s “NDS Training Spreadsheet,” which showed that all active MRCC staff were up to date on their “Body Search Clothed and Unclothed” training. Training dates ranged from 1/2022 to 6/2023.</p> <p>This auditor interviewed a random selection of 23 inmates. There were 20 of the 30 randomly selected interviewed inmates who shared that they do not 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. Many inmates shared that female staff walk through the on-unit bathroom as a “shortcut” without announcing their entering. They walk through while male inmates are in the stalls, exiting the stalls or at the bathroom sink half clothed. This auditor toured the facility and observed the breach of privacy, when not announcing, when staff takes the “shortcut” path through the bathroom to get to the other side of the housing unit. This auditor also observed “sheer” shower curtains hung at the entrances to the showers. These shower curtains still allow the inmate to be seen naked when exiting the shower to dry off. Additionally, 22 out of 23 inmates stated that female staff do not announce when they are entering the inmates’ sleeping dorms. Inmates share that the female staff just enters to do their checks or talk to specific inmates without announcing prior to entering. During this auditor’s tour, this auditor did observe female staff walking around the housing units near the showers (with “sheer” curtains), as well as entering the inmate’s sleeping dorm without announcing. Finally, this auditor observed the first sets of beds in inmate dorms “Heart,” Yellowstone,” and “Wild Rice” facing the large windows at the entrance. The inmates in these bed areas have zero privacy, due to the large window allowing for immediate and clear</p>

viewing of these inmate's personal dorm section. All other inmate's dorm sections are blocked by their clothing and accessory cabinets. Nothing provides privacy for inmates placed in these first dorm sections.

This auditor interviewed a random selection of 12 security staff and asked if female staff announce prior to entering inmate shower areas, inmate toilet areas, and when they enter inmate dorm where inmates sleep and get dressed? Each staff shared similar responses that at the beginning of the day/shift they make a one time "all gender announcement," stating, "All genders working this day/shift." Contrary, ND-DOCR's #3C-09 policy states, "*Staff of the opposite gender of an adult in custody housing unit shall announce "Female on the Floor" (NDSP/MRCC/JRCC)/ "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."*

This auditor recommended that MRCC place signage stating "OPPOSITE GENDER MUST ANNOUNCE THEMSELVES PRIOR TO ENTERING" at the entrances of MRCC's shower rooms, dormitory sleeping locations (12), and inmate bathrooms. This auditor also recommended that MRCC retrain staff on MRCC's policy and PREA Standards regarding "opposite gender announcing" before entering MRCC's 12 male dormitory sleeping locations, male shower rooms, and male inmate bathroom locations. This auditor recommended MRCC change out their shower curtains to those which do not show naked inmates who are exiting their showers. Finally, this auditor recommended MRCC "frost" the bottom half of the large windows at the entrance dorms "Heart," Yellowstone," and "Wild Rice," where the first sets of inmate beds are located. This PREA auditor concluded that MRCC was not in compliance with PREA standard 115.15. Corrective Action was required.

During MRCC's Corrective Action Period (CAP), this auditor conducted two ZOOM meetings with ND-DOC's PREA Coordinator, MRCC's Warden, and PREA Compliance Manager (PCM) to discuss the recommended corrective actions needed to meet compliance with this standard. After the meeting, MRCC developed signs and placed the signs at the entrance of MRCC shower rooms, the front entrance of each dorm in the main building/transitional housing unit, and each entrance/exit of the inmate bathrooms. The signs states, "OPPOSITE GENDER MUST ANNOUNCE YOURSELF PRIOR TO ENTERING." These developed and posted signs were uploaded to OAS supplemental files.

Additionally, submitted in OAS supplemental files verification of each staff's completion of PREA refresher training, which included, opposite gender announcing before entering dorm, bathroom, and shower areas. Furthermore, MRCC submitted evidence of shower curtains being replaced with permanent laminate doors for all three shower areas. These laminate doors do not allow people outside the shower to view unclothed inmates who are exiting the shower. Pictures of doors have been loaded into OAS supplemental files. MRCC's maintenance department also installed 12 inches of frosted etching on the windows leading into the Heart, Yellowstone and Wild Rice which provides privacy for those front bunk areas. Picture of windows have also been loaded into OAS. Finally, on 3/13/24, this auditor revisited MRCC to visually see the changes and implementations resulting from the corrective action plan for

	<p>this standard.</p> <p>This PREA auditor concludes that MRCC is in compliance with PREA Standard 115.15.</p>
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<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #4B-06 and #2A-03 as evidence of compliance with PREA Standard 115.16. This auditor reviewed MRCC’s “ND-DOCR Policies #4B-06” and 2A-03, concluding that both has the necessary language to align with PREA Standard 115.16.</p> <p>While on site, this auditor interviewed ND-DOCR’s PREA Coordinator and MRCC’s PREA Compliance Manager. Both shared that MRCC provide translation/interpretation to non-English speaking inmates through “Language Link.” This auditor later contacted the “Language Link” number (1-877-650-8027), provided MRCC’s contract number, and was allowed to speak to an interpreter of the language of choice. Additionally, MRCC 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.</p> <p>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. The interviewed staff also shared that some staff speak English and Spanish and are also used to translate in emergent circumstances. They stated that the use of other inmates to translate is infrequently used. Finally, this auditor interviewed a randomly selected targeted Limited English Proficient (LEP) inmate. This inmate was able to share that the MRCC staff ensures that he receives and understander PREA information in his native “Bosnian” language through the interpretation language line.</p> <p>While on site, this auditor did observe PREA reporting postings in English and Spanish. However, this auditor did not observe PREA inmate education videos in</p>



	<p>English, Spanish, and closed captioned for the hearing impaired. Additionally, the PREA boxes, sick call boxes, and other communicative avenues for an inmate to report PREA at MRCC was in English only.</p> <p>This auditor recommended MRCC provide PREA-related pamphlets, PREA orientation documents, PREA Education written material, and PREA Education videos in English, Spanish, and closed captioned. This allows Limited English Proficient (LEP) inmates adequate access to receive PREA education on MRCC’s zero tolerance policy, their inmate’s rights, and ways to report an incident of sexual abuse/sexual harassment. This auditor shared that the PREA Resource Center has a selection of recent PREA inmate Education videos available to adult and juvenile facilities. These videos are in English, Spanish, and closed captioned. This PREA auditor concluded that MRCC was not in compliance with PREA Standard 115.16. Corrective Action was required.</p> <p>During MRCC’s Corrective Action Period (CAP), this auditor conducted two ZOOM meetings with ND-DOC’s PREA Coordinator, MRCC’s Warden, and PREA Compliance Manager (PCM) to discuss the recommended corrective actions needed to meet compliance with this standard. After the meeting, MRCC uploaded their PREA inmate education video for Spanish and English, sign language and closed caption in PRC’s OAS. MRCC also uploaded education pamphlets given to inmates during PREA Orientation for intersystem transfers, which are in both Spanish and English. Additionally, MRCC had signs made in English and Spanish that details how an inmate can report an incident of sexual abuse or sexual harassment. The signs are posted near the PREA boxes, sick call boxes in the housing unit. All developed and posted signs have been uploaded to OAS. Finally, on 3/13/24, this auditor revisited MRCC to visually see the changes and implementations resulting from the corrective action plan for this standard.</p> <p>This PREA auditor concludes that MRCC is in compliance with PREA Standard 115.16.</p>
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<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) 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 MRCC’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, 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 shared that background screenings include fingerprinting and NCIC checks.</p> <p>This auditor randomly selected 12 employee files and 3 contractor files. This auditor’s random selection consisted of employees of various years of service. Three of the 10 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. Eleven of the 12 files had all the checks and screenings, aligning with 115.17. The one outlier was a reviewed file from an employee who was hired in 1998 (prior to the PREA law). This employee did not have a background completed when he was promoted in 2006. However, this staff’s file did have a five-year review in 2018 and 2023. Finally, each year all ND-DOCR employees receive annual performance reviews. Each annual review has 3 PREA reaffirming acknowledgement zero tolerance questions for employees to complete.</p> <p>This PREA auditor concludes that MRCC is in compliance with PREA standard 115.17.</p>
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<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) did not submit evidence of any facility upgrades in the OAS. Furthermore, MRCC has not acquired a new facility or made a substantial expansion to existing facilities since their last PREA Audit. While on site, MRCC’s Superintendent and PREA Compliance Manager (PCM) shared with this auditor that 35 solid doors have been replaced with doors with windows. Finally, this auditor interviewed MRCC’s Chief of Security/PREA Compliance Manager/ Superintendent shared that the 35 doors improved MRCC’s supervision and monitoring abilities to enhance their ability to protect inmates from sexual abuse.</p> <p>This PREA auditor concludes that MRCC is in compliance with PREA Standard 115.18.</p>

<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## **Auditor Discussion**

This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) 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 MRCC's "ND-DOCR Policy #1A-27" and has concluded that it has the necessary language to align with PREA Standard 115.21.

While on site, this auditor interviewed a random selection of 23 MRCC inmates. When asked about their knowledge of outside victim advocacy services provided for sexual abuse victims at MRCC, all 23 inmates knew that there were advocacy services available for inmate victims of sexual abuse. This auditor also interviewed a random selection of 12 MRCC 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, 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. This auditor also reviewed ND-DOCR's MOU with North Dakota Highway Patrol to provide criminal investigations and confidential inmate sexual abuse reporting.

This auditor did review the "Memorandum of Understanding (MOU)" between ND-DOCR and "Abused Adult Resource Center (AARC)." AARC serves as the MRCC's provider for emotional support for sexual abuse victims. The MOU expired on 9/30/22. This auditor also interviewed specialized medical and mental health staff members who shared that they are aware of the MOU MRCC has with AARC for victim advocacy services. They also shared that MRCC transports victim inmates to Sanford Medical Center for SANE/SAFE. This auditor observed the posting of the victim advocacy telephone number posted on signage within the facility. This auditor was able to make contact and verify AARC's collaboration with MRCC. MRCC also submitted a staff member as a "qualified victim advocate." Her specialized training was submitted which is through the National Institute of Corrections: "PREA 201 for Medical Health Practitioners." However, this auditor cannot conclude the specific NIC training could be considered adequate victim advocacy training.

This auditor recommended MRCC submit verification of MOU renewal with AARC. Once this MOU with AARC is updated, this PREA standard would be satisfied. However, if MRCC desired to provide a backup staff victim advocate, this auditor recommended a sexual assault advocacy training which is specifically designed to teach advocates how to provide competent, effective crisis intervention services to victims and survivors of sexual abuse/assault. This PREA auditor concluded that MRCC was not in compliance with PREA standard 115.21. Corrective Action was required.

	<p>During MRCC’s Corrective Action Period (CAP), this auditor conducted two ZOOM meetings with ND-DOC’s PREA Coordinator, MRCC’s Warden, and PREA Compliance Manager (PCM) to discuss the recommended corrective actions needed to meet compliance with this standard. After the meeting, MRCC was able to get their MOU updated with AARC and uploaded into OAS. This auditor verified the fully executed MOU with signatures and dates (10/1/22 through 9/30/24).</p> <p>This PREA auditor concludes that MRCC is in compliance with PREA Standard 115.21.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) 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 MRCC’s “ND-DOCR Policy #1A-27” and has concluded that it has the necessary language to align with PREA Standard 115.22.</p> <p>While onsite, this auditor also interviewed 1 Administrative PREA Investigator/Director of Security. This auditor shared a scenario of an inmate running out of the shower and immediately reports to staff that they were sexually assaulted by another inmate. He was able to share first responders and evidence preservation, and reporting protocols. Additionally, MRCC’s investigator shared his investigating procedures/responsibilities when a sexual abuse allegation is assigned to them. This auditor reviewed “ND-DOCR’s Coordinated Response Plan,” which aligned with MRCC’s PREA Investigator’s responses.</p> <p>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 interviewed a random selection of 19 MRCC specialized and security staff, 19 of 19 responded confidently their knowledge as first responders and coordinated response.</p> <p>This PREA auditor concludes MRCC is in compliance with PREA standard 115.22.</p>

<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) 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 MRCC’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 23 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 coordinated duties. This auditor also requested, received, and viewed training files of the 19 randomly selected interviewed staff, to verify up-to-date annual PREA training. MRCC’s PREA Compliance Manager/Deputy Warden printed showed MRCC’s electronic training tracking spreadsheet, which 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 MRCC is in compliance with PREA standard 115.31.</p>

<b>115.32</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) 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 MRCC’s</p>

	<p>“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 PREA interviewed 1 randomly selected contractor. He acknowledged receiving PREA training and refresher training. He was able to thoroughly share his responsibilities if informed, observe, or gain knowledge of sexual abuse or sexual harassment. This auditor also requested, received, and viewed the training files of the randomly selected interviewed volunteer. Additionally, ND-DOCR’s MRCC’s PREA Compliance Manager/Deputy Warden submitted MRCC’s “PREA Contractor/Volunteer Training Lesson Plan” and “Contractor/Volunteer Acknowledgement Form.” The lesson plan and acknowledgement form covered the components identified in PREA Standard 115.31 and 115.32.</p> <p>This PREA auditor concludes MRCC is in compliance with PREA standard 115.32.</p>
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<b>115.33</b>	<b>Inmate education</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) 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, MRCC 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 MRCC’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 happened to be present to observe an MRCC intake with MRCC’s Intake Sergeant. This auditor observed the entire intake process. During his intake process, he shared MRCC’s zero tolerance for sexual abuse/sexual harassment, inmate’s rights, and ways to report at MRCC. This information was documented in MRCC’s system where intakes are captured. This auditor also interviewed the MRCC Case Manager. MRCC’s Case Manager shared with this auditor that he facilitated PREA Inmate Education every two weeks and documented the education and attendees in the “Elite” system. This auditor interviewed a random selection of 23 MRCC inmates. There were 22 of 23 who stated that they received PREA Education within 30 days of their intake, through a video and question and answer session with the Case Manager. The 1 inmate who did not report receiving PREA Inmate Education was a new intake.</p>

This auditor requested verification the 22 of 23 interviewed inmates did receive PREA Inmate Education within 30 days of their intake date. MRCC's PREA Compliance Manager/Deputy Warden submitted each inmate's "MRCC Orientation Training" form. All 22 of 23 were verified. Finally, this auditor reviewed the "Resident PREA Training: What You Need to Know" PPT and Curriculum used for PREA Education. This auditor also reviewed the sign-off/acknowledgement documentation as evidence of compliance.

Though MRCC's PREA Education videos and Reporting signage are in English and Spanish, this auditor did not observe and PREA Zero-Tolerance Postings present. Additionally, this auditor observed that MRCC's PREA reporting access boxes, sick call boxes, and other communicative avenues for an inmate to report PREA at MRCC was in English only.

This auditor recommended MRCC add PREA Zero-Tolerance postings/signage around facility to support MRCC's PREA Zero Tolerance culture/efforts. Additionally, this auditor recommended MRCC ensure that all PREA reporting access boxes, sick call boxes, and other communicative avenues for an inmate to report PREA at MRCC be in English and Spanish. This would allow Limited English Proficient (LEP) inmates adequate access to PREA reporting and communicating. This PREA auditor concluded that MRCC was not in compliance with PREA Standard 115.33. Corrective Action was required.

During MRCC's Corrective Action Period (CAP), this auditor conducted two ZOOM meetings with ND-DOC's PREA Coordinator, MRCC's Warden, and PREA Compliance Manager (PCM) to discuss the recommended corrective actions needed to meet compliance with this standard. After the meeting, MRCC uploaded their PREA inmate education video for Spanish and English, sign language and closed caption in PRC's OAS. MRCC also uploaded education pamphlets given to inmates during PREA Orientation for intersystem transfers, which are in both Spanish and English. Additionally, MRCC had signs made in English and Spanish that details how an inmate can report an incident of sexual abuse or sexual harassment. The signs are posted near the PREA boxes, sick call boxes in the housing unit. All developed and posted signs have been uploaded to OAS. Finally, on 3/13/24, this auditor revisited MRCC to visually see the changes and implementations resulting from the corrective action plan for this standard.

This PREA auditor concludes that MRCC is in compliance with PREA Standard 115.33.

<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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 115.34. Missouri River Correctional Center (MRCC) 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 MRCC’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 “Specialized Investigator’s Training” 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 2 randomly selected MRCC administrative PREA investigators. Both knew their responsibilities in, evidence collection, Miranda/Garrity rights, interviewing procedures, understanding victim trauma, and investigation report-writing protocols. Both investigators identified the specialized training they received regarding investigating sexual abuse in confinement facilities. This auditor reviewed both interviewed PREA investigator’s training transcript, submitted by MRCC’s PREA Compliance Manager/Deputy Warden. These training transcripts verified the specialized training all the MRCC PREA investigators received training through the classroom or through the National Institute of Corrections (NIC) web-based training.</p> <p>This PREA auditor concludes that MRCC is in compliance with PREA standard 115.34.</p>
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<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) 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 MRCC’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 MRCC’s Treatment Coordinator, Director of Nursing, and Case Manager. Each staff identified the training they received regarding effective and professional responding to sexual abuse victims, evidence</p>



	<p>preservation, reporting procedures, and forensic examination protocols. All knew their coordinated response responsibilities if an inmate is sexually abused at MRCC. This auditor also reviewed MRCC “PREA Health Care Standards” curriculum, which is used to train new medical and mental health staff. This auditor also reviewed MRCC’s Treatment Coordinator, Director of Nursing, and Case Manager’s training transcript, submitted by MRCC PREA Compliance Manager/Deputy Warden. These training transcripts verified the specialized training the entire MRCC medical and mental health staff received. MRCC’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 MRCC is in compliance with PREA standard 115.35.</p>
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<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) 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 MRCC’s “ND-DOCR Policy #3C-04” and has concluded that it has the necessary language to align with PREA Standard 115.41.</p> <p>While on site, this auditor also interviewed the Intake Sargeant staff who explained the process of gathering risk of victimization and abusiveness information. During the interview this the Intake Sargeant, he shared that every inmate committed to ND-DOCR goes to North Dakota State Prison (NDSP) first for initial intake and determined stay. Any inmates arriving for intake at MRCC arrives are being transferred from NDSP. MRCC’s Intake Sargeant continues to share that he administers MRCC’s “PREA Temporary Leave/Transfer Screening” tool. This auditor reviewed this screening tool. Additionally, while onsite, this auditor happened to be present to observe an MRCC intake with MRCC’s Intake Sargeant. This auditor observed the entire intake process. During his intake process, he administers MRCC’s “PREA Temporary Leave/Transfer Screening” tool (via computerized). The transfer screening tool asked 3 Questions:</p> <ol style="list-style-type: none"> <li>1. <i>History of being a victim of predatory or aggressive sexual actions in an institutional setting?</i></li> <li>2. <i>Verbalize fear for personal safety or sexual victimization?</i></li> </ol>

3. *History of institutional predatory behavior, including jail, since your last PREA Assessment?*

The Intake Sergeant asked 1 additional question which was not on the assessment form. The Intake Sergeant asked, *“Can you defend yourself if someone was to make an advancement towards you?”* After the inmate intake, this auditor asked the office why that additional question. He stated that this is just a routine question asked to gauge the inmate. This information was documented in MRCC’s system where intakes are captured. This auditor does not believe the 3 above questions alone and the 1 additional question gathers enough information to close the gap and provide the inmate an updated self-reporting opportunity or to self-report incidents which may have not been previously reported since the last risk screening.

After observing the intake, this auditor asked the Intake Sergeant, *“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)?”* MRCC’s Intake Sergeant shared that he did nothing with the information.

This auditor informed the Intake Sergeant that there should be a referral to mental health staff for a follow-up meeting with the inmate within 14 days of the intake screening. This auditor also asked the Intake Sergeant if intake conducts risk screening reassessments within 30 days of intake. He shared that they do not.

This auditor also interviewed MRCC Director of Nursing, Treatment Coordinator, and Case Manager. This auditor explained his observations of the intake screening and shared PREA Standards 115.41, 115.42, and 115.81. This auditor then asked MRCC’s Treatment Coordinator if inmates who are screened, at intake, to have history of sexual victimization or sexual perpetration are receiving follow-up meeting with mental health staff within 14 days of their intake screening. This auditor also asked the Treatment Coordinator if mental health conducts risk screening reassessments within 30-days of intake. She shared that they do not. MRCC’s Director of Nursing, Treatment Coordinator Case Manager shared that they did not have knowledge that a follow-up is required for inmates who have history of sexual victimization or sexual perpetration.

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 MRCC’s intake (Initial Intake, Temporary Leave, Transfer, and Parole violating inmates). MRCC also shared the PREA Admissions Screening form for each mentioned inmate-type being assessed. There was no mention of 14-day follow-up, except for the following instructions, *“If any question is answered yes, activate the facility-coordinated response, and refer to unit management for reassessment.”* Finally, this auditor could not identify any reference to 14-day follow-up with mental health in MRCC *“Coordinated Response”* procedures.

Finally, this auditor interviewed 23 randomly selected MRCC inmates. This auditor asked the inmates if they received a PREA Risk Screening and if the above 3 questions were asked again during their stay. All 23 interviewed inmates shared that they did recall receiving PREA Risk Screening. Also, all 23 interviewed shared that

they did not recall receiving a 30-day PREA Risk Reassessment. When this auditor requested to review 30-day reassessments of the random selection of 23 interviewed inmates, no reassessments were provided.

This auditor recommended that MRCC add 2 additional questions to their current “PREA Temporary Leave/Transfer Screening” tool (mentioned above), to close the gap and provide the inmate an updated self-reporting opportunity or to self-report incidents which may have not been previously reported from the last risk screening.

These questions could be,

1. *“Would you like to share any additional information that you did not share during your previous screening?”*
2. *“Have you reported or would like to report an incident of sexual abuse or sexual harassment that occurred since your previous screening?”*

This auditor also recommended that MRCC coordinate adjustments to their Intake procedures to add a follow-up meeting referral to mental health staff to conduct follow-up meetings with inmates who have 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. Additionally, this auditor recommended MRCC implement conducting PREA risk reassessments for MRCC inmates, within 30-days of their intake to MRCC. This 30-day reassessment could be conducted during regularly scheduled case management or mental health sessions.

Finally, this auditor recommended that 14-day follow-up documentation should show that the follow-up meetings were a result of the PREA risk screening. MRCC’s 30-day reassessments should be properly documented as well. This PREA auditor concluded MRCC was not in compliance with PREA Standard 115.41. Corrective Action was required.

During MRCC’s Corrective Action Period (CAP), this auditor conducted two ZOOM meetings with ND-DOC’s PREA Coordinator, MRCC’s Warden, and PREA Compliance Manager (PCM) to discuss the recommended corrective actions needed to meet compliance with this standard. After the meeting, MRCC updated their “Temporary Leave/Transfer Screening” form in “Elite” to reflect the 2 additional questions recommended by this auditor. MRCC also developed a process where 14-day follow up sessions with mental health practitioners are monitored and properly documented by mental health practitioners. These new protocols have been uploaded into OAS, along with the revised 14-day follow up from being used. Additionally, the 30-day reassessments have been assigned to MRCC’s case management staff.

On 3/13/24, this auditor revisited MRCC to visually see the changes and implementations resulting from the corrective action plan for this standard. This auditor re-interviewed MRCC’s Treatment Coordinator during the revisit. She was able to show and share MRCC’s new “PREA Risk Behavioral 14-day Follow-Up Screening Form.” MRCC’s Treatment Coordinator also showed the new procedures which were

	<p>established for MRCC’s behavioral staff who conduct 14-day follow-ups. All 14-day follow-ups are now required to be documented in ND-DOCR’s “Avatar” inmate management system immediately following the meeting. Finally, while onsite, there were 2 files reviewed of inmates whose risk screening showed history of sexual victimization or perpetration from the past 3 months. Each file had a follow-up note from the practitioner within 14 days of the screening and was documented in “Avatar.”</p> <p>This PREA auditor concludes that MRCC is in compliance with PREA Standard 115.41.</p>
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<b>115.42</b>	<b>Use of screening information</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04, #4A-01, and #4B-07 as evidence of compliance with PREA Standard 115.42. This auditor reviewed MRCC’s “ND-DOCR Policies #3C-04,” #4A-01, and #4B-07, concluding that it has the necessary language to align with PREA Standard 115.42.</p> <p>While on site, this auditor also interviewed the Intake Sargeant staff who explained the process of gathering risk of victimization and abusiveness information. During the interview this the Intake Sargeant, he shared that every inmate committed to ND-DOCR goes to North Dakota State Prison (NDSP) first for initial intake and determined stay. Any inmates arriving for intake at MRCC arrives are being transferred from NDSP. MRCC’s Intake Sargeant continues to share that he administers MRCC’s “<i>PREA Temporary Leave/Transfer Screening</i>” tool. This auditor reviewed this screening tool. Additionally, while onsite, this auditor happened to be present to observe an MRCC intake with MRCC’s Intake Sargeant. This auditor observed the entire intake process. During his intake process, he administers MRCC’s “<i>PREA Temporary Leave/Transfer Screening</i>” tool (via computerized). The transfer screening tool asked 3 Questions:</p> <ol style="list-style-type: none"> <li>1. <i>History of being a victim of predatory or aggressive sexual actions in an institutional setting?</i></li> <li>2. <i>Verbalize fear for personal safety or sexual victimization?</i></li> <li>3. <i>History of institutional predatory behavior, including jail, since your last PREA Assessment?</i></li> </ol>

The Intake Sargeant asked 1 additional question which was not on the assessment form. The Intake Sargeant asked, *“Can you defend yourself if someone was to make an advancement towards you?”* After the inmate intake, this auditor asked the office why that additional question. He stated that this is just a routine question asked to gauge the inmate. This information was documented in MRCC’s system where intakes are captured. This auditor does not believe the 3 above questions alone and the 1 additional question gathers enough information to close the gap and provide the inmate an updated self-reporting opportunity or to self-report incidents which may have not been previously reported since the last risk screening.

After observing the intake, this auditor asked the Intake Sargeant, *“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)?”* MRCC’s Intake Sargeant shared that he did nothing with the information.

This auditor informed the Intake Sargeant that there should be a referral to mental health staff for a follow-up meeting with the inmate within 14 days of the intake screening. This auditor also asked the Intake Sargeant if intake conducts risk screening reassessments within 30 days of intake. He shared that they do not. Finally, this auditor asked the Intake Sargeant, *“How is the information from the “PREA Temporary Leave/Transfer Screening” tool considered in making housing, bed/dorm placement, programming, education, or work.”* The Intake Sargeant did not provide a clear answer. During this auditor’s interviews with the MRCC’s PCM/Deputy Warden and Warden this auditor asked each how is the *“PREA Temporary Leave/Transfer Screening”* tool considered when making decisions about the inmate’s dorm, bed, work, education, and other program placement? This auditor did not receive a clear answer or documented evidence.

This auditor did not have a sample of LGBTI inmates to interview during this onsite audit. None were on the roster provided. This auditor interviewed a random selection of 23 MRCC inmates and asked, have they seen transgender/intersex inmates housed at MRCC. There were 9 of the 23 inmates who shared that they have seen MRCC house a transgender inmate. Each said that they recall the transgender inmate being able to shower alone and at different times. During this auditor’s interviews with the MRCC’s PCM/Deputy Warden and Warden, each shared that transgender/intersex inmates who are placed at MRCC are housed, programmed, pat-searched, and showered on a case-by-case basis, with the transgender/intersex views considered.

This auditor recommended that MRCC add 2 additional questions to their current *“PREA Temporary Leave/Transfer Screening”* tool (mentioned above), to close the gap and provide the inmate an updated self-reporting opportunity or to self-report incidents which may have not been previously reported from the last risk screening.

1. *“Would you like to share any additional information that you did not share during your previous screening?”*
2. *“Have you reported or would like to report an incident of sexual abuse or sexual harassment that occurred since your previous screening?”*

This auditor also recommended that MRCC develop a way to document how the

	<p>results of their risk screening tool were considered when making housing/dormitory, bed, programming, and work decisions for MRCC inmates, to protect inmates from sexual abuse. This PREA auditor concluded MRCC was not in compliance with PREA standard 115.42. Corrective Action was REQUIRED.</p> <p>During MRCC’s Corrective Action Period (CAP), this auditor conducted two ZOOM meetings with ND-DOC’s PREA Coordinator, MRCC’s Warden, and PREA Compliance Manager (PCM) to discuss the recommended corrective actions needed to meet compliance with this standard. After the meeting, MRCC updated their “Temporary Leave/Transfer Screening” form in Elite to reflect the 2 additional questions recommended by this auditor. Additionally, the 30-day reassessments have been assigned to MRCC’s case management staff.</p> <p>Additionally, this auditor was able to review a random selection of inmate files, who were admitted to MRCC to verify if MRCC is using the results of the screening tool to help guide bedding housing, and work assignments. Each reviewed file contained recommendations for housing location, work assignment, and programming for inmates. Finally, on 3/13/24, this auditor revisited MRCC to visually see the changes and implementations resulting from the corrective action plan for this standard.</p> <p>This PREA auditor concludes that MRCC is in compliance with PREA Standard 115.42.</p>
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<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3A-18” as evidence of compliance with PREA Standard 115.43. This auditor reviewed MRCC’s “ND-DOCR Policy #3A-18” and has concluded that it has the necessary language to align with PREA Standard 115.43.</p> <p>While on site, this auditor individually interviewed MRCC’s Chief of Security, MRCC’s PREA Compliance Manager/Deputy Warden and Warden. Each were consistent that involuntary protective custody/segregation is not used at MRCC, due to MRCC being a “transitional housing facility” and do not have segregated housing. This auditor also interviewed 23 randomly selected inmates. Each inmate shared that MRCC do not have protective custody or segregated housing. Finally, during the site visit, this auditor conducted an exhaustive tour and did not identify any segregated housing. All inmate locations were open dormitory setting, or the one honor housing location.</p>

	This PREA auditor concludes that MRCC is in compliance with PREA standard 115.43.
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<b>115.51</b>	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) 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>While onsite, this PREA auditor interviewed a random selection of 23 MRCC 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 were 15 of 23 who shared 3 to 4 ways. More than 80% of the 23 total interviewed inmates stated different staff names or written avenues to report. When this auditor conducted an exhaustive tour, this auditor observed that the PREA reporting signage throughout the facility was in English and Spanish, however, they were not clear on reporting avenues.</p> <p>Additionally, this auditor observed a large green <i>“Mailbox”</i> near the staff desk. When this auditor asked the interviewees the purpose of the large green <i>“Mailbox,”</i> each inmate shared that the <i>“Mailbox”</i> is the <i>“catch all”</i> for MRCC inmate correspondence. Inmates submit grievances, written PREA allegations, request forms, general mail to family, and any other correspondence to staff. Entry into this large green <i>“Mailbox”</i> is accessible to MRCC staff, making it not a source of confidential written reporting. This was confirmed during this auditor’s randomly selected interviews with 12 security staff. This is the same for MRCC’s <i>“Sick Call Box.”</i> MRCC staff has access to the <i>“Sick Call box,”</i> which is meant for confidential correspondence with the Director of Nursing (DON) and the Medical Team. This was verified during this auditor’s interview with MRCC’s Director of Nursing and staff. These 2 major reporting boxes not being confidential may deter an inmate from utilizing these avenues to report an incident of sexual abuse, especially if the perpetrator is a staff. Finally, both reporting boxes were titled in English only.</p> <p>This auditor attempted to call the internal hotline number. It was operable and went</p>

to MRCC's Captain of Security/PREA Investigator's voicemail. This auditor attempted to call the outside agency reporting hotline number posted on MRCC's PREA signage. This auditor contacted MRCC identified/posted confidential external reporting hotline number and spoke to the representative. The representative shared that her agency only provides victim advocacy services to MRCC. MRCC's Captain of Security/PREA Investigator was present when this auditor was making the verification calls.

This auditor recommended MRCC to develop posting and signage with clear and accurate information, and place them in areas where inmates frequent. This auditor also recommended MRCC to add separate labeled boxes (grievance forms, request forms) to provide confidential written reporting avenues for inmates to report. These boxes should have limited accessibility to only 1 to 2 specifically identified staff. This auditor also recommended that the "Sick Call Box" access be limited to the MRCC's Director of Nursing/Medical Team. These recommended changes to adding confidential written reporting boxes will encourage inmates who are victims of sexual abuse to utilize these avenues to report an incident of sexual abuse, especially if the perpetrator is a staff.

This auditor also recommended MRCC establish an MOU with an agency for "confidential outside reporting access," who can be responsive to calls and immediately contact MRCC's point of contact to initiate an investigation when an inmate contacts them. Furthermore, this auditor recommended that MRCC add PREA Zero-Tolerance postings/signage around facility to support MRCC's PREA Zero Tolerance culture/efforts. Finally, this auditor recommended that MRCC ensure that all PREA reporting access boxes, sick call boxes, and other communicative avenues for an inmate to report PREA at MRCC be in English and Spanish. This will allow Limited English Proficient (LEP) inmates adequate access to PREA reporting and communicating. This PREA auditor concluded that MRCC was not in compliance with PREA Standard 115.51. Corrective Action was required.

During MRCC's Corrective Action Period (CAP), this auditor conducted two ZOOM meetings with ND-DOC's PREA Coordinator, MRCC's Warden, and PREA Compliance Manager (PCM) to discuss the recommended corrective actions needed to meet compliance with this standard. After the meeting, MRCC uploaded in OAS, their MOU with North Dakota Highway Patrol, which provides "confidential outside reporting access." MRCC's PREA Compliance Manager also submitted postings sharing reporting avenues for MRCC inmates to report in the following ways: verbal reporting to any staff member; third-party reporting; resident request forms; resident grievance forms; and use of the internal hotline (toll-free, recorded)." MRCC also uploaded evidence in OAS, that Zero Tolerance signage have been posted in designated areas within the main building and THU. MRCC uploaded evidence of PREA signs being in English and Spanish and near all access boxes, sick call boxes and other communication avenues for inmates to report PREA. These developed signs have been uploaded to OAS. Finally, on 3/13/24, this auditor revisited MRCC to visually see the changes and implementations resulting from the corrective action plan for this standard.

This PREA auditor concludes that MRCC is in compliance with PREA Standard 115.51.



<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="256 262 544 293"><b>Auditor Discussion</b></p> <p data-bbox="256 338 1469 875">This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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 115.52. Missouri River Correctional Center (MRCC) 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 MRCC’s “ND-DOCR Policy #3C-10” and it states, “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.” This auditor has concluded that “ND-DOCR Policy #3C-10” has the necessary language to align with PREA Standard 115.52.</p> <p data-bbox="256 913 1469 1115">While onsite, this PREA interviewed MRCC’s Warden, Chief of Security, PREA Compliance Manager, Captain of Programs 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.</p> <p data-bbox="256 1153 1469 1601">Additionally, while onsite, this auditor observed a large green “Mailbox” near the staff desk. When this auditor asked the interviewees the purpose of the large green “Mailbox,” each inmate shared that the “Mailbox” is the “catch all” for MRCC inmate correspondence. Inmates submit grievances, written PREA allegations, request forms, general mail to family, and any other correspondence to staff. Entry into this large green “Mailbox” is accessible to MRCC staff, making it not a source of confidential written reporting. This was confirmed during this auditor’s randomly selected interviews with 12 security staff. These 2 major reporting boxes not being confidential may deter an inmate from utilizing these avenues to report an incident of sexual abuse, especially if the perpetrator is a staff. Finally, both reporting boxes were titled in English only.</p> <p data-bbox="256 1639 1469 2049">This auditor recommended MRCC to develop posting and signage with clear and accurate information, and place them in areas where inmates frequent. This auditor also recommended MRCC to add separate labeled boxes (grievance forms, request forms) to provide confidential written reporting avenues for inmates to report. These boxes should have limited accessibility to only 1 to 2 specifically identified staff. These recommended changes to adding confidential written reporting boxes will encourage inmates who are victims of sexual abuse to utilize these avenues to report an incident of sexual abuse, especially if the perpetrator is a staff. This PREA auditor concluded that MRCC was not in compliance with PREA Standard 115.52. Corrective Action was required.</p>

	<p>During MRCC’s Corrective Action Period (CAP), this auditor conducted two ZOOM meetings with ND-DOC’s PREA Coordinator, MRCC’s Warden, and PREA Compliance Manager (PCM) to discuss the recommended corrective actions needed to meet compliance with this standard. After the meeting, MRCC installed confidential written reporting avenues boxes for PREA and grievances for inmates in the main building and THU. The C.C.A. is the only person how has access to the confidential reporting boxes. MRCC uploaded evidence of PREA signs being in English and Spanish and near all access boxes, sick call boxes and other communication avenues for inmates to report PREA. These developed signs have been uploaded to OAS. Finally, on 3/13/24, this auditor revisited MRCC to visually see the changes and implementations resulting from the corrective action plan for this standard.</p> <p>This PREA auditor concludes that MRCC is in compliance with PREA Standard 115.52.</p>
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<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Facility Handbook and Coordinated Response Plan” as evidence of compliance with PREA Standard 115.53. When this staff reviewed the ND-DOCR’s Facility Handbook and Coordinated Response Plan. This auditor concludes that “ND-DOCR’s Facility’s Handbook and Coordinated Response Plan” has the necessary language to align with PREA Standard 115.53.</p> <p>This auditor also reviewed ND-DOCR’s Memorandum of Understanding (MOU) between ND-DOCR and “Abused Adult Resource Center (AARC).” AARC serves as the MRCC’s provider for emotional support for sexual abuse victims. All language related to victim advocacy services were present in the MOU however, the MOU expired on 9/30/22. This auditor observed the posting of the victim advocacy telephone number posted on signage within the facility. This auditor attempted to contact AARC to verify the collaboration. This auditor was able to make contact and verified AARC’s collaboration with MRCC.</p> <p>While on site, this auditor also interviewed specialized medical and mental health staff members who shared that they were not familiar with the MOU MRCC has for victim advocacy services. This auditor also interviewed a random selection of 19 specialized and security staff. There were 17/19 who did know the MRCC provides access to local victim advocacy services for inmate victims of sexual abuse. Each</p>

	<p>knew that there was a free hotline. Finally, this auditor interviewed a random selection of 23 MRCC inmates. When asked about their knowledge of outside victim advocacy services provided for sexual abuse victims at MRCC, 21 out of 23 did know that there were local advocacy services available for victims of sexual abuse at MRCC.</p> <p>This auditor reviewed the “Memorandum of Understanding (MOU)” between ND-DOCR and “<i>Abused Adult Resource Center (AARC)</i>.” AARC serves as the MRCC’s provider for emotional support for sexual abuse victims. However, the MOU expired on 9/30/22. This auditor observed the posting of the victim advocacy telephone number posted on signage within the facility. This auditor was able to make contact and verify AARC’s collaboration with MRCC. MRCC also submitted a staff member as a “qualified victim advocate.” Her specialized training was submitted which is through the National Institute of Corrections: “<i>PREA 201 for Medical Health Practitioners</i>.” However, this auditor cannot conclude the specific NIC training could be considered adequate victim advocacy training.</p> <p>This auditor recommended MRCC submit verification of MOU renewal with AARC. Once this MOU with AARC is updated, this PREA standard would be satisfied. However, if MRCC desired to provide a backup staff victim advocate, this auditor recommended a sexual assault advocacy training which is specifically designed to teach advocates how to provide competent, effective crisis intervention services to victims and survivors of sexual abuse/assault. This PREA auditor concluded that MRCC was not in compliance with PREA standard 115.53. Corrective Action was required.</p> <p>During MRCC’s Corrective Action Period (CAP), this auditor conducted two ZOOM meetings with ND-DOC’s PREA Coordinator, MRCC’s Warden, and PREA Compliance Manager (PCM) to discuss the recommended corrective actions needed to meet compliance with this standard. After the meeting, MRCC was able to get their MOU updated with AARC and uploaded into OAS. This auditor verified the fully executed MOU with signatures and dates (10/1/22 through 9/30/24).</p> <p>This PREA auditor concludes that MRCC is in compliance with PREA Standard 115.53.</p>
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<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Website and Coordinated Response Plan”</p>

	<p>as evidence of compliance with PREA Standard 115.54. When this staff reviewed the Website and the Coordinated Response Plan, each shared 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>This auditor also reviewed MRCC’s “Inmate 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 MRCC’s website. While on site, this auditor interviewed a random selection of 23 inmates, asking of ways an MRCC could report sexual abuse or sexual harassment. There were 22 out of 23 who responded that they could report through a 3rd Party.</p> <p>This PREA auditor concludes that MRCC is in compliance with PREA standard 115.54.</p>
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<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) 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 MRCC’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 MRCC’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 MRCC specialized staff, security staff, and contractors. Each knew their coordinated responsibilities if informed, suspects, receive information, or become aware of sexual abuse at MRCC. Finally, this auditor interviewed 23 randomly selected inmates. Each interviewed inmate shared that staff immediately respond to reports of sexual abuse or sexual harassment.</p> <p>This PREA auditor concludes that MRCC is in compliance with PREA standard 115.61.</p>

<b>115.62</b>	<b>Agency protection duties</b>
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	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) 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 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 MRCC specialized staff, security staff, and contractors, asking the question, “If you learn that an inmate may be at imminent risk of sexual abuse, what steps you would take to protect?” 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 23 randomly selected inmates. Each interviewed inmate shared that staff protects vulnerable inmates and they is an immediate response to any reports of inmate risk of sexual abuse or sexual harassment.</p> <p>This PREA auditor concludes that MRCC is in compliance with PREA standard 115.62.</p>

<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) 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 MRCC’s “ND-DOCR 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 MRCC’s PREA Compliance Manager/Deputy Warden, who shared that if an inmate reports sexual abuse stemming from a previous facility, MRCC will provide a “Written notice to the facility and mental health services are offered to the inmate.” However, MRCC’s PREA Compliance Manager/Deputy Warden submitted in OAS that MRCC did have an inmate report sexual abuse from a previous confinement facility (4/6/23). MRCC’s Captain who received the information reported the information up to MRCC’s Deputy Warden (in an inner office memo). MRCC’s Captain then sent an email on the same date (4/6/23) to the head of the previous facility with the memo attached and MRCC’s Deputy warden copied. This auditor shared with MRCC’s Deputy Warden and Warden (facility heads) that the inmate’s reported sexual abuse allegation from the previous confinement should come from MRCC’s facility head to the other confinement facility’s head within 72 hours of receipt of information.</p> <p>MRCC’s PREA Coordinator developed and provided this auditor with a fillable example of “Reporting to Other Confinement Facility” memo which aligns with PREA Standard 115.63. This memo can be used by MRCC’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 MRCC inmate. Finally, this auditor interviewed 23 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 MRCC is in compliance with PREA standard 115.63.</p>
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<b>115.64 Staff first responder duties</b>	
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) 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 23 randomly selected inmates. Each inmate shared that they felt comfortable informing staff of any PREA-related incident. This</p>

	<p>auditor also reviewed MRCC’s training Curriculum, which had all the first responder deliverables within its information. This auditor also interviewed a random selection of 19 specialized staff, contractors, and security staff. This auditor shared a scenario of a sexual assault occurring in the room area and the victim immediately runs out and reports the assault to the interviewed staff. There were only 100% (23/23) interviewed staff who knew their first responder duties. All 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. Finally, the 23 interviewed inmates. Each interviewed inmate shared that 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 MRCC is in compliance with PREA standard 115.64.</p>
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<b>115.65</b>	<b>Coordinated response</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) 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 also interviewed 19 specialized staff, contractor, and security staff. This auditor shared a scenario of a sexual assault occurring in the room area and the victim immediately runs out and reports the assault to the interviewed staff. 100% (19 of the 19) interviewed staff who knew their first responder duties. There were consistencies in responses from separating and calling for assistance to crime scene preservation and suggesting/requesting inmates not to change clothing, use the toilet, or shower. Furthermore, this auditor asked each interviewed specialized staff (medical, mental health, facility supervisory, PREA Compliance Manager, etc.) their coordinated responsibilities if an inmate is sexually abused while there are on duty (not the 1st Responder). Each member of staff knew their coordinated responsibilities.</p> <p>This PREA auditor concludes that MRCC is in compliance with PREA standard 115.65.</p>

<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<p data-bbox="256 237 959 271"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="256 315 544 349"><b>Auditor Discussion</b></p> <p data-bbox="256 394 1465 797">This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 as evidence of compliance with PREA Standard 115.66. This auditor reviewed MRCC’s “ND-DOCR Policy #3C-04” and has concluded that it has the necessary language to align with PREA Standard 115.66.</p> <p data-bbox="256 842 1453 1077">This PREA Auditor did not receive any pre-audit documents to be reviewed by Missouri River Correctional Center (MRCC) to determine compliance for Standard 115.66. Missouri River Correctional Center (MRCC) reported in their Pre-Audit Questionnaire that they have not engaged in 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 data-bbox="256 1122 1481 1234">ND-DOCR’s PREA Policy #3C-04 states, “Standard 115.66 does not apply to North Dakota since there are no collective bargaining agreements. North Dakota is a right to work state.”</p> <p data-bbox="256 1279 1458 1312">This PREA auditor concludes that MRCC is in compliance with PREA Standard 115.66.</p>

<b>115.67</b>	<b>Agency protection against retaliation</b>
	<p data-bbox="256 1518 959 1552"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="256 1597 544 1630"><b>Auditor Discussion</b></p> <p data-bbox="256 1675 1485 2078">This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) 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. This auditor reviewed MRCC’s “ND-DOCR Policy #3C-04” and “PREA Coordinated Response Plan,” concluding that both have the necessary language to align with PREA</p>



Standard 115.67, specifically retaliation monitoring procedures.

While on site, this auditor interviewed 2 MRCC Administrative PREA Investigators. Both were specialized trained and 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 (3 Unsubstantiated). While reviewing each selected completed investigation packet, this auditor identified that 0 of the 3 investigation files had "Retaliation Monitoring" completed/documented. This auditor did not review 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. Finally, the 3 reviewed investigation packets did not identify/document that the victim was asked if they wanted to speak to mental health.

This auditor recommended MRCC develop a frequency of retaliation monitoring for alleged victims of sexual abuse/sexual harassment. This auditor also recommended MRCC to develop/revise a "Retaliation Monitoring Form," which can be used to document that victims/cooperating witnesses received retaliation monitoring. This form should consist of documented/dated initial retaliation monitoring check (with signature), documented face-to-face status checks (with signature). The "Retaliation Monitoring Form" should also document evidence of program reviews, disciplinary report reviewed by the staff monitor. Finally, the "Retaliation Monitoring Form" should be added to the final PREA investigation's packet upon the investigator's conclusion of the investigations (or conclusion of monitoring period). This PREA auditor concluded that MRCC was not in compliance with PREA Standard 115.67. Corrective Action was required.

During MRCC's Corrective Action Period (CAP), this auditor conducted two ZOOM meetings with ND-DOC's PREA Coordinator, MRCC's Warden, and PREA Compliance Manager (PCM) to discuss the recommended corrective actions needed to meet compliance with this standard. Additionally, during this meeting MRCC was able to show this auditor their retaliation monitoring documentation from the random selection of investigations this auditor reviewed during the onsite audit. This auditor verified that the retaliation monitoring forms were accurate and aligned with the investigation timeframes.

Furthermore, after the meeting, MRCC made updates to their "Retaliation Monitoring Form," adding inmate signatures. MRCC has also shifted to placing copies of the "Retaliation Monitoring Forms" in their completed PREA investigation packets. This auditor was able to review copies of the investigations packet, which includes the updated "Retaliation Monitoring Form" have been uploaded into OAS supplemental files. Finally, on 3/13/24, this auditor revisited MRCC to visually see the changes and implementations resulting from the corrective action plan for this standard.

This PREA auditor concludes that MRCC is in compliance with PREA Standard 115.67.

<b>115.68</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 and #3A-18 as evidence of compliance with PREA Standard 115.68. This auditor reviewed MRCC’s “ND-DOCR Policies #3C-04” and #3A-18, concluding that both have the necessary language to align with PREA Standard 115.68.</p> <p>While on site, this auditor individually interviewed MRCC’s Chief of Security, MRCC’s PREA Compliance Manager/Deputy Warden and Warden. Each were consistent that protective custody/segregation is not used at MRCC, due to MRCC being a “transitional housing facility” and do not have segregated housing. This auditor also interviewed 23 randomly selected inmates. Each inmate shared that MRCC do not have protective custody or segregated housing. Finally, during the site visit, this auditor conducted an exhaustive tour and did not identify any segregated housing. All inmate locations were open dormitory setting, or the one honor housing location.</p> <p>This auditor concludes that MRCC is in compliance with PREA Standard 115.68.</p>

<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) 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 MRCC’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</p>

	<p>discusses the conduct of Administrative PREA Investigations. This auditor also reviewed MRCC’s Memorandum of Understanding (MOU) with North Dakota Highway Patrol (NDHP) to conduct sexual abuse allegations at MRCC.</p> <p>While on site, this auditor interviewed 2 MRCC Administrative PREA Investigators. MRCC’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 (3 Unsubstantiated). 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 (substantiated, unsubstantiated, or unfounded), and recommendations.</p> <p>This PREA Auditor concludes that MRCC is in compliance with PREA Standard 115.71.</p>
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<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) 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 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 115.72.</p> <p>While on site, this auditor interviewed 2 MRCC Administrative PREA Investigators. MRCC’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 (3 Unsubstantiated). The 3 reviewed</p>

	<p>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.</p> <p>This PREA Auditor concludes that MRCC is in compliance with PREA Standard 115.72.</p>
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<b>115.73 Reporting to inmates</b>	
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) 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 MRCC Administrative PREA Investigators. MRCC’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 (3 Unsubstantiated). 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 (substantiated, unsubstantiated, or unfounded), and recommendations. However, only 2 of the 3 investigation packets had “Notice of PREA Investigation Status” (inmate notifications) present in the completed file. The 1 investigation file which had the missing “Notice of PREA Investigation Status” (inmate notification) was an administrative investigation of a sexual abuse allegation (not substantiated).</p> <p>This auditor recommended that MRCC establish a consistency in practice of ensuring</p>

	<p>that each completed/documentated investigation packet has a signed “Notice of PREA Investigation Status” in the investigation packet (unless unfounded). This PREA Auditor concluded that MRCC was not in compliance with PREA Standard 115.73. Corrective Action was required.</p> <p>During MRCC’s Corrective Action Period (CAP), this auditor conducted two ZOOM meetings with ND-DOC’s PREA Coordinator, MRCC’s Warden, and PREA Compliance Manager (PCM) to discuss the recommended corrective actions needed to meet compliance with this standard. After the meeting, MRCC’s PREA Compliance Manager conducted an audit on all investigation packets to ensure the “Notice of PREA Investigation Status” is included in the completed investigation packet. This requirement has been added to the PREA Compliance Manager’s response section in MRCC’s “PREA Allegation Investigation Checklist.” This auditor reviewed the revised checklist, which was uploaded into the OAS supplemental files. Finally, on 3/13/24, this auditor revisited MRCC to visually see the changes and implementations resulting from the corrective action plan for this standard.</p> <p>This PREA auditor concludes that ND-MRCC is in compliance with PREA Standard 115.73.</p>
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<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) 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 MRCC’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 MRCC’s Warden, MRCC’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</i></p>

	<p><i>infraction. Termination from employment action requires the supervisor to carry out a pre-action process.” MRCC’s Deputy Warden further shared that MRCC 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.</i></p> <p>This PREA auditor concludes that MRCC is in compliance with PREA standard 115.76.</p>
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<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) 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 MRCC’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 MRCC’s Warden, MRCC’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, “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.” MRCC’s Deputy Warden further shared that MRCC 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 MRCC is in compliance with PREA standard 115.77.</p>

<b>115.78</b>	<b>Disciplinary sanctions for inmates</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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 115.78. Missouri River Correctional Center (MRCC) 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.

This auditor interviewed 23 inmates and asked about MRCC'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 MRCC. 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 states, *"The disciplinary committee may impose any of the following sanctions, or any combination of the following sanctions, for a Level III offense:*

1. *Stop accrual of Performance Based Sentence Reduction (good time).*
2. *Loss of PBSR already earned.*
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*

	<p><i>any sanctions by the disciplinary committee does not result in the dismissal of the infraction report.”</i></p> <p>Finally, this PREA auditor interviewed MRCC’s PREA Compliance Manager/Deputy Warden and MRCC’s Captain of Security, who individually shared MRCC’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 do take into considerations any diagnosed/documentated mental health history/mental disabilities prior to making sanction determinations.</p> <p>This PREA auditor concludes that MRCC is in compliance with PREA standard 115.78.</p>
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<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #4F-10 “Sex Offender Assessment” as evidence of compliance with PREA Standard 115.81. This auditor reviewed MRCC’s “ND-DOCR Policy #4F-10” and has concluded that it has the necessary language to align with PREA Standard 115.81.</p> <p>While on site, this auditor also interviewed the Intake Sargeant staff who explained the process of gathering risk of victimization and abusiveness information. During the interview this the Intake Sargeant, he shared that every inmate committed to ND-DOCR goes to North Dakota State Prison (NDSP) first for initial intake and determined stay. Any inmates arriving for intake at MRCC arrives are being transferred from NDSP. MRCC’s Intake Sargeant continues to share that he administers MRCC’s “PREA Temporary Leave/Transfer Screening” tool. This auditor reviewed this screening tool. Additionally, while onsite, this auditor happened to be present to observe an MRCC intake with MRCC’s Intake Sargeant. This auditor observed the entire intake process. During his intake process, he administers MRCC’s “PREA Temporary Leave/Transfer Screening” tool (via computerized). The transfer screening tool asked 3 Questions:</p> <ol style="list-style-type: none"> <li>1. <i>History of being a victim of predatory or aggressive sexual actions in an institutional setting?</i></li> </ol>



2. *Verbalize fear for personal safety or sexual victimization?*

3. *History of institutional predatory behavior, including jail, since your last PREA Assessment?*

The Intake Sergeant asked 1 additional question which was not on the assessment form. The Intake Sergeant asked, "Can you defend yourself if someone was to make an advancement towards you?" After the inmate intake, this auditor asked the office why that additional question. He stated that this is just a routine question asked to gauge the inmate. This information was documented in MRCC's system where intakes are captured. This auditor does not believe the 3 above questions alone and the 1 additional question gathers enough information to close the gap and provide the inmate an updated self-reporting opportunity or to self-report incidents which may have not been previously reported since the last risk screening.

After observing the intake, this auditor asked the Intake Sergeant, "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)?" MRCC's Intake Sergeant shared that he did nothing with the information.

This auditor informed the Intake Sergeant that there should be a referral to mental health staff for a follow-up meeting with the inmate within 14 days of the intake screening. This auditor also asked the Intake Sergeant if intake conducts risk screening reassessments within 30 days of intake. He shared that they do not.

This auditor also interviewed MRCC Director of Nursing, Treatment Coordinator, and Case Manager. This auditor explained his observations of the intake screening and shared PREA Standards 115.41, 115.42, and 115.81. This auditor then asked MRCC's Treatment Coordinator if inmates who are screened, at intake, to have history of sexual victimization or sexual perpetration are receiving a follow-up meeting with mental health staff within 14 days of their intake screening. This auditor also asked the Treatment Coordinator if mental health conducts risk screening reassessments within 30-days of intake. She shared that they do not. MRCC's Director of Nursing, Treatment Coordinator Case Manager shared that they did not have knowledge that a follow-up is required for inmates who have history of sexual victimization or sexual perpetration. However, when this auditor reviewed ND-DOCR's 4F-10 policy, it is stated that each arriving inmate will receive a mental health screening, if the inmate has history of sexual abuse, the screener shall complete a "Sexual Risk Notification Form" and forward it to the Multidisciplinary staff scheduler. The scheduler should then assign a behavioral health counselor to conduct a "*Sex Offender Assessment.*" MRCC's Treatment Coordinator did not share knowledge of this process from the policy.

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 MRCC's intake (Initial Intake, Temporary Leave, Transfer, and Parole violating inmates). MRCC also shared the PREA Admissions Screening form for each mentioned inmate-type being assessed. There was no mention of 14-day follow-up, except for the following instructions, "If any question is

answered yes, activate the facility-coordinated response, and refer to unit management for reassessment.” Finally, this auditor could not identify any reference to 14-day follow-up with mental health in MRCC “*Coordinated Response*” procedures.

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 MRCC’s intake (Initial Intake, Temporary Leave, Transfer, and Parole violating inmates). MRCC also shared the PREA Admissions Screening form for each mentioned inmate-type being assessed. There was no mention of 14-day follow-up, except for the following instructions, “If any question is answered yes, activate the facility-coordinated response, and refer to unit management for reassessment.” Finally, this auditor could not identify any reference to 14-day follow-up with mental health in MRCC “Coordinated Response” procedures.

This auditor recommended that MRCC coordinate adjustments to their Intake procedures to add a follow-up meeting referral to mental health staff to conduct follow-up meetings with inmates who have 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 PREA risk screening. This auditor recommends that MRCC establishes 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. This PREA auditor concluded that MRCC was not in compliance with PREA Standard 115.81. Corrective Action was required.

During MRCC’s Corrective Action Period (CAP), this auditor conducted two ZOOM meetings with ND-DOC’s PREA Coordinator, MRCC’s Warden, and PREA Compliance Manager (PCM) to discuss the recommended corrective actions needed to meet compliance with this standard. After the meeting, MRCC updated their “Temporary Leave/Transfer Screening” form in Elite to reflect the 2 additional questions recommended by this auditor. MRCC also developed a process where 14-day follow up sessions with mental health practitioners are monitored and properly documented by mental health practitioners. These new protocols are as follows:

#### PREA Process for Behavioral Health Staff

1. PREA Intake questions are completed when any resident arrives at MRCC or returns to MRCC. This is completed by designated staff (Sergeants, Captains,

	<p>Acting Sergeants)</p> <ol style="list-style-type: none"> <li>2. If a resident says “yes” to having a history of sexual victimization or sexual abusiveness, then the MRCC Treatment Coordinator or designated behavioral health staff member will be notified by email, which will have the PREA risk behavioral health 14 day follow up screening form attached.</li> <li>3. Once the email is received, a behavioral health staff member will be notified and will have 14 days to follow up with the resident.</li> <li>4. A behavioral health staff member will assess the resident for follow-up on the PREA risk screen. Documentation will be completed in “Avatar” following this meeting.</li> <li>5. The case manager will complete a 30- day reassessment during their initial meeting, no sooner than seven days from transfer with the resident.</li> </ol> <p>These new protocols have been uploaded into OAS, along with the revised 14-day follow-up form being used.</p> <p>On 3/13/24, this auditor revisited MRCC to visually see the changes and implementations resulting from the corrective action plan for this standard. This auditor re-interviewed MRCC’s Treatment Coordinator during the revisit. She was able to show and share MRCC’s new “PREA Risk Behavioral 14-day Follow-Up Screening Form.” MRCC’s Treatment Coordinator also showed the new procedures which were established for MRCC’s behavioral staff who conduct 14-day follow-ups. All 14-day follow-ups are now required to be documented in ND-DOCR’s “Avatar” inmate management system immediately following the meeting. Finally, while onsite, there were 2 files reviewed of inmates whose risk screening showed history of sexual victimization or perpetration from the past 3 months. Each file had a follow-up note from the practitioner within 14 days of the screening and was documented in “Avatar.”</p> <p>This PREA auditor concludes that MRCC is in compliance with PREA Standard 115.81.</p>
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<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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.</p> <p>While on site, this auditor conducted an exhaustive tour of MRCC medical triage area. Due to spacing and onsite resources, this area is only equipped to manage peripheral</p>

	<p>medical needs and dental services. MRCC’s Director of Nursing (DON) also shared that the medical team pick up inmate “sick call forms” 3 times each day when the specific day’s nurse is on duty. Decisions are made based on he and his team’s professional judgements. He further stated that victim’s inmates are informed about emergency contraception by the local hospital and followed-up by MRCC 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 MRCC’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. MRCC’s Deputy Warden shared in OAS, “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).” Finally, MRCC’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>Finally, this auditor interviewed a random selection of 23 inmates, asking about the effectiveness of medical and mental health care. All 23 inmates shared positive responses about the provision of services by MRCC 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 MRCC is in compliance with PREA standard 115.82.</p>
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<p><b>115.83</b></p>	<p><b>Ongoing medical and mental health care for sexual abuse victims and abusers</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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.</p> <p>While on site, this auditor conducted an exhaustive tour of MRCC medical triage area. Due to spacing and onsite resources, this area is only equipped to manage peripheral medical needs and dental services. MRCC’s Director of Nursing (DON) also shared that the medical team pick up inmate “sick call forms” 3 times each day when the specific day’s nurse is on duty. Decisions are made based on he and his team’s</p>

	<p>professional judgements. He further stated that victim’s inmates are informed about emergency contraception by the local hospital and followed-up by MRCC 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 MRCC’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. MRCC’s Deputy Warden shared in OAS, “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).”</p> <p>MRCC’s Deputy Warden and MRCC’s DON shared that medical, mental health, and crisis intervention services are provided to the victims of sexual abuse without financial cost. MRCC’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 23 inmates, asking about the effectiveness of medical and mental health care. All 23 inmates shared positive responses about the provision of services by MRCC 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 MRCC is in compliance with PREA standard 115.83.</p>
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<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) 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 MRCC’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 (2 Sexual Harassment and 1</p>

Sexual Abuse; All 3 Unsubstantiated). 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. The 1 sexual abuse investigation file did not have a "Sexual Abuse Incident Review (SAIR) conducted within 30-days of the conclusion of the investigation. This auditor interviewed MRCC's PREA Compliance Manager/Deputy Warden and Warden. MRCC's Warden shared the MRCC were not currently conducting SAIR at the conclusion of sexual abuse investigations (unless unfounded).

This auditor recommended that MRCC assemble a Sexual Abuse Incident Review (SAIR) team consisting of at minimum MRCC PREA compliance Manager, an upper-level management staff, a line supervisor, an investigator, medical/mental health practitioners. The goal of this team is to review sexual abuse incidents (unless unfounded) to see if the incident was motivated by policy or practice flaws, race and ethnicity, physical barriers, staffing levels, monitoring practice and technology flaws. The SAIR team lead should prepare a report of its findings and any recommendations for improvement, then submit the report to the facility head and PREA Compliance Manager.

Finally, this auditor recommended that MRCC establishes a consistency in practice of conducting SAIRs within 30-days of the conclusion of the sexual abuse investigation, ensuring that a meeting agenda, meeting minutes, and a signed findings report is documented and submitted to the PREA Compliance Manager and Warden. This PREA auditor concluded that MRCC was not in compliance with PREA Standard 115.86. Corrective Action was required.

During MRCC's Corrective Action Period (CAP), this auditor conducted two ZOOM meetings with ND-DOC's PREA Coordinator, MRCC's Warden, and PREA Compliance Manager (PCM) to discuss the recommended corrective actions needed to meet compliance with this standard. After the meeting, MRCC's PREA Compliance Manager identified the staff members to serve on their Sexual Abuse Incident Review (SAIR) team. MRCC's PREA Compliance Manager also facilitated training with the identified Sexual Abuse Incident Review team. According to MRCC's PREA Compliance Manager, this team will meet within 30 days of completion of a sexual abuse case and submit its findings to MRCC's Warden for review and potential response with recommended changes. This auditor reviewed MRCC's training records uploaded into the OAS supplemental files.

Finally, on 3/13/24, this auditor revisited MRCC to visually see the changes and implementations resulting from the corrective action plan for this standard. There were no sexual abuse investigations conducted or concluded since the PREA Interim report, to initiate a Sexual Abuse Incident Review. However, the team has been identified and trained.

This PREA auditor concludes that MRCC is in compliance with PREA Standard 115.86.

<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) 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 MRCC’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: <a href="https://www.docr.nd.gov/prison-rape-elimination-act-overview/docr-prea-audit-reports-and-annual-reports">https://www.docr.nd.gov/prison-rape-elimination-act-overview/docr-prea-audit-reports-and-annual-reports</a> and able to view "<i>Missouri River Correctional Center’s 2021 and 2022 Annual Reports.</i>" This auditor was able to verify that uniformed data is collected and disseminated to the public. These annual reports also consisted of MRCC’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 MRCC is in compliance with PREA standard 115.87.</p>

<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) 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 MRCC’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: <a href="https://www.docr.nd.gov/prison-rape-elimination-act-overview/docr-prea">https://www.docr.nd.gov/prison-rape-elimination-act-overview/docr-prea</a></p>

	<p>-audit-reports-and-annual-reports and able to view "<i>Missouri River Correctional Center's 2021 and 2022 Annual Reports.</i>" This auditor was able to verify that uniformed data is collected and disseminated to the public. These annual reports also consisted of MRCC'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 MRCC is in compliance with PREA standard 115.88.</p>
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<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Missouri River Correctional Center (MRCC) 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. Missouri River Correctional Center (MRCC) 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 MRCC'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: <a href="https://www.docr.nd.gov/prison-rape-elimination-act-overview/docr-prea">https://www.docr.nd.gov/prison-rape-elimination-act-overview/docr-prea</a></p> <p>-audit-reports-and-annual-reports and able to view Missouri River Correctional Center's 2021 and 2022 Annual Reports. This auditor was able to verify that uniformed data is collected and disseminated to the public. These annual reports also consisted of MRCC'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, MRCC also reported that PREA-related sexual abuse data is stored and maintained for a minimum of 10 years (pursuant to 115.87). MRCC submitted their ND-DOCR Chapter 25-03.3 "Commitment to Sexually Dangerous Individuals" Policy -(25-03.3-04 Retention of records) which states, "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,</p>



	<p>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."</p> <p>This PREA auditor concludes that MRCC is in compliance with PREA standard 115.89.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>MRCC understands PREA Standard 115.401, which states, "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." MRCC plans to continue to have a PREA audit conducted every three years. This is MRCC's fourth PREA Facility Audit and the first year of the current audit cycle. The 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 MRCC 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 MRCC is in compliance with PREA standard 115.401.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>North Dakota Corrections and Rehabilitation (ND-DOCR) submitted their ND-DOCR's website: <a href="https://www.docr.nd.gov/prison-rape-elimination-act-overview/docr-prea-audit-reports-and-annual-reports">https://www.docr.nd.gov/prison-rape-elimination-act-overview/docr-prea-audit-reports-and-annual-reports</a>. This auditor was able to view <i>Missouri River Correctional Center's Cycle 1, Cycle 2, and Cycle 3 PREA Audit Final Reports</i>. This auditor was also able to see <i>Missouri River Correctional Center's 2020, 2021 and 2022 Annual Reports</i>. This website is available for public viewing.</p>

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	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
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	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
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	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.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect 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
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	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

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	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
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	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
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	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
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	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	na

	facility does not have female inmates.)	
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

<b>115.16 (a)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to 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
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with 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
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect 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.)	yes
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	

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

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

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
<b>115.31 (a)</b>	<b>Employee training</b>	
	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
<b>115.31 (b)</b>	<b>Employee training</b>	
	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
<b>115.31 (c)</b>	<b>Employee training</b>	
	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
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	

	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
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	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
<b>115.33 (b)</b>	<b>Inmate education</b>	
	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
<b>115.33 (c)</b>	<b>Inmate education</b>	
	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
<b>115.33 (d)</b>	<b>Inmate education</b>	
	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
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	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
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of 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
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	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.)	
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (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
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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?	
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	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?	
<b>115.42 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex 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.)	
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	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
<b>115.43 (b)</b>	<b>Protective Custody</b>	
	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
<b>115.43 (c)</b>	<b>Protective Custody</b>	

	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
<b>115.43 (d) Protective Custody</b>		
	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
<b>115.43 (e) Protective Custody</b>		
	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
<b>115.51 (a) Inmate reporting</b>		
	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
<b>115.51 (b) Inmate reporting</b>		
	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.)	yes
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	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
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address 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.	yes
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	yes
	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.)	yes
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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	yes

	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.)	yes
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	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.)	yes
	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.)	yes
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	yes
	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.)	yes
	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.)	yes
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	

	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.)	yes
	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.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	yes
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	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
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	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
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide 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
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information 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?	
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that 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
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of 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
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as 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
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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

<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	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?	
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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).	na
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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?	
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse</b>	

	<b>victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(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.)	na
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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



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

<b>115.87 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.87 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
<b>115.87 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	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?	
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	

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

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