

PREA AUDIT REPORT Interim Final

ADULT PRISONS & JAILS

Date of report: February 20, 2017

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| Auditor Information | | | |
| Auditor name: Talia Huff | | | |
| Address: Po Box 31 McPherson, KS 67460 | | | |
| Email: talia360cc@gmail.com | | | |
| Telephone number: 785-766-2002 | | | |
| Date of facility visit: 12/14/16-12/15/16 | | | |
| Facility Information | | | |
| Facility name: James River Correctional Center | | | |
| Facility physical address: 2521 Circle Drive Jamestown ND 58401 | | | |
| Facility mailing address: <i>(if different from above)</i> Click here to enter text. | | | |
| Facility telephone number: 701-253-3660 | | | |
| The facility is: | <input type="checkbox"/> Federal | <input checked="" type="checkbox"/> State | <input type="checkbox"/> County |
| | <input type="checkbox"/> Military | <input type="checkbox"/> Municipal | <input type="checkbox"/> Private for profit |
| | <input type="checkbox"/> Private not for profit | | |
| Facility type: | <input checked="" type="checkbox"/> Prison | <input type="checkbox"/> Jail | |
| Name of facility's Chief Executive Officer: Chad Pringle | | | |
| Number of staff assigned to the facility in the last 12 months: 168 | | | |
| Designed facility capacity: 410 | | | |
| Current population of facility: 436 | | | |
| Facility security levels/inmate custody levels: Med/SAU | | | |
| Age range of the population: 18+ | | | |
| Name of PREA Compliance Manager: Connie Hackman | | Title: Deputy Warden | |
| Email address: chackman@nd.gov | | Telephone number: 701-253-3609 | |
| Agency Information | | | |
| Name of agency: North Dakota Department of Corrections and Rehabilitation | | | |
| Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text. | | | |
| Physical address: 3100 Railroad Avenue Bismarck, ND 58506 | | | |
| Mailing address: <i>(if different from above)</i> Click here to enter text. | | | |
| Telephone number: 701-328-6100 | | | |
| Agency Chief Executive Officer | | | |
| Name: Leann Bertsch | | Title: Director | |
| Email address: lebertsc@nd.gov | | Telephone number: 701-328-6616 | |
| Agency-Wide PREA Coordinator | | | |
| Name: Steve Engen | | Title: Director of Staff Development and Facility Inspections | |
| Email address: sengen@nd.gov | | Telephone number: 701-328-6652 | |

AUDIT FINDINGS

NARRATIVE

The North Dakota Department of Corrections and Rehabilitation had a PREA audit conducted of the James River Correctional Center (JRCC) on December 14 & 15, 2016. Audits of both James River Correctional Center (JRCC) and North Dakota State Penitentiary (NDSP) occurred the week of December 11th. Both facilities are adult state-run male prison facilities, and audits were conducted by 360 Correctional Consulting, LLC, led by certified PREA auditors Talia Huff and Ray Reno.

More than six (6) weeks prior to arriving on site, auditors provided an Auditor Notice to be posted in all living units, facility entrance, visitation areas, medical areas, mental health areas, and other common areas. Confirmation of these notices being posted was provided to auditors on 10/26/16. This notice was posted in all living units and common areas in abundance, which was noted throughout the site review. In addition, documentation was provided via thumb drive to the auditors prior to the audit in a very organized fashion, to include the Pre-Audit Questionnaire and standard-by-standard files. Correspondence between the auditors and the PREA Coordinator occurred throughout the pre-audit phase. The auditors submitted a tentative audit schedule to the facility prior to arrival to outline audit activities for the onsite portion. On December 14, 2016, auditors reported to JRCC to initiate the audit, hold an opening meeting with administration, and conduct agency-level interviews. Present for the opening meeting included: Leann Bertsch, Director of NDDOCR; Chad Pringle, Warden of JRCC; Steve Engen, PREA Coordinator; Connie Hackman, PREA Compliance Manager; other administrative and support staff.

After the opening meeting, the PREA team accompanied the auditors on the facility site review. The site review spanned ten buildings and included three single-cell housing units and five multi-occupancy units; the SAU (Special Assistance Unit) and five multi-occupancy living units in a six-story building (each consisting of one floor), industry buildings, kitchen and dining hall, amusement hall and recreation areas, and all other facility grounds in which there was inmate access or potential inmate access. PREA signage was abundantly evident throughout the facility, ensuring that reporting information was adequately visible for all inmates and staff. Auditors noted some physical barrier issues throughout the site review and discussed those with the PREA team. Physical barrier issues that were noted and corrected from the previous PREA audit (as well as some that were not pointed out by auditors) were still in place indicating a continuity and awareness of sexual safety. Video monitoring is used in many places around the facility, though, due to the challenges of the physical plant, more are needed and recommended.

Specific things noted regarding the site review:

- Good practice of a one staff to four inmate rule implemented facility-wide
- Good placement of the additional convex mirrors and motion sensor lights
- While the facility has implemented many of the auditors recommendations from the previous audit, there are still places where sexual abuse could occur, where there is no video surveillance.
- Still many places where staff could perpetrate abuse where there are solid doors with no windows.
- Recommend JRCC do a facility wide PREA safety inspection to list where additional cameras are needed and all areas where solid doors inhibit visibility or afford opportunities for staff/inmate misconduct. Perhaps develop a 3 year action plan for incremental implementation, such as one third replacement each year, so the cost spread out over the length of time between audits.
- No cameras in places such as the Construction Classrooms, Education Stairwell, Chaplains office, Dental office, Nurses office

Following the site review, interviews of leadership and specialized staff, as well as random staff and inmates, were conducted. Random inmates and random staff (from all three shifts) were interviewed, in addition to specialized staff interviews and targeted inmate interviews. Overwhelmingly, staff and inmates were very familiar with PREA. In fact, the level and depth of PREA knowledge and awareness was advanced; they knew how to report and respond, and were aware of inmates' rights to be free from sexual abuse and sexual harassment. Staff confidently knew

reporting and response, dynamics of sexual abuse and sexual harassment in confinement, effective communication and policy regarding LGBT inmates, and first responder duties, etc. Inmates appeared to have a high level of trust and confidence in the staff, administration, and reporting process.

DOCR/JRCC conducts administrative investigations and, in fact, now have the authority to conduct criminal investigations, though criminal investigations are generally referred to the Highway Patrol. This agency has a prompt and genuine practice of addressing sexual safety in its facilities and upholds the intent behind the PREA standards. The agency has a very strong and beneficial relationship with the Highway Patrol, which was commended. Knowledge of and investment in the implementation of PREA was evident throughout administration and management of the DOCR and reflected support from the top down. Auditors were very impressed with the level of genuine investment and dedication of PREA at the facility and agency level. There were 32 reports of sexual abuse and sexual harassment; none were referred for prosecution. Allegations are addressed promptly and appropriately.

At JRCC, the biggest area of risk was physical plant/physical barrier issues. While JRCC is an older facility and encompasses former state hospital grounds which are not conducive of inmate supervision, JRCC has utilized other supervision aids such as mirrors, lighting, door locks and/or removing barriers where possible. The DOCR has made budget requests to rectify these issues with additional staff and cameras.

DESCRIPTION OF FACILITY CHARACTERISTICS

James River Correctional Center is a medium security adult male prison with a capacity for 410 inmates; the inmate population at the time of the onsite audit was 432. The facility opened in June of 1998 and is the result of renovating buildings of the former North Dakota State Hospital, which was built in 1936. The main building is a six-floor structure. The first floor consists of offices, medical, and five detention/isolation cells. The second, third, fourth, fifth, and sixth floors comprise the inmate units in two, five, and seven-man dorm settings. The dorms have their own bathrooms. There is no camera coverage in the dorm rooms themselves or in any bathrooms. Being an older facility, JRCC is faced with physical plant challenges that decrease the level of sexual safety and would benefit greatly from physical plant renovations and additional camera coverage in blind spots and isolated areas.

The SAU (Special Assistance Unit) houses up to 24 inmates who are seriously mentally ill inmates; the unit provides special treatment and programming to fit their needs.

The rest of the grounds consist of Rough Riders Industries, which comprises three large buildings that house maintenance, metal shop, and welding. There is a large outdoor recreation yard, as well as a tunnel that connects some of the buildings; this tunnel is used for inmate movement to Laundry, Property, Commissary, and Food Services.

SUMMARY OF AUDIT FINDINGS

It was clear that inmate safety is of upmost importance at JRCC and for the DOCR agency. Auditors were very impressed with the efforts and accomplishments made to achieve PREA compliance. Twenty-four (24) standards were met, seventeen (17) standards were exceeded, two (2) were not applicable, and zero (0) were not met.

The consistency of practices and culture between facilities is remarkable.

Number of standards exceeded: 17

Number of standards met: 24

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- Organizational Chart

Interviews, Document and Site Review:

NDDOCR and JRCC have a zero tolerance policy toward all forms of resident sexual abuse and sexual harassment, which is outlined in their PREA Policy 3C-4. The PREA Policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment and includes such definitions that are congruent with the PREA standards and includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. This policy incorporates requirements of the PREA standards and also agency and facility methods of compliance. Beyond language in policy, JRCC appears to have a culture that also exudes zero tolerance.

All interviews with staff, inmates, and specialized staff affirm the zero tolerance policy and measures of prevention, detection, and response strategies.

NDDOCR has appointed an upper-level PREA Coordinator who also serves in the position of Director of Staff Development and Facility Inspections; Steve Engen. The auditor reviewed the agency organizational chart, which listed the PREA Coordinator (PC) position. Steve Engen, as the PC, reported that he has sufficient time and has authority to develop and oversee agency PREA compliance efforts. The PREA Coordinator reports directly to the Director/Agency Head Leann Bertsch. Interviews with the Director and PC revealed that PREA compliance efforts are a priority. Each facility under the DOCR has a designated PREA Compliance Manager (PCM). At JRCC, the PCM is the Deputy Warden; Connie Hackman. Mrs. Hackman reported that she has sufficient time to oversee facility PREA compliance. As Deputy Warden and her involvement in leadership, she has sufficient authority to do so.

Corrective Action:

None.

Standard 115.12 Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- Contracts for confinement (4)

Interviews, Document and Site Review:

The agency does contract for the confinement of inmates. The PREA Policy 3C-4 contains the requirements of this standard. The auditor was provided all contracts for review and also interviewed the Agency Contract Administrator, located at the central office. The auditor reviewed contracts with the following: The Center Inc., Bismarck Transitional Center, Lake Region Residential Reentry Center, and Tompkins Rehabilitation Center. Each of the contracts includes the following language (as provision #6):

The CONTRACTOR shall comply with the Prison Rape Elimination Act of 2003 ("PREA"), 42 U.S.C. § 15601 et. seq., and all applicable PREA Standards and DOCR Adult Services Policies related to PREA for the prevention, detection, monitoring, investigation, and eradication of any form of sexual abuse within CONTRACTOR facilities, programs, or offices, whether owned, operated or contracted. This includes the education and training of staff, education for offenders, conducting investigations, reporting incidents to the DOCR, compiling incident data and aggregate data, and providing incident and aggregate data to DOCR on an annual basis. The CONTRACTOR acknowledges that, in addition to its self-monitoring requirements, DOCR will conduct announced or unannounced compliance monitoring, including on-site monitoring. Failure to comply with PREA and applicable PREA Standards and DOCR Policies may result in termination of the contract.

Discussion with the Agency Contract Administrator revealed that he was very knowledgeable about the PREA standards and their obligations thereof, as the contracting agency. All the contracted placements have undergone PREA audits and the agency has obtained and reviewed those audit reports. As seen in the language above, the agency conducts announced and unannounced compliance monitoring, which was also articulated by the Agency Contract Administrator. The auditor learned that the agency has the FACTS system, which was developed in-house for monitoring purposes; it guides the onsite monitoring process and when monitoring is required. It is used for monitoring many things; one being PREA. The FACTS system, advanced knowledge and monitoring with announced and unannounced compliance monitoring exceeds the standard.

Corrective Action:

None.

Standard 115.13 Supervision and monitoring

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- Staffing Policy 1C-5
- JRCC Staffing Plan
- JRCC Staffing Plan Review
- Staffing Plan Memo
- Supervisor Rounds

Interviews, Document and Site Review:

JRCC has developed, implemented, and documented a staffing plan that provides for adequate levels supervision and makes its best effort to comply with it. A Staffing Plan document was provided which cites minimum staffing levels during different times of the day shift as well as the night shift. It addresses the use of video monitoring and cites position responsibilities of the Captain, Sergeant, Control Officer, Driver, Rover Officer, and Outdoor Security. Reduction of operational services is then outlined, in the event of staff shortage. JRCC has a Staffing Plan Deviation Form for documenting deviations (reason for deviation, number of staff, and efforts to prevent the deviation).

As reported on the Pre-Audit Questionnaire, the average daily number of residents was 432 and the staffing plan was predicated on 432 residents. The auditor was provided with documentation of their staffing plan, through a lens of sexual safety, which included consideration of the 11 required elements of this provision. In part, the plan states:

There are 29 security shift positions throughout the facility during daytime hours (6 am to 10 pm) Filling all of these positions provides for optimal operations allowing staff to carry out all programming. Being fully staffed also greatly improves interactions between staff and inmates increasing the disruption of criminal thinking and ultimately lowering recidivism.

The institution can operate with normal programs and activities occurring while still being able to detect and control physical altercations, sexual abuse, self-harmful acts, misconduct, or escape with 24 staff; Captain, Lieutenant, Main Gate, Perimeter, Driver, Rover, Traffic Officer, Tunnel Officer, Control, 5 floor Sergeants, 5 housing unit officers, SAU Sergeant, 4 SAU officers. Operating with 24 staff on shift is strenuous for staff and inmates as it doesn't provide the needed staff to appropriately interact with inmates and address the numerous concerns presented throughout the shift.

Using controlled inmate movement with activities such as recreation areas being closed, allowing inmates out of their cells but not allowing them off of the housing units with the possible exception of meals and med-line, and cancellation of religious activities, etc., the minimum staffing number while still being able to detect and control physical altercations, sexual abuse, self-harmful acts, misconduct, or escape decreases to 21 staff; Captain, Main Gate, Perimeter, Driver, Rover, Traffic Officer, Tunnel Officer, Control, 5 floor

Sergeants, 4 housing unit officers, SAU Sergeant, 3 SAU security staff. The limitation of programming and activities caused by having only 21 staff on shift is increasingly strenuous for staff and inmates. Hostility is greatly increased and addressing concerns and crisis becomes very difficult.

The minimum amount of staff required in order to detect and control physical altercations, sexual abuse, self-harmful acts, misconduct, or escape is 15; Captain, Main Gate, Perimeter, Driver, Rover, Traffic Officer, Tunnel Officer, Control, 5 floor Sergeants, SAU Sergeant, SAU officer. This amount of staff necessitates that the institution be locked down with all non-essential functions and activities closed. This staffing does not allow for inmates to come out of their dorms or cells for any activity including eating in the Dining Room. This is the staffing level that occurs on the night shift.

There is a staffing plan in effect to assist the Captain on duty to effectively and efficiently respond when there is not available staff to cover all posts. The Administrative Captain will attempt to ensure the security shifts have the required amount of security personnel on each shift. When the security positions are not able to be filled, the shift supervisor will attempt to fill the vacant position(s) with any available officer utilizing Call Days, overtime, compensatory time, or shift for shift. The shift supervisor will make contact with on duty staff as well as off duty staff when possible. A "Call Day" list is maintained and updated by the Administrative Captain. This is emailed and kept in the Captain's office for them to utilize accordingly. If the shift supervisor is unable to fill the needed security shifts, Unit management staff will be utilized to assist with shift coverage. If unable to fill needed positions by utilizing available Unit Management staff, non-essential service departments such as Inmate Property, Recreation, Laundry may shut down to utilize the staff assigned to these positions to cover security shift positions. One SAU officer may be re-assigned from the Special Assistance Unit to perform essential duties needed in other parts of the institution. Non-essential daily activities such as recreation may be shortened or terminated if staff are not available to adequately supervise.

Auditors discussed the staffing plan with the Warden, Deputy Warden/PCM, and learned that the total number of direct contact staff assigned is adequate to provide safety and security, as long as staff vacancies are kept to a minimum. Each shift has predetermined number of post assignments that must be staffed each day to safely operate the facility. There were no deviations from the staffing plan where the facility did not have at least the minimum number of staff on each shift during current period of review. There are a number of options available to the shift supervisor in order to meet at least the minimum staffing number, including, moving officers from non-essential posts. Staff working in the property room, recreation area, or laundry can be utilized on shift, and calling staff in early or holding them over onto the next shift for comp time or overtime is also an option. Another means of staffing on shift at JRCC, is through use of what is termed as "call days". Call days are a very creative way of covering shift shortages before they occur. The idea is predicated on each officer working 2080 hours each year, and the days off rotation schedule for security staff. Officers work 7 days on, 3 days off one week, then 7 days on, 4 days off the next week, then back to 7 days on and 3 days off, and so on. The calculation of the number of hours an officer will work in each year using this schedule comes to 2005 hours, leaving 75 hours that the officer will be paid for, but is not scheduled to work on shift. Part of these hours are scheduled as annual training days, and the remaining days, termed "call days", the officer is to schedule with their shift supervisor each quarter. Officers who have not scheduled their day, or not already served their call days, are subject to being called to work when they are needed to meet the minimum staffing number. According to the shift supervisors who were interviewed, staff calling in sick is the most common reason for not being at the full staff number.

It was articulated in interviews with the Deputy Warden/PREA Compliance Manager and PREA Coordinator there were no deviations from the staffing plan, which is also what was reported on the Pre-Audit Questionnaire. A Staffing Plan Memo was also provided which noted that no deviations had occurred throughout the review period and that any vacant positions on shift are filled with OT employees. Auditor observations supported that the facility maintains the staffing plan and adequate staffing levels and that there were no deviations.

JRCC demonstrated policy and practice of annual staffing plan reviews, which was also corroborated by the Warden,

PREA Compliance Manager, and PREA Coordinator in interviews and discussions. The JRCC Staffing Analysis dated 8-1-16, was provided for auditor review. This analysis reviews staffing asserting that JRCC normally operates at or near capacity and that about 66% of the inmate population are involved in programming or are employed, it addresses ways JRCC maintains adequate supervision, use of video monitoring, staffing of the SAU (Special Assistance Unit), the prevalence of substantiated and unsubstantiated sexual abuse, etc. This appears to be an institutionalized practice as evidenced by supporting documentation of the annual reviews from previous years as well. The reviews are signed by the PREA Coordinator.

The policy and practice of unannounced rounds is well institutionalized at JRCC. The PREA Policy 3C-4 on page 8 asserts the way this is put into practice: that they are conducted on all shifts by intermediate or high level staff and documented in the ELITE system as “Supervisors Round.” Documentation of these Supervisors Rounds were provided for auditor review and revealed that these were routinely and consistently conducted as set forth in policy. In addition, it was consistently reported during staff interviews that supervisors conduct these rounds. Shift supervisors report that staff do not call ahead to warn other that administrative rounds are underway. It was reported that staff who make rounds do so in irregular patterns and not on the same day or time, as to not set identifiable patterns. Security staff who were interviewed voiced a good understanding for the rationale for this rule. Auditors randomly reviewed security logs while at the facility in addition to the shift log documentation that was provided.

Corrective Action:

None.

Standard 115.14 Youthful inmates

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- Directive 4B-5

Interviews, Document and Site Review:

This standard is not applicable. Neither JRCC nor the agency houses youthful inmates, as evidenced by PREA Policy 3C-4 and the Directive 4B-5. Any inmate under the age of 18 is placed in the North Dakota Youth Correctional Center.

Standard 115.15 Limits to cross-gender viewing and searches

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- Policy 3A-6 Control of Contraband
- Shift Log Inquiry
- Exigent Circumstance Memo
- Body Searches Lesson Plan
- Online Searches curriculum

Interviews, Document and Site Review:

PREA Policy 3C-4 outlines each provision of this standard beginning on page 8. It states there are no cross-gender strip searches or any visual body cavity searches except in exigent circumstances (“exigent circumstance” is defined per the PREA standards). 3C-4 asserts that staff will document any cross gender strip or body cavity searches in the electronic log. Staff and inmates consistently corroborated that cross-gender strip and body cavity searches are not conducted at JRCC, and auditors were alerted of no instances when this may have occurred. Therefore, there were no logs or records of cross-gender searches to review.

115.15(b) is not applicable as JRCC houses only male inmates.

Policy and practice at JRCC enables inmates to shower and perform bodily functions without being viewed by staff of the opposite gender and also requires opposite-gender staff to announce their presence. Throughout the site review, staff members promptly and consistently made announcements. Auditors learned that an “all genders” announcement is routinely made at the beginning of each shift and while this practice does not, in itself, satisfy the requirements of this standard, auditors observed and were informed that when the status quo of the officers change, a “female on the unit” announcement is made. When non-uniform staff come onto a unit or when a female officer comes onto a unit where there was no female officer, the “female” announcement is made. Staff and inmate interviews corroborated this and inmates reported that staff are respectful, ensuring they have adequate privacy for those functions. Policy 3C-4 mandates that “female on the floor” will be announced prior to entering any area where an inmate is in a state of undress or using the toilet and it mandates this announcement to be documented in the ELITE system.

Auditors viewed camera monitors and had discussions with staff, captains, and leadership regarding the viewing of cameras; inquiring about cross-gender viewing. Auditors were informed of the presence of cameras inside 4 cells of the SAU. Two of these cells are sometimes used as observation cells, and sometimes they house inmates for general purposes and not for observation. Cameras in these cells view the toilet, thus creating the potential for cross-gender

viewing. As a result of the previous PREA audit, JRCC has instituted a practice by which the cameras in cells 101 and 102 are disconnected unless an inmate housed there is being housed for close observation/suicide watch. Staff articulated the practice and procedure for the use of cameras in these cells and auditors were provided documentation of a directive and procedure for the use of the cameras in these cells. The directive dated 04/22/15 states, “The cameras for cells 101 and 102 have now been disconnected. These have been disconnected to be in compliance with PREA. These cells will be intended to be used as 100 unit level 1 cells/holding cells for detention/investigative purposes. The cameras will remain disconnected in all these situations. If one or both of these cells should be needed for OBS, the camera may be reconnected with the authorization of the on-duty Captain....” Post orders were updated to reflect this order, as well as the procedure for the Captain to manually reconnect the camera(s). Security and Control Policy (revised June 30, 2015) mandates this practice and procedure as well.

In addition, JRCC has a well-established practice of logging cross gender announcements and camera monitoring and auditors reviewed the Shift Log where this documentation is maintained. A memo (dated 6/18/15) to staff from the Deputy Warden/PCM outlining exigent circumstances and expectations of documentation was provided. Entries of exigent circumstances were logged in which female staff members were in view, or had access to view, observation cells housing male inmates. Whereas the log cited exigent circumstances, it did not cite what the exigent circumstance was. This documentation should be strengthened by citing what made the circumstances exigent, to ensure that it meets the definition of “exigent circumstances” in both agency policy and in the PREA standards. Furthermore, perhaps the memo should be updated and emphasized again to staff. The memo alludes to an inmate in an observation cell being an exigent circumstance, however, this would not necessarily be the case if the inmate was placed there solely for behavior management purposes. The memo could more clearly define exigent circumstances and fully documenting those. One inmate reported that a female officer had video-taped a restraint of an inmate and though, this may no longer be in practice, it should be reiterated that a restraint in itself is not an exigent circumstance (since restraints are not unforeseen). There should be no cross gender viewing unless this definition is truly met: “any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.”

In addition, JRCC staff consistently reported that a transgender or intersex inmate could not be searched for the sole purpose of determining their genital status. They further articulated that information could be obtained by conversation with the inmate, looking in records, and/or through medical. This language is also in policy and policy also states, “During the PREA Intake Screening interview with a transgender or intersex inmate, staff will ask the inmate if they prefer to be searched by a male or female officer. This information will be recorded in alerts in ELITE.”

On an annual basis, officers receive training on conducting searches and JRCC reported that 100% of security staff had received the training. JRCC staff were informed and discussed the practice of conducting searches on transgender/intersex inmates and conducting cross gender searches only in exigent circumstances. Auditors were provided the curriculum for review, which consisted of educating staff about the limits to viewing and searches pursuant to this standard as well as conducting cross gender pat searches and searches of transgender or intersex inmates.

Corrective Action:

None.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the

standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- NDDOCR Inmate PREA Training PowerPoint and lesson plan
- Disability Memo
- Interpreter Contract and invoice
- English Proficiency Assessment

Interviews, Document and Site Review:

JRCC provides, as necessary, for disabled and LEP (limited English proficient) inmates to benefit from efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Auditors noted on the site tour that there was ample signage posted throughout the facility that was in both English and Spanish. PREA Policy 3C-4 very clearly outlines how this shall be accomplished, on page 9 as follows:

1.) Interpreter services for the deaf, blind or hard of hearing inmates, and Non-English speaking inmates.

a.) 1-877-650-8027

b.) Account Number: 9823

c.) Your Full Name: Employee Name

d.) Department Number: NDSP 530.0, JRCC 530.1-10, MRCC 530.1-20, PP 530.3

e.) For additional information see, appendix A.

2.) Inmates who have intellectual, psychiatric, or speech disabilities will review materials with staff to ensure comprehension.

PREA material is provided in written form in the Inmate Handbook, as well as in a PowerPoint that is presented to inmates. The PowerPoint is one hour long and the lesson plan guides the instructor through all relevant points. There is audio available for blind inmates and subtitles for deaf inmates. If the need arises, staff will assist individual inmates to ensure their comprehension of the material. Behavioral health staff are charged with this duty. The inmate handbook is also available in Spanish. The agency employs a translation service, with which they have a contract, for any LEP inmates. The auditor reviewed the contract for service and an invoice for when the service was utilized.

Policy 3C-4 prohibits the use of inmate interpreters unless doing so compromises inmate safety, performance of first responder duties, or the investigation of the inmate's allegation. Staff articulated this very well throughout interviews. Staff at JRCC were aware that interpretive services are available, if needed. For LEP inmates, an English Proficiency Assessment is conducted at NDSP, which assesses the level of assistance that will be needed. This follows the inmate upon transfer to JRCC. There were no LEP inmates in custody for auditors to interview. One low-functioning inmate was interviewed to assess level of comprehension of the PREA material, who was able to relay

what PREA was and how to report and the other did not seem to comprehend or convey information throughout the interview.

Policy 3C-4 also refers to DOCR Directive, Limited English Proficiency and DOCR Directive, Case Planning, for additional information.

Due to the many resources that have been implemented for disabled/LEP inmates, staff awareness of the existence and utilization of the resources, explicit policy language, and the effort given to individual inmates when needed to ensure their comprehension, auditors feel JRCC has exceeded this standard.

Corrective Action:

None.

Standard 115.17 Hiring and promotion decisions

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- Policy 1C-11 Criminal Record Check and Fingerprinting
- North Dakota Century Code 12-60-24 - Criminal history record checks
- Internal email from Human Resources
- Personnel Records and file review

Interviews, Document and Site Review:

JRCC and the agency demonstrated well that they prohibit the hiring of anyone who (1) has engaged in sexual abuse of inmates in an institutional setting; (2) has been convicted of engaging in sexual activity in the community facilitated by force, the threat of force, or coercion, or (3) has been civilly or administratively adjudicated to have engaged in such activity. Policies 3C-4 and 1C-11 dictate this practice. PREA Policy 3C-4 addresses each provision of this standard beginning on page 10. Fingerprinting and expectations for criminal records checks are also found in Policy 1C-11 (which also cites this standard as well as other mandates in accordance with state and federal statutes, etc.) and North Dakota Century Code 12-60-24, which states in part, “The bureau of criminal investigation shall provide to each agency, official, or entity listed in this subsection who has requested a statewide and nationwide criminal history record check, the response of the federal bureau of investigation and any statewide criminal history record information that may lawfully be made available under this chapter.”

JRCC reported that there were 48 persons hired during the review period who received criminal records background

checks, and 75 contractors. Human Resources staff, at the agency level, was extremely knowledgeable about PREA standards as related to hiring and promoting and explained the process and practice of compliance with this standard and provided a sample of records for auditor review (selected at random by the auditor). The background checks consist of an extensive process that includes: Triple I (national), NCIC, CJIS (state and local), ND courts, Adult Abuse and Child Abuse Registries, sex offender check, and JPay and visitor log checks (for communications with inmates). All employees including volunteers and contractors go through this process and every 5 years every employee has another NCIC check completed. All records that were reviewed contained criminal records checks in accordance with this standard and agency policy. NCIC is conducted again for any staff up for promotion and several examples of these records were also provided for auditor review.

HR staff at the facility stated that incidents of sexual harassment would be obtained and considered by reference checks or HR's knowledge of such incidents (for current or former employees). Applicants are also queried about prior institutional employers. In the event an applicant has a prior institutional employer, a release from is sent requesting a response in writing for information regarding their former employee's involvement in substantiated sexual abuse or sexual harassment. Auditors were provided examples of completed requests.

Regarding providing information, upon request from another institution, about a former employee's involvement in substantiated allegations of sexual abuse or sexual harassment, HR staff articulated this requirement and provided documentation and the form letter that is used for this purpose. It was reported that the agency has received requests from other institutional employers inquiring about former DOCR employees in which responses are first approved and then sent.

Auditors reviewed employee files and documentation which all contained the required background checks, requests to prior institutional employers (when necessary). Auditors verified that employment applications contained the required three questions of 115.17(f). Facility practice seemed to be congruent with policy which requires criminal background checks at least every five years. Documentation of background checks for employees that were promoted were reviewed for verification as well.

All the procedures in place, demonstration of practice, and the knowledge of the HR staff exceeds this standard.

Corrective Action:

None.

Standard 115.18 Upgrades to facilities and technologies

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- Documentation of funding request for cameras and additional staffing

Interviews, Document and Site Review:

There had been no substantial expansions, facility modifications, or upgrades to cameras during this review period. The Director was interviewed and spoke knowledgeably about the requirements of PREA and the consideration that would be given to any expansion or facility modification such as: clean site lines, fewer nooks and crannies, many cameras, no group showering. The PREA Coordinator asserted that he would be involved with any expansion or modification, and such changes would also undergo a review process.

Corrective Action:

None.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- Preservation of Evidence Policy 3A-12
- North Dakota Sexual Assault Evidence Collection Protocol 5th Edition
- North Dakota Highway Patrol Criminal Investigation Policy 4.3
- North Dakota Century Code 12.1-34-07
- MOU with Safe Shelter and JRMC
- Correspondence with SANE
- 115.21(d)(3) Memo dated 10/3/16

Interviews, Document and Site Review:

DOCR/JRCC conducts administrative investigations, while they have collaborated with the Highway Patrol for criminal investigations. PREA Policy 3C-4 outlines compliance with this standard as well as Policy 3A-12 which further outlines the uniform evidence protocol addressing the preservation of evidence, crime scene security, handling of evidence, location and storage requirements, documentation, disposition of evidence, etc. Through interviews and discussions with staff and leadership, policy and procedure was very well articulated. Auditors were very impressed with staff's ability to articulate their responsibilities per this policy. Staff knowledge was at an advanced level. The Highway Patrol conducts criminal investigations using the North Dakota Sexual Assault Evidence Collection Protocol 5th edition congruent to the Sexual Assault Protocol developed by the United States Department of Justice,

which was impressively thorough and detailed and covered the scope of all types of victims (i.e. child, adolescent, male, LGBT – lesbian, gay, bisexual, transgender). Policies 3C-4 and 3A-12 assert that forensic exams will be completed, without cost, at Jamestown Regional Medical Center (JRMC) within 120 hours of the incident.

Alleged victims of sexual abuse are offered forensic exams at no cost from Jamestown Regional Medical Center (JRMC) by a Sexual Assault Nurse Examiner. In this reporting period, there was one (1) forensic exams reported. Auditors were provided an MOU between JRCC, Safe Shelter, and JRMC. The MOU states that there is a Community SART (Sexual Assault Response Team) and it establishes and outlines procedures for providing forensic exams and advocacy for inmates. The MOU was signed in October 2016 by the JRCC Warden, Safe Shelter Executive Director, and JRMC SANE Coordinator. If an advocate is not available, behavioral health staff will be utilized “to provide counseling and support,” which was stated in a memo provided for auditor review.

On a side note, JRCC collaborated with the local county jail to be included in the MOU as well, so their inmates could also be served.

PREA Policy 3C-4 established procedures for victims of sexual abuse to be offered forensic medical exams, outside the facility at no cost. It was evident that the PREA Coordinator has established a good working relationship with the SANE nurse and had substantial communication with her, some of which was provided for review. In the event that an inmate arrives for a forensic exam, a victim advocate is offered to the victim. Policy 3C-4 states, “The DOCR medical staff will contact the designated medical provider, who will initiate the Sexual Assault Response Team and request a victim advocate.”

The agency has established a good working relationship with the Highway Patrol and receives timely services from them when needed. Auditor was provided with the Highway Patrol’s Criminal Investigation Policy 4.3 and, though it is not specific to sexual abuse, it outlines their uniform evidence protocol.

Not only has the agency requested that the Highway Patrol follow the requirements of this standard, the agency has included them in training provided by the Moss Group; the agency offered those training records for auditor review, also.

The effort that has been made to collaborate with these external stakeholders (Highway Patrol, SANE, Safe Shelter) exceeds expectations and has truly been valuable and beneficial to the agency and thus, the inmate population. The extensive and detailed policy and documentation, efforts that have been made to collaborate with external stakeholders (Highway Patrol, SANE, Safe Shelter), and the articulation of said policy and documentation exceeds this standard.

Corrective Action:

None.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- North Dakota Highway Patrol Criminal Investigation Policy 4.3
- PREA Investigation Log
- Staff PREA Investigation Log
- Investigative Records

Interviews, Document and Site Review:

The PREA Policy 3C-4 addresses this standard and states that all allegations will be investigated, that criminal investigations will be referred to the Highway Patrol, and the PREA investigator will document such referrals.

JRCC conducts administrative investigations, while the Highway Patrol conducts criminal investigations. Interviews with investigators and leadership indicated that PREA investigations are of the utmost importance and are acted upon immediately. It was evident that this was part of the culture of the agency.

There were 17 allegations of sexual abuse and sexual harassment reported on the Pre-Audit Questionnaire (PAQ) during the reporting period (8/1/15-7/31/16); 17 of those resulted in an administrative investigation, and 0 were referred for criminal prosecution.

Auditors were provided two investigative logs (spreadsheets); one for inmate-on-inmate allegations and third party reports and one for staff-on-inmate allegations. Contrary to the 17 total investigations reported on the PAQ, review of the inmate PREA Investigation log revealed 17 investigations while the Staff Investigation Log revealed two (2) investigations. In addition, there were thirteen (13) third party allegations logged. Therefore, auditors noted a total 32 total allegations, which broke down in the following way:

- 17 Inmate-on-Inmate (17 sexual harassment): 6 substantiated, 5 were unsubstantiated, 6 were unfounded
- 2 Staff-on-Inmate (1 SA, 1 SH): 1 substantiated, 1 unfounded
- 13 third party reports (12 SA, 1 SH): 0 substantiated, 3 unsubstantiated, 10 unfounded

Auditors reviewed investigative files and received clarification on some documents when requested. Upon request, an addendum to one investigative report was written and added to a file while auditors were onsite in order to enhance the documentation and investigative process that was performed. Nevertheless, almost all files were all-inclusive, thorough, and organized. The data and spreadsheets were precise and clear, documenting allegation types and dispositions.

The PREA Policy is published on the DOCR's website; it describes the investigative responsibilities of both the agency and the HP. Auditors were provided with the Highway Patrol's Manual that guides their investigative process. It was very thorough and detailed. Again, the relationship between these two entities is strong and very beneficial.

Corrective Action:

None.

Standard 115.31 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- DOCR Staff PREA Training and Lesson Plan
- Online PREA Training
- Staff PREA Acknowledgement
- In Class PREA Training
- Training Records

Interviews, Document and Site Review:

Agency PREA Policy 3C-4 contains the requirements of this standard including the ten required training elements of 115.31(a). The training content and lesson plan was provided and reviewed by the auditor. The agency has a big emphasis on training and institutes quality training curricula. Different PREA topics are also covered regularly in shift briefings. This consists of PREA questions and dialogue with staff, and auditors reviewed some of the documentation in these briefings. Auditors gleaned that staff have an advanced knowledge of the PREA standards and generally how they intersect and effect other areas and departments of the facility. Moreover, staff exuded the zero tolerance policy for sexual abuse and harassment and were able to articulate their responsibilities under the agency policy and in prevention, detection, and response.

JRCC reported that 100% of staff received PREA training. A record of PREA training for all staff was provided and training records were selected by the auditor at random and were provided for review. All staff are required to receive new hire PREA training in the classroom and then annual PREA training refreshers online. Employees sign a PREA Training Acknowledgement form for classroom training and there is an electronic acknowledgement for the online training. It states, “By signing this form, I acknowledge that I understand and will comply with all PREA requirements presented during training.”

The content, quality, and emphasis put into ensuring all staff receive and have a rich understanding of the PREA training elements and PREA standards, along with annual PREA training and the post test that is implemented, exceeds this standard.

Corrective Action:

None.

Standard 115.32 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the

standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- What to Volunteering in Jails and Prisons training curriculum
- In Class PREA Training
- What You Need to Know video
- PREA Acknowledgement form
- Unescorted Contractors/Volunteers Acknowledgement
- Policy 1G-1 Volunteer Program

Interviews, Document and Site Review:

The agency exceeds the training requirements in this standard and the PREA Policy 3C-4 thoroughly outlines this practice. The PREA Policy charges the facility PREA Compliance Manager with ensuring that all contractors and volunteers are properly trained per policy. Volunteers and contractors are categorized into two groups; escorted and unescorted. Escorted volunteers and contractors review and acknowledge the agency’s zero tolerance policy and how to report such incidents and they sign the PREA Acknowledgement form. Unescorted volunteers and contractors receive classroom PREA training. The training is approved by the PREA Coordinator and is repeated every two years. JRCC reported 7 volunteers and contractors during the review period had been trained.

The auditor was provided the training and lesson plan used contractors and volunteers. PREA Policy 3C-4 further asserts, “Administrative services of the respective facility shall maintain documentation confirming volunteers and contractors understand the training they have received and document in ELITE each contractor or volunteer has completed the PREA training and signed the acknowledgement form, based on their level of contact with inmates.”

A full list of volunteers and a full list of contractors were provided for auditors. Interviews with a volunteer and contractor confirmed the policy language to be practice and they were well informed about PREA and their reporting duties.

The procedure for training contractors and volunteers; using classroom training, signed documentation, and training every two years exceeds this standard.

Corrective Action:

None.

Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the

standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- PREA postings
- PREA Inmate Video
- PREA Inmate PowerPoint
- Inmate Handbook
- New Arrival Checklist
- English Proficiency Assessment

Interviews, Document and Site Review:

Prior to transfer to JRCC, inmates receive initial PREA orientation at NDSP and then additional information at JRCC. They receive an Inmate Orientation PREA Information sheet as well as an Inmate Handbook in their property bag during orientation which contains information on definitions and how to report. As asserted in PREA Policy 3C-4, “Within 30 days of the intake or intra-system transfer, facility staff will provide comprehensive education to all inmates showing the video, ‘PREA: What You Need to Know’ and providing a verbal comprehensive explanation of the video...” This education encompasses the following topics: zero tolerance policy, inmates’ right to be free from sexual abuse and harassment as well as retaliation, how to report incidents, and the agency’s policies and procedures for responding, etc. Auditors reviewed the Inmate Handbook, which contains comprehensive information about sexual abuse and sexual harassment; definitions, methods of report, etc.

JRCC did not report, on the PAQ, the number of inmates that received comprehensive education, but reported there were zero (0) that did not receive comprehensive education within 30 days of intake. Interviews indicated that inmates had a rich understanding of PREA and knew how to report incidents of sexual abuse and sexual harassment. Most asserted they would go to staff to report. This was indicative of trust and confidence in the staff and reporting system. There was no evidence that reports were being made and not investigated. All inmates interviewed felt like it was a sexually safe environment.

As outlined in PREA Policy 3C-4 (page 16) and explained in the comments of 115.16 above, inmate education is provided in formats accessible by LEP, disabled, deaf or hard of hearing, blind or visually impaired, as well as those with limited reading skills. There is audio available for blind inmates and subtitles for deaf inmates. If the need arises, staff will assist individual inmates to ensure their comprehension of the material. The agency employs a translation service, with which they have a contract, for any limited-English proficient inmates. Auditors were provided with an invoice as evidence of the service’s use. The Inmate Handbook is also available in Spanish. The Inmate Handbook contains a PREA section which outlines the definitions of sexual abuse and sexual harassment, as well as inmates’ rights to be free from sexual abuse, sexual harassment, and retaliation. It also contains grievance procedures which specifically outline sexual abuse grievances.

Auditors were provided with the inmate education videos and lesson plans to review. Information obtained in interviews with inmates and intake staff affirmed practice to be congruent with policy. Inmates were versed in PREA;

they knew how to report incidents of sexual abuse and sexual harassment, and they overwhelmingly asserted they would go to staff to report. Inmates sign an acknowledgement form for their PREA orientation. The agency maintains that documentation electronically. Auditors requested records of random inmates, which were pulled up electronically for review. All inmates reviewed contained the PREA acknowledgement form.

PREA information via posters in both Spanish and English are posted throughout the facility in abundance. Agency policy prohibits the use inmate interpreters and this was articulated in staff interviews.

The inmates' advanced knowledge of PREA information and reporting, in addition to the trust and confidence they have in reporting, is indicative of an ideal reporting culture and exceeds this standard. The agency and facility ensure that inmates receive an abundance of PREA information and provide it in many different formats.

Corrective Action:

None.

Standard 115.34 Specialized training: Investigations

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- Policy 1A-9 Professional Standards Investigations
- NDDOCR PREA Refresher and Overview
- Roster for January 2016
- Investigator training spreadsheet

Interviews, Document and Site Review:

The auditor feels the agency exceeded this standard. Agency investigators have participated in extensive specialized training delivered by The Moss Group, the online NIC specialized training for investigators, and have developed a comprehensive training curriculum for investigators. Modules of the training curriculum are: the PREA Standards, the Audit Process, Legal Issues and Agency Liability, Prosecutorial Collaboration, First Response Evidence Collection, Forensic Medical Exam, The Role of the Victim Advocate, Agency Culture, and Interviewing Victims of Sexual Abuse. The agency invites investigators from the Highway Patrol (responsible for criminal investigations) to attend training as well. The agency has built a valuable relationship with the Highway Patrol, which has resulted in the Highway Patrol being very receptive to agency needs and sharing of resources.

The auditor reviewed training materials, which addressed all required training elements of this standard as well as

documentation of participation. The two (2) investigators at JRCC that were interviewed articulated the elements of specialized training and explained the investigative process well. The agency has 36 investigators that have received this extensive training.

This training and the investigators' ability to articulate the training exceeds this standard.

Corrective Action:

None.

Standard 115.35 Specialized training: Medical and mental health care

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- NIC Certificates of Completion

Interviews, Document and Site Review:

PREA Policy 3C-4 mandates specialized training for medical and behavioral health staff. JRCC employs 28 medical and behavioral health staff and reported that 100% have completed the respective online NIC course. Certificates of completion for every medical and behavioral health staff were provided for review.

Medical staff employed by the agency do not conduct forensic exams. Auditors interviewed both a medical and a behavioral health staff member. These staff members explained the elements of the specialized training as it relates to their particular field and has also received the general agency PREA training.

Corrective Action:

None.

Standard 115.41 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- Intake/Admission Screening
- PREA Assessment/Reassessment
- Temporary Leave/Transfer Screening form
- PREA Rating Assessment Manual – August 2016
- Mental Health Screening form
- Screening Records

Interviews, Document and Site Review:

Page 18 of the PREA Policy thoroughly outlines the process for screening inmates for victimization and abusiveness. This screening process is also outlined in the PREA Rating Assessment Manual – August 2016, which is used in training all staff that conduct the screening.

Inmates are first admitted to NDSP; the intake facility. At NDSP, all inmates are screened using the Intake/Admission Screening form. The Intake/Admission Screening considers all required elements of provision (d). Immediately upon transfer to JRCC, all inmates are screened again (generally by an intake case manager or sometimes a sergeant) using the Temporary Leave/Transfer Screening. The PREA Policy states, “This form is completed upon return from temporary leave and by the receiving facility upon transfer between DOCR facilities. This form is completed with input from the DOCR inmate. If either question on the form is marked as “yes”, activate the facility coordinated response and refer to unit management.”

Additionally, anytime an inmate leaves the facility and is transferred back, all are screened again using the Temporary Leave/Transfer Screening. The abbreviated Temporary Leave/Transfer Screening accounts for three dynamic factors that could change between facilities. This screening consists of three questions, as follows:

1. Does the inmate have a history of being a victim of predatory or aggressive sexual actions in an institutional setting since the last PREA Assessment?
2. Does the inmate have a history of institutional predatory behavior, including jail, since the last PREA Assessment?
3. Does the inmate verbalize fear for personal safety or sexual victimization?

Once at JRCC and within 30 days, inmates are screened again using the PREA Assessment/Reassessment Screening; completed by case managers. The PREA Assessment/Reassessment culminates in a PREA Rating; KV (Known Victim), PV (Potential Victim), UN (Unrestricted), KA (Known Aggressor), or PA (Potential Aggressor). For transgender or intersex inmates, they shall be reassessed at least every six months per policy and the PREA Rating Manual. There is also an override process that can be used to request a PREA Rating that is higher or lower level in the event that it does not seem to reflect an inmate’s risk accurately. The case manager staffs the override request with the unit team to determine whether it is warranted. JRCC reported that 475 inmates were screened during the review period and that 475 were reassessed within 30 days. The PREA Assessment/Reassessment Screening is also completed annually during reclassification and upon any triggering event such as involvement in an allegation of sexual abuse or sexual harassment and it also considers institutional behavior and offenses. Case Managers are responsible for the completion of this, which is entered into ELITE. This practice is set forth in policy and in the PREA Rating Manual. The PREA Assessment/Reassessment objective in PREA Audit Report

that it contains a scoring mechanism that aids inter-rate reliability. In addition, staff receive training and reference the PREA Rating Manual, which also aids in inter-rater reliability.

As set forth in policy and iterated in interviews with staff that conduct the screening, inmates are not disciplined for refusing to answer questions pursuant to elements (1), (7), (8), or (9) of provision (d). Policy 3C-4 asserts, “DOCR maintains information within ELITE and FileNet that limits access to DOCR staff and ensures information is not exploited to the inmate’s detriment by staff or other inmates. Staff are required to follow the DOCR confidentiality agreement.”

Discussions with the PC and PCM and interviews with case managers revealed a deep understanding of the purpose and process of the screening. The screening is well permeated into operations of the facility. Screening records were provided at the auditor’s request, which all confirmed the process set forth in policy; were completed within the required 30 days. The agency does a thorough job of screening, reassessing, and tracking the PREA Ratings of inmates. The system in place including the PREA Rating Alerts, training and the PREA Rating Manual, thorough policy language, and staffs’ understanding and ability to articulate the process and purpose of the screening exceeds this standard.

Corrective Action:

None.

Standard 115.42 Use of screening information

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- PREA Rating Assessment Manual
- PREA Alerts
- PREA Intake Admission Screening
- PREA Assessment/Reassessment
- Policy 5A-1 Inmate Work and Correctional Industry Programs
- Job List
- Inmate Work Plan
- Inmate Work Area-Security Risk Assessment

Interviews, Document and Site Review:

PREA Policy 3C-4 asserts that, “Prior to housing and bed assignments, staff will review alerts within ELITE to keep

separate inmates that have been identified as potential victims or known victims from known aggressors or potential aggressors.”

JRCC has solid policy and practice in place to use screening information to inform housing, bed, program, and work assignments. In fact, JRCC exceeds this standard in several ways and because of the implementation of their Job Committee and use of the Inmate Work Plan and Inmate Work Area-Security Risk Assessment.

Auditors interviewed several people regarding the screening process and use of that information. It was learned that the Movement Coordinator/Unit Manager generally makes housing determination. PREA Ratings and “PREA Alerts” (in the ELITE system) are referenced when making inmate assignments. The majority of inmates are identified as Unrestricted (not deemed as high risk or potential risk), though, it was articulated that inmates with known or potential victimization ratings are not housed with known or potential aggressors. When assessing or reassessing inmates for sexual risk, case managers review the case plan and reference ELITE for PREA ratings, “keep separates”, incidents reports, offenses, etc. It was also reported that if, at any time, an inmate discloses victimization that would trigger a reassessment. Upon the completion of the PREA screening, any inmate identified as a potential or known victim or potential or known aggressor has a PREA Alert created. The PREA Alerts are widely and commonly used in daily operations and before placement is determined. Interviews and documentation indicated that those inmates at high risk for victimization were being kept separate from those inmates at high risk for being sexually aggressive. Though the physical plant at JRCC presents it’s challenges for inmate supervision, the staff seem to be very aware of PREA ratings and incorporate that into supervision of inmates.

Upon review of the PREA Rating Manual, it was also noted that “rules” are outlined for housing according to PREA Ratings, as follows:

- A. Known Victims shall be housed only with other Known Victims, Potential Victims, or Unrestricted.*
- B. Potential Victims shall only be housed with other Potential Victims, Unrestricted, or Known Victims.*
- C. Unrestricted can be housed with any: Known Victims, Potential Victims, Unrestricted, Potential Aggressors, or Known Aggressors.*
- D. Potential Aggressors shall either be housed with other, Potential Aggressors Unrestricted or Known Aggressors.*
- E. Known Aggressors shall only be housed with other Known Aggressors, Potential Aggressors, or Unrestricted.*
- *Known Victims and Potential Victims should never be housed with Potential Aggressors or Known Aggressors.*
- F. Known Victims and Potential Victims may participate in programming and work assignments with Known Aggressors and Potential Aggressors as long as there is adequate staff supervision.*

It was evident through staff interviews that individualized determinations are made for inmate safety. For the placement and programming of transgender and intersex inmates, PREA Policy 3C-4 provides a detailed procedure for doing so. In deciding male or female facility, as well as housing and programming, a multi-disciplinary team consisting of staff from security, medical, unit management, behavioral health, and administration would make those determinations on a case-by-case basis. It is also mandated that reassessments will be completed at least twice per year by case management staff and documented in the case contact notes. Policy, practice, and staff interviews supported that an inmate’s own views would be taken into consideration.

JRCC has implemented procedures that enable all inmates to shower separately. This is accomplished by virtue of individual showers with curtains (in dorms) or by procedures in which inmates in J, E, F, G, H, and Q dorms shower one at a time with the door closed. Thus, all inmates, including transgender and intersex inmates, can shower separately.

The site review and reviewing of rosters and PREA ratings and other documentation along with staff and inmate interviews, the auditor concluded that gay, bisexual, or transgender inmates are not housed on a dedicated wing or unit.

In regard to work and program assignments, Policy 5A-1 Inmate Work and Correctional Industry Programs cites general language, as follows:

A unit manager shall chair the Job Placement Committee and coordinate the assignment of inmates with the Chief of Security and work supervisors who will maintain a list of eligible qualified inmates, and assign the inmate to job assignments in their work area. The unit manager will make an effort to assign inmates to jobs appropriate to their aptitude and skills and to maintain the security and operational needs of the institution.

JRCC puts additional emphasis on job assignments for inmates using a Job Committee, Inmate Work Plan, and the Inmate Work Area-Security Risk Assessment form. The Inmate Work Plan outlines the process for screening and assigning inmate jobs. In part, it states, “Work assignments in specific areas may be identified for special conditions or restrictions. A screening process to employ an inmate in such positions will be screened by the Job Placement Committee for security issues. Departmental staff may be included in the screening process if needed work skills are necessary to meet the special conditions or restrictions of the position, such as: barber positions, main yard inmate workers, caregiver positions, some positions in the Education Department such as a tutor position or the law clerks, some permanent positions in the Orientation Unit, etc.”

The Inmate Work Area-Security Risk Assessment form then lists all work placements and indicates positions which are more highly screened for “required skills or concerns with trustworthiness, prior reports such as sexual harassment, indecent exposure, sexual abuse, assaultive or highly aggressive behavior.”

Auditors were also provided with a Job List, which documents and tracks inmate job assignments, their PREA Rating, and other information relevant to their work assignment. JRCC’s practice capitalizes on PREA screening information, by the awareness and articulation of staff and also by the implementation of measures to enhance safety regarding work assignments. This exceeds the standard.

Corrective Action:

None.

Standard 115.43 Protective custody

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- Segregation Policy 3A-18
- Administrative Segregation Referral/Hearing/Review form

Interviews, Document and Site Review:

Through interviews of staff, administration, and inmates, auditors felt confident that it would be a rare occasion for JRCC to place an inmate at high risk of sexual victimization into isolation. During the review period, no inmates were placed in PC for risk of sexual victimization. If an inmate were to be placed into PC, a review period, as outlined in policy, would ensue. The agency has a strong practice of considering isolation only as a last resort.

PREA Policy contains the language of this standard and, in fact, exceeds the standard in stating, “Every seven days for the first two months and then 30 days thereafter, the Administrative Segregation review team shall afford each inmate a review to determine whether there is a continuing need for separation from the general population.”

PC inmates are afforded opportunities for programs, services, and privileges as outlined in policy 3A-18. There were no instances to review, but staff and inmates reported that these are available to inmates in isolation.

It was evident to auditors that JRCC goes to great lengths to explore every alternative placement before placing an alleged victim in involuntary isolation. In the rare instance this is done, an inmate is placed there for the shortest time possible. The Administrative Segregation Referral/Hearing/Review form captures the documentation, monitoring, and review of any inmate in segregation. The form designates by checkbox whether it is a referral, hearing, review, 7 day, or 30 day. It then captures the recommendations and rationale, chairmen, members, and wardens’ names and whether each agree or disagree. Finally, the warden has comments and signs off at the bottom.

Corrective Action:

None.

Standard 115.51 Inmate reporting

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- PREA signage
- Inmate Handbook
- Highway Patrol MOU and email confirmation

- North Dakota Century Code 12-47.17
- Friends/Family Poster
- Staff Poster

Interviews, Document and Site Review:

Set forth in the PREA Policy 3C-4 and evident in practice, the agency/facility provides multiple avenues of inmate reporting: verbally or in writing to staff; the Highway Patrol form, internal and external hotlines, 3rd party. Inmates were very well versed in their knowledge of multiple reporting methods and were very comfortable in reporting to staff, which seemed to be their first and preferred method of report. This indicated a high level of trust and confidence in reporting to staff. There were no indications from inmate or staff interviews that inmates were reporting but receiving no response. Inmates and staff were aware of who serves as PREA Compliance Manager and had no apprehension about reporting to her if needed. Staff reported that they accept reports from inmates in writing and from third parties, and that they would treat all reports in the same manner and in accordance with policy.

Inmates have avenues to report external to the agency via the National Sexual Assault hotline and/or to the Highway Patrol (using a specified form available to inmates). This information is posted around the living units and is visible to inmates on an on-going basis.

Just Detention International is also listed on the PREA poster as a method of external report when this is an avenue of external emotional support, not for reporting, since JDI cannot refer a report back for investigation. It is recommended that the verbiage on the poster be changed to reflect this. This verbiage is also contained in the Inmate Handbook, therefore, it is also recommended that this be clarified in this document as well.

Reporting mechanisms and comprehensive PREA information is also found in the Inmate Handbook. Internal and external avenues of reporting is listed. The PREA Policy lists 5 ways of internal report including the hotline number and the address of the Highway Patrol. The agency has exceeded the standard in providing and conveying the methods of reporting in that it is so abundantly posted and repeatedly conveyed to staff and inmates as well as being available in the Inmate Handbook and being articulated so well by staff and inmates. In addition, the agency has established an MOU with the Highway Patrol for responding to inmate correspondence. The PREA Coordinator also provided the auditor with email confirmation from the HP that the MOU is still in place and effective.

Staff can also report sexual abuse or sexual harassment privately to their supervisor, PREA Coordinator, PCM, or any other leadership. Staff are informed in a variety of ways to include: Orientation, annual training, policy, staff posters, and annual performance appraisals.

Corrective Action:

None.

Standard 115.52 Exhaustion of administrative remedies

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- Inmate Handbook
- Grievance form
- Written Notification of Extensions

Interviews, Document and Site Review:

DOCR has administrative procedures to address inmate grievances. Pages 22 & 23 of the PREA Policy 3C-4 cites each provision of this standard and the Inmate Handbook also has information congruent to the policy informing inmates that there is no time limit or informal resolution required for sexual abuse grievances. It contains grievance procedures which specifically outline sexual abuse grievances and emergency grievances.

Grievances are logged and tracked electronically, but JRCC had no sexual abuse grievance or emergency grievances filed during the review period.

Inmate interviews revealed that inmates were clearly aware of the grievance procedures and that it can be used for reporting sexual abuse or sexual harassment. Auditors were not made aware, by inmates, of any sexual abuse grievances that had been filed. JRCC also reported no inmate grievances that resulted in disciplinary actions for filing in bad faith.

Corrective Action:

None.

Standard 115.53 Inmate access to outside confidential support services

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- Inmate Handbook
- PREA signage
- MOU with Safe Shelter and Jamestown Regional Medical Center

Interviews, Document and Site Review:

PREA Policy 3C-4, page 23-24, outlines inmate access to emotional support services. JRCC has an abundance of PREA signage around the facility. The signage contains mailing addresses and phone numbers for Just Detention International and the National Sexual Assault hotline. Information regarding the level of confidentiality is on the PREA signage; specifying that that Internal hotline is a toll free recorded call, but that the external hotline to the National Sexual Assault hotline is “toll free, not recorded, confidential.”

The agency now has an MOU with Safe Shelter (the local advocacy center) and JRMC. The MOU outlines the collaboration of the 3 entities in order to provide outside emotional support to inmate sexual abuse victims. For Safe Shelter, the MOU states that, “As requested by the inmate victim, the qualified victim advocate shall accompany and support the inmate victim through the forensic examination process and investigatory interviews. They shall provide emotional support, crisis intervention, information, and referrals.”

Information on how to contact outside support services is also provided in the inmate handbook, which is given to each inmate as part of their inmate orientation. Inmates and staff were aware of this service, and almost all commented on the posters hung in the living unit areas which contained the instructions on how to make contact. Inmates are not held at JRCC solely for civil immigration purposes, therefore, information to immigrant services is not applicable.

Corrective Action:

None.

Standard 115.54 Third-party reporting

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- Family and Friends PREA poster
- Agency website
- Investigation Log

Interviews, Document and Site Review:

PREA Policy states that the agency publishes third party reporting information on the agency website. Upon review of the website, this was confirmed. In addition, “Family and Friends” PREA signs are posted in the inmate visiting area which contains third party information. These posters are in English as well as Spanish. The posters provide contact information for the Warden, PCM, and PC.

Interviews with staff and inmates revealed an in-depth knowledge about how a person can make a report on someone else's behalf. In addition, third party reports are documented and tracked on the Investigation Log, which was reviewed and analyzed by the auditors.

Corrective Action:

None.

Standard 115.61 Staff and agency reporting duties

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- Limits to Confidentiality poster

Interviews, Document and Site Review:

PREA Policy 3C-4 outlines that all staff are required to report immediately to their supervisor any knowledge, suspicion, or information regarding instances of sexual harassment or sexual abuse, and any cases of retaliation against staff or inmates who report. This includes any third-party or anonymous reports. The policy also prohibits staff from revealing information about such cases to anyone other than those with a need to know.

All staff interviewed were aware of the facility policy, their duty to report, and of the many ways available to report. Staff were aware that they are obligated to keep information about cases of sexual harassment and sexual abuse confidential. Mental Health and Medical staff interviewed said they informed inmates of their duty to report and the limitations of confidentiality. Inmates are provided with limitations to confidentiality upon intake, and the information is posted as well.

Corrective Action:

None.

Standard 115.62 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the

standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4

Interviews, Document and Site Review:

PREA Policy 3C-4 contains language from this standard. All staff interviewed, as well as the Agency Head, Warden, and Deputy Warden reported they would take immediate action if they learned an inmate was subject to a substantial risk of imminent sexual abuse. Interviews with staff including the Warden, shift supervisor, and the PCM, indicated that sexual safety for inmates is a high priority. Staff were able to articulate numerous options available that could be implemented to ensure inmate safety to include movement to another housing unit, or if needed separation by segregation, if no other options were available. It was clear that the use of segregation is not the first option, and when it is necessary, it is for the shortest period of time possible.

There were no instances of an inmate being at risk of imminent sexual abuse during the reporting period.

Corrective Action:

None.

Standard 115.63 Reporting to other confinement facilities

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- Risk Management Incident Report form

Interviews, Document and Site Review:

PREA Policy 3C-4 outlines clearly the steps to be taken upon receipt of an allegation that an inmate was sexually abused at another facility, including notifying the facility head where the alleged abuse occurred within 72 hours. It further states that this notification shall be documented using the Risk Management Incident Report form.

An interview with the Agency Head, PREA Coordinator, and PREA Compliance Manager revealed that they were fully aware of the requirements set forth by the PREA standards and their policy. JRCC reported no allegations from other confinement facilities. However, in the instance that there is, they are documented on the Investigation Log under a tab called “referrals from other confinement facilities.” Upon review of this log, there were no such allegations. Upon receiving information from another confinement facility of alleged sexual abuse at a DOCR facility, it is referred and investigated like any other allegation at the agency.

Corrective Action:

None.

Standard 115.64 Staff first responder duties

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- Coordinated Response document

Interviews, Document and Site Review:

PREA Policy 3C-4 does an exceptional job of outlining the duties of first responders, including the expectations for security staff, medical staff, behavioral health staff, the shift supervisor, the investigator, and PCM.

The facility has developed a flow chart, DOCR Coordinated Response, that illustrates what actions are required, and who is responsible to complete each task. Through interviews with security staff and the shift supervisors, it was evident they were well aware of their duties as first responders. Staff understood not just the needed actions, but why the actions were important. It was reiterated by staff that inmate sexual safety is of the utmost importance, and that they have been well trained to ensure victims and perpetrators are separated and kept safe, and to preserve evidence. Documentation that staff were trained on their duties as first responders was provided. The auditor felt like staff knowledge and their ability to articulate first responder duties exceeded this standard. They articulated an advanced knowledge not only of their duties but of other aspects of coordinated response and first responder duties.

JRCC reported 5 allegations of sexual abuse during the review period and 5 of those the staff first responder separated the alleged victim from the alleged abuser. One of those instances occurred within a time frame that still allowed for

the collection of evidence and the first responder took actions to protect and preserve the evidence. This instance the first responder was a non-security staff member (a counselor), in which it was requested that the victim not take actions that may destroy evidence and also notified the Warden and PCM.

Corrective Action:

None.

Standard 115.65 Coordinated response

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- Coordinated Response document

Interviews, Document and Site Review:

The DOCR Coordinated Response document was provided for review and is Policy 3C-4 is a one-page handout/poster that outlines immediate response on the floor for first responders, supervisors, medical, mental health, investigators, PCM, and PREA Coordinator. This document was posted around the facility abundantly to be visible and redundant to staff and inmates as well.

The PREA Policy 3C-4 and PREA training lesson plan also outlines the coordinated response. Staff interviews conveyed that the coordinated response is well permeated throughout the facility. The abundant posting of the coordinated response, as well as it being in policy and training, and staff’s ability to articulate so well exceeds this standard. Staff understood not just the needed actions, but why the actions were important. Again, it was evident that staff take inmate sexual safety seriously, and that they have been well trained to insure victims and perpetrators are separated and kept safe, and to preserve evidence.

Corrective Action:

None.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the

standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)
- Not applicable

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- Collective Bargaining document

Interviews, Document and Site Review:

This standard is not applicable as North Dakota state law does not allow collective bargaining in any fashion. A document stating such was provided for review and was also confirmed through interviews with the Agency Head.

Corrective Action:

None.

Standard 115.67 Agency protection against retaliation

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- Retaliation log

Interviews, Document and Site Review:

The PREA Policy 3C-4 outlines compliance with this standard and charges the PREA Compliance Manager with the task of monitoring for retaliation. The retaliation language reads as follows:

The DOCR PREA compliance manager at each DOCR facility protects 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. The PREA compliance manager in conjunction with the warden of the facility shall ensure multiple protection measures are available, including 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 that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. For at least 90 days following a report of sexual abuse or sexual harassment, the PREA compliance manager shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse or sexual harassment of inmates who were reported to have suffered sexual abuse or sexual harassment to determine if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. Items the facility should monitor include inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The DOCR shall continue monitoring beyond 90 days if the initial monitoring indicates a continuing need. In the case of inmates, monitoring shall also include monthly status checks documented in case notes in ELITE. If any other individual who cooperates with an investigation expresses a fear of retaliation, the warden shall take appropriate measures to protect that individual against retaliation. DOCR's obligation to monitor terminates if the DOCR determines that the allegation is unfounded.

As noted in the above policy excerpt and observed in practice, JRCC/DOCR exceeds this standard by monitoring retaliation of both sexual abuse and sexual harassment. The auditor reviewed investigative files which contained documentation for monitoring retaliation. The PREA Compliance Manager meets with the inmate periodically, checks ELITE for Incident Reports, housing/job changes. The PCM inquires directly with the inmate about their feeling of safety; whether they feel they are being targeted, etc. At the conclusion of the monitoring it then accompanies the investigative file.

JRCC reported no instances of retaliation during the reporting period. The Investigation Log denotes whether or not retaliation is being monitored.

Corrective Action:

None.

Standard 115.68 Post-allegation protective custody

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4

Interviews, Document and Site Review:

The PREA Policy 3C-4 addresses this standard. As noted in the comments of standard 115.43, staff and leadership exuded a strong practice of only using isolation as a very last resort. If needed, an inmate could be separated by other means without the need to place an inmate into isolation. During the review period, no inmates were placed in isolation involuntarily after alleging sexual abuse. If an inmate were to be placed into isolation/PC, a review period, as outlined in policy, would ensue. The agency has a strong practice of considering isolation only as a last resort.

PREA Policy contains the language of this standard and, in fact, exceeds the standard in stating, “Every seven days for the first two months and then 30 days thereafter, the Administrative Segregation review team shall afford each inmate a review to determine whether there is a continuing need for separation from the general population.”

PC inmates are afforded opportunities for programs, services, and privileges as outlined in policy 3A-18. There were no instances to review, but staff and inmates reported that these are available to inmates in isolation.

It was evident to auditors that JRCC goes to great lengths to explore every alternative placement before placing an alleged victim in involuntary isolation. In the rare instance this is done, an inmate is placed there for the shortest time possible. The Administrative Segregation Referral/Hearing/Review form captures the documentation, monitoring, and review of any inmate in segregation. The form designates by checkbox whether it is a referral, hearing, review, 7 day, or 30 day. It then captures the recommendations and rationale, chairmen, members, and wardens’ names and whether each agree or disagree. Finally, the warden has comments and signs off at the bottom.

Corrective Action:

None.

Standard 115.71 Criminal and administrative agency investigations

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- Professional Standards Investigations Policy 1A-9
- Criminal Intelligence and Investigations Policy 1A-27
- Correspondence: Referrals for Criminal Investigations Within the DOCR
- North Dakota Highway Patrol Policy 4.3
- HR correspondence
- Investigative files

Interviews, Document and Site Review:

The auditor received an abundance of documentation outlining practice regarding the conduct of administrative and criminal investigations in the agency. The agency conducts administrative investigations and does have the authority to conduct criminal investigations as well since some personnel and investigators are certified peace officers. The PREA Coordinator provided documentation that, in part, stated:

In the last legislative session HB 1118 amended NDCC 12-59-20 authorizing DOCR Probation and Parole Officers to enforce the law, conduct investigations, and make arrests of violations of law on or within any premises under the control of the DOCR.

This amendment was proposed and passed in order to reduce the calls for service to the NDHP by using our own uniquely trained licensed peace officers to investigate criminal charges on DOCR grounds.

Though DOCR has the authority to conduct criminal investigations, generally the Highway Patrol is called in for criminal investigations; in particular any high profile or sensitive investigations. Investigations are initiated and conducted promptly and thoroughly and investigators at DOCR and the Highway Patrol have been extensively trained on conducting sexual abuse investigations in confinement (see also 115.34). It was articulated by policy and practice (in interviews) that substantiated allegations are referred for prosecution, though, JRCC reported that there were no substantiated investigations during the review period that appeared to be criminal and were referred for prosecution. The Director of Professional Standards was very impressive in his articulation of the elements of specialized training and investigative process as were the JRCC investigators that were interviewed. Investigations are documented in a standard format using the Investigative Report form. After completion, reports are reviewed for quality control and revised if needed. It was also articulated by investigative staff, leadership, and informal discussion that the departure of an alleged victim does not allow for the termination of an investigation. The agency has a good working relationship with the Highway Patrol and the prosecuting attorney which enables communication throughout the investigative process.

Investigators have been properly trained and complete thorough and competent investigations of all reported cases of sexual harassment or sexual abuse. Interviews with staff at all levels reveal a solid understanding of the need to protect and preserve potential evidence and crime scenes. The agency has 36 trained investigators and are appropriately assigned on a case-by-case basis. Auditors were provided access to the PREA Investigation Log and investigative reports. Review of investigative files revealed thorough information in most investigative reports. The auditor requested some additional information and clarification on some investigations.

Auditors were provided two investigative logs (spreadsheets); one for inmate-on-inmate allegations and third party reports and one for staff-on-inmate allegations. Contrary to the 17 total investigations reported on the PAQ, review of the inmate PREA Investigation log revealed 17 investigations while the Staff Investigation Log revealed two (2) investigations. In addition, there were thirteen (13) third party allegations logged. Therefore, auditors noted a total 32 total allegations, which broke down in the following way:

- 17 Inmate-on-Inmate (17 sexual harassment): 6 substantiated, 5 were unsubstantiated, 6 were unfounded
- 2 Staff-on-Inmate (1 SA, 1 SH): 1 substantiated, 1 unfounded
- 13 third party reports (12 SA, 1 SH): 0 substantiated, 3 unsubstantiated, 10 unfounded

The DOCR and JRCC carry the genuine intent of ensuring sexual safety in their facility.

Corrective Action:

None.

Standard 115.72 Evidentiary standard for administrative investigations

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- Investigative files

Interviews, Document and Site Review:

PREA Policy 3C-4 states, “The DOCR may not impose a standard higher than a preponderance (more than 50 percent) of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.”

Interviews with staff at all levels knew and understood the evidentiary standard. The investigator that was interviewed also explained the definition of the case dispositions; substantiated, unsubstantiated, and unfounded. Information about the evidentiary standard is also given to inmates during their orientation period at the facility.

Corrective Action:

None.

Standard 115.73 Reporting to inmates

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- Notice of PREA Investigation Status
- Investigative files

Interviews, Document and Site Review:

The PREA Policy 3C-4 addresses each provision beginning on page 35 and outlines the method of compliance by stating that the PREA Investigator or staff designated by the PREA Investigator will inform the inmate. Then if the Highway Patrol conducts the investigation, the information will be requested in order to inform the inmate. The policy further states that the investigator will deliver the findings in person and will obtain the inmate’s signature. The facility provided the Notice of PREA Investigation Status, which is used to document this process.

On the Pre-Audit Questionnaire (PAQ), JRCC reported 5 investigations of sexual abuse and of those, all 5 inmates were notified of the outcome of the investigation. JRCC also reported that 2 investigations were conducted by an external agency and in both those cases, inmates were notified of the outcome of the investigation. Notice of PREA Investigative Status forms were noted in all investigative files that were reviewed. Interviews with inmates who had made a report indicated that they were aware of the outcome of the investigation. All notifications or attempted notifications of the final determination of the allegation are stored in FileNet. Notices are given to inmates not only for sexual abuse cases, but also for sexual harassment allegations, which exceeds this standard.

Corrective Action:

None.

Standard 115.76 Disciplinary sanctions for staff

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- Investigative files
- Investigation Log

Interviews, Document and Site Review:

The PREA Policy 3C-4 cites each provision of this standard, but goes further to state, “Employees shall cooperate fully by providing all pertinent information during the investigation. Failure of an employee to answer any inquiry fully will be grounds for disciplinary action. Employees make not make any attempt to contact that inmate victim from the time the allegation is first made, until the completion of the investigation.”

During the review period there was 1 staff member that were terminated for violating sexual abuse/harassment policy. DOCR adheres strictly to their policies regarding sexual abuse and sexual harassment (among others). They are very vigilant of staff actions and failures that may contribute to sexual abuse or sexual harassment.

Corrective Action:

None.

Standard 115.77 Corrective action for contractors and volunteers

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- Citizen Involvement and Volunteers Policy 1G-1

Interviews, Document and Site Review:

The PREA Policy 3C-4 states:

Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The deputy warden shall take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any other violation of DOCR sexual abuse or sexual harassment policies by a contractor or volunteer.

Additionally, Citizen Involvement and Volunteers Policy 1G-1 states:

All DOCR institutions, departments and divisions shall have procedures in place to secure volunteers for involvement in programs which may include service as advisors, faith based interpreters and other similar direct service roles. Directive and expectations shall also govern the recruitment, screening, selection, orientation, training, official registration, identification and supervision of volunteers and interns that allows recruitment from all cultural and socioeconomic parts of the community.

JRCC reported there to be no volunteers during the review period that violated, or were alleged to have violated, the PREA Policy. Auditors were confident that appropriate corrective action would be taken if necessary.

Corrective Action:

None.

Standard 115.78 Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- Inmate Handbook

Interviews, Document and Site Review:

The PREA Policy 3C-4 cites each provision of this standard and asserts that behavioral health staff shall consider, as a condition of access to programming or other benefits, whether to require the offending inmate to participate in therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse.

The auditor learned that inmates are subject to discipline following a formal process and discipline committee. This process is thoroughly outlined in the Inmate Handbook as well and appears to commensurate with the nature of the abuse committed. The Inmate Handbook (and policy) prohibits all sexual activity between inmates.

Interviews with staff indicated that sanctions are determined based on the severity of the violation and the inmate’s disciplinary history. In cases where the inmate has mental health issues, his disability is considered in determining his penalty. This was confirmed in interviews with the behavioral health director who further explained there is a system that places an inmate with severe or considerable mental health issues on the Special Needs list. If an inmate is on this list, the primary counselor and often their supervisor will be consulted to determine whether a sanction (or what sanction) is appropriate. Auditors were provided with the Special Needs list to review.

Corrective Action:

None.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- Sexual Risk Notification
- Authorization to Disclose Information
- Mental Health Screening

Interviews, Document and Site Review:

The PREA Policy 3C-4 cites this standard. Upon admission to JRCC, case managers review the inmate's PREA Rating and within 30 days complete the PREA Assessment/Reassessment. If it indicates a "yes" regarding sexual perpetration or victimization, the case manager is charged with notifying behavioral health. This was articulated by the case manager that was interviewed. A memo was provided pre-audit that explained that the follow-up meeting with a medical or mental health practitioner is recorded in ELITE case notes.

The auditor reviewed documentation of several inmates who had reported previous sexual victimization upon admission, which showed the referral to behavioral health. Mental Health Screening forms of several inmates showed that "yes" response to sexual victimization and on the same form it documents that a referral was sent to the treatment division. Reviewer notes at the bottom of the form address the inmate's report, follow up, and state of mind. Very good documentation. JRCC reported that 100% of inmates that disclosed victimization upon admission were offered a follow up.

An authorization form was provided for auditor review which is used for disclosing inmate information.

Information related to sexual victimization and/or abusiveness seemed to be limited to staff with a need to know and that was well articulated throughout interviews with random and specialized staff.

Corrective Action:

None.

Standard 115.82 Access to emergency medical and mental health services

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4

- North Dakota Century Code 12.1-34-07

Interviews, Document and Site Review:

The PREA Policy cites all provisions of this standard. Medical and behavioral health staff were aware of the requirements of this standard as indicated in interviews. It was clear that inmates would be offered timely and unimpeded access to emergency medical and behavioral health. North Dakota Century Code 12.1-34-07 was provided and states, “the costs incurred by a health care facility or health care professional for performing the acute forensic medical examination or any preliminary medical screening examination may not be charged, either directly or through a third-party payer, to the alleged victim.”

Providing access to emergency medical and behavioral health, and documenting such services, is a well institutionalized practice at this agency and at JRCC. Many mechanisms capture this documentation.

Corrective Action:

None.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- North Dakota Century Code 12.1-34-07

Interviews, Document and Site Review:

The PREA Policy 3C-4 cites all provisions of this standard.

JRCC is responsive to medical and mental health needs of victims of sexual abuse. Behavioral health and medical staff at the facility meet on-going needs and medical treatment is obtained through the Jamestown Regional Medical Center (JRMC) if needed. Interviews with medical and behavioral health staff indicated that inmates who report sexual abuse are treated and evaluated very quickly once staff become aware of the report. They reported that the level of care is likely better than that of the community due to the availability and promptness of services. JRCC does not house female inmates, so provisions (d) and (e) are not applicable. Inmate victims of sexual abuse would initially be offered tests and treatment for STI’s as part of a forensic exam. Follow up would be offered at the facility by medical staff and in accordance with follow up instructions. As stated in policy and in North Dakota Century Code 12.1-34-07 (See 115.82), services are offered without cost to the victim. Regarding provision (h), the

behavioral health supervisor reported that known inmate-on-inmate abusers are evaluated. It was further stated that sex offender treatment is offered at JRCC and that there is a process for determining eligibility.

Corrective Action:

None.

Standard 115.86 Sexual abuse incident reviews

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- Sexual Abuse Incident Response Team (SAIRT) documentation
- Investigative files memo
- Memo to Wardens and PCM’s

Interviews, Document and Site Review:

The PREA Policy 3C-4 outlines the agency procedures for conducting sexual abuse incident reviews. It states, “The review team may include PREA coordinator, facility PREA compliance manager, behavioral health staff, investigator, and assigned facility staff. The results of the review will be provided to the warden.”

Policy 3C-4 also states that the SAIRT report will be submitted to “the PREA compliance manager, PREA Coordinator, Warden, Director of Operations, and Director of DOCR” as well as the following: “The facility warden shall provide a written response to the Director of DOCR within 60 days of receiving the findings report of the review team. The warden’s response must include an implementation plan of recommendations and the justification for not implementing recommendations. The report and response will be stored in the PREA drive.” Thus, the policy language exceeds the standard as does the practice of conducting incident reviews of both substantiated and unsubstantiated sexual abuse *and* sexual harassment.

All reviews conducted were provided for auditor review and supported the practice as set forth in policy. The facility conducts more than one review of each incident. Documentation provided showed that each incident was reviewed within 30 days after the completion of the investigation. Additionally, all six of the review requirements from the standard are considered during the review. All reviews are facilitated by the PREA Coordinator. Interviews and discussion with the PREA Coordinator and PREA Compliance Manager, as a member of the SAIRT, indicated that this is well institutionalized practice. Documentation of recommendations implemented as a result of SAIRT’s was provided and were also pointed out during the site review.

A memo document summarizing SAIRT activity for the agency was provided. For JRCC it stated the following:
JRCC-from 05/02/2015 to 11/01/2016 the JRCC SAIRT has reviewed 15 total incidents of inmate on inmate abusive sexual contact. Five of which were substantiated, nine of which were unsubstantiated. It is noted that two incidents of substantiated staff sexual misconduct were indicated. During the review, the SAIRT found no evidence of indicated need for any of the requirements of 115. 86 d.1-5 or 115. 86 e. A SAIRT review for each incident is available per 115.86 d-6. In addition, the JRCC SAIRT reviews all incidents of sexual harassment as well. These forms are available for auditor review.

Corrective Action:

None.

Standard 115.87 Data collection

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- Survey of Sexual Victimization
- Data collection form

Interviews, Document and Site Review:

The PREA Policy 3C-4 cites each provision of this standard.

DOCR collects data from every allegation of sexual abuse and sexual harassment using the definitions set forth in the PREA standards, which are also the definitions set forth in their policy. Data is collected, aggregated, and utilized in many ways. It is compiled in the Investigation Log that is maintained on an on-going basis and for the Survey of Sexual Victimization (SSV) on an annual basis. The PREA Coordinator is responsible for collecting and aggregating department data on at least an annual basis.

DOCR also collects sexual abuse data from each of the contracted facilities who house inmates for the department. A monthly email reminder is sent out to the contract facilities, and it is reported on a specific form. The auditor reviewed the form, as well as examples of data that had been reported.

Corrective Action:

None.

Standard 115.88 Data review for corrective action

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- 2014 Annual PREA Report
- 2015 Annual PREA Report
- Agency website
- Corrective action document

Interviews, Document and Site Review:

The PREA Policy cites each provision of this standard.

The auditor was provided with the agency’s Annual PREA Report. The report identifies problem areas, contains aggregated PREA data in graphs that illustrate comparative data from previous years. The report also identifies proposed corrective actions at the agency level and at the facility level. The report was written by the PREA Coordinator and was reviewed and approved by the agency director. Both the 2014 and 2015 Annual Reports are posted on the department’s public website: <http://www.nd.gov/docr/prea>

Corrective Action:

None.

Standard 115.89 Data storage, publication, and destruction

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3C-4
- North Dakota Century Code 25.03-3-04
- Agency Website

Interviews, Document and Site Review:

The PREA Policy 3C-4 addresses this standard. It states that data is securely retained in the FileNet system, that they will be retained for at least 10 years, and “All case records associated with claims of sexual abuse, including incident reports, investigation reports, inmate information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and counseling will be retained in accordance with North Dakota statute.”

North Dakota Century Code 25.03-3-04 states that the records must be retained for 50 years.

Links to “PREA Information” for contracted facilities was also noted on the agency website. A review of the website was completed to ensure that no staff or inmate personal identifiers were posted. The website address is <http://www.nd.gov/docr/prea/>.

Corrective Action:

None.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Talia Huff

2/20/17

Auditor Signature

Date