

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: November 18, 2016

Auditor Information			
Auditor name: Ray Reno			
Address: PO Box 31, McPherson, KS 67460			
Email: rayreno1@gmail.com			
Telephone number: 620-285-1405			
Date of facility visit: November 16-17, 2016			
Facility Information			
Facility name: Dakota Women's Correctional Rehabilitation Center (DWCRC)			
Facility physical address: 440 McKenzie St., New England, ND. 58647			
Facility mailing address: <i>(if different from above)</i> N/A			
Facility telephone number: Click here to enter text.			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" 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: Rachelle Juntunen			
Number of staff assigned to the facility in the last 12 months: 72			
Designed facility capacity: 126			
Current population of facility: 126			
Facility security levels/inmate custody levels: Minimum, Medium, Maximum			
Age range of the population: 20-63			
Name of PREA Compliance Manager: Lenore Witte		Title: Administrative Captain	
Email address: lwitte@swmccc.com		Telephone number: 701-579-5100 ext. 121	
Agency Information			
Name of agency: Southwest Multi-County Correction Center			
Governing authority or parent agency: <i>(if applicable)</i> SWMCCC Board of Directors			
Physical address: 440 McKenzie St., New England, ND. 58647			
Mailing address: <i>(if different from above)</i> N/A			
Telephone number: 701-579-5100			
Agency Chief Executive Officer			
Name: Duane Wolf		Title: President, SWMCCC Board of Directors	
Email address: N/A		Telephone number: 701-290-0857	
Agency-Wide PREA Coordinator			
Name: Lenore Witte		Title: PREA Coordinator	
Email address: lwitte@swmccc.com		Telephone number: 701-579-5100 ext. 121	

AUDIT FINDINGS

NARRATIVE

The auditor received documentation showing that the audit notices were posted six weeks in advance of the on-site visit. Additionally, the pre-audit documentation provided to the auditor prior to the on-site visit was outstanding. Upon arrival, the auditor met with the Warden, Deputy Warden, PREA Coordinator, and other key members of the facility administration to discuss the tentative working schedule and to answer questions. After the meeting, the auditor was given a tour of the facility. Listed below are observations made by the auditor during the tour:

- The facility was exceptionally clean.
- PREA signage was very good and the placement of surveillance cameras is well thought out and directed for optimum coverage.
- Some windows to office or storage areas were covered with paper which restricted view. (Counselors offices Food Service)
- Additional cameras are recommended, as funding allows. (Storage Units, Chemical Storage, Maintenance Area, Tool Room)
- Recommend placement of mirrors in areas where there are blind spots to increase visibility.
- There are several solid staff office doors that should have a window to allow increased visibility.
- Recommend discontinuing the practice of allowing a single staff to conduct strip searches behind a closed door with an inmate and no second officer.
- Staff in the facility were friendly, polite and professional. The inmates spoken with by the auditor were complimentary of the staff.
- The permeation of PREA into the facility culture is evident by the advanced level of PREA knowledge that both staff and inmates were able to articulate during interviews with the auditor.

DESCRIPTION OF FACILITY CHARACTERISTICS

Copied from the Southwest Multi-County Correction Center public website:

SWMCCC stands for caring, dignity, and respect of the individual; quality service; open communications; and teamwork.

SWMCCC's primary responsibilities are public safety and the supervision of individuals placed in its care, custody and control.

SWMCCC is committed to doing "what is right" and in the best interest of the people we serve.

Our standard for operation is to provide the highest quality services and products within available resources.

SWMCCC's greatest asset is its employees. We will assist them in reaching the fullest potential and in the process they will assist the facility in obtaining its goals.

As employees of SWMCCC, we will treat those we serve and fellow employees honestly, fairly, respectfully and with dignity.

The Administration of SWMCCC believes in open communication. We invite all employees to share their ideas and concerns in order that the goals and policies developed for the facility are reflective of the goals and needs of a majority of SWMCCC employees.

We believe strongly in the need to work as a team. The facilities' successes are unlimited when all employees work together toward a common goal. We expect loyalty and commitment from employees to agreed-upon facility goals and objectives.

Copied from the Dakota Women's Correctional Rehabilitation Center public website:

Dakota Women's Correctional Rehab Center (DWCRC) located in New England was established in 2003, through a contract with the ND Department of Corrections to house female residents for the state of North Dakota.

- Haven Hall is the minimum security housing unit, consisting of 9 dorms, dayroom and chapel.
- Horizon Hall is the higher custody housing unit, consisting of 4 dorms, dayroom and gym.
- The Orientation unit is part of Horizon Hall, but is a self-contained unit.
- The Special Management unit was established in the spring of 2006, with 5 cells, a dayroom and outside recreation yard.

The Administration building is made up of staff offices, treatment rooms, classrooms, Prairie Industries, kitchen, dining room, visitation and an infirmary. There is one more building on campus that is currently not being utilized.

SUMMARY OF AUDIT FINDINGS

The facility leadership has set PREA as a top priority, which makes it PREA a priority for everyone else. The top down leadership has created a culture where the staff and inmates feel safe and where the inmates are not afraid to report for fear of retaliation. The reporting culture is evidenced by inmates who shared with the auditor, that they believed they could trust that staff are genuinely concerned about them, and can be trusted to keep sexual safety a priority.

Number of standards exceeded: 11

Number of standards met: 28

Number of standards not met: 0

Number of standards not applicable: 4

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:

- Policy 3C-4 PREA
- DWCRC Organizational Chart
- PREA Posters

Interviews, Document and Site Review:

The Dakota Women's Correctional and Rehabilitation Center (DWCRC), employs a written PREA policy that very clearly outlines their zero tolerance toward all forms of sex abuse and sexual harassment in their facility. The policy also includes the definitions of sex abuse and sexual harassment as outlined in the PREA standards as published by the National PREA Resource Center (PRC). The facility has written the policy to include their approach to preventing, detecting, and responding to allegations of sex abuse and sexual harassment in their facility.

The facility has named a senior level member of the administration, the administrative Captain, as the PREA Compliance Manager (PCM). In discussion with the PCM, the auditor learned that, although the PCM has several other responsibilities, sufficient time remains to oversee the facility's PREA compliance efforts.

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:

- This standard is N/A.

Interviews, Document and Site Review:

The facility does not contract with any other facility for residential confinement services.

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)

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

- Policy 3C-4 PRE
- Policy 1C-5 Personnel
- DWCRC Staffing Plan
- PRC Guide: Developing and Implementing a PREA Compliant Staffing Plan
- Daily Staff Roster for Each Shift
- Closed Circuit and Video Surveillance System Review
- Facility and Unit Floor Plans
- Shift Log Inquiry (Administrative Rounds Log)

Interviews, Document and Site Review:

The facility does have a staffing plan, and documentation was received to show that the plan was reviewed by the Warden and PREA Compliance Manager, although the document is unsigned and undated. The review documents that the eleven items listed by this standard were taken into consideration in originating the staffing plan. The annual review indicates that the staffing is adequate for the size and population/capacity of the facility. In addition, there is an unsigned, undated, review of the facility's closed circuit TV and surveillance system which was used to enhance security, and to help identify blind spots. The Warden also indicated that additional insight was gained through use of a staffing analysis tool available through the National Institute of Corrections (NIC). Through interviews with the shift Captain, PCM, and Warden, the number and position of staff assigned on each shift was determined to be adequate to ensure the safety of the staff and the inmates assigned. During the past 12 months, there were no instances reported where the facility operated at a staffing level below the number of staff designated as the minimum number required to safely operate the facility. According to staff who were interviewed, there are certain post assignments that can be closed, if needed to help meet the minimum number of staff. Shift supervisors report that staff can also be called in for overtime, or staff may be asked to stay over onto the next shift. The facility can also shut down outside recreation, limit outdoor inmate movement to meals and med lines only, or close visitation. The shift can run with a minimum of five officers on shift, which is their functional staffing number, including at least one female officer. Facility policy states that supervisors conduct unannounced rounds at least once per shift. In addition, the facility administrative staff also make periodic unannounced rounds on each shift. Supervisory staff indicated during interviews, that when they make their rounds, they never take the same route or start at the same time. By varying the route and time, they are able to ensure that staff are not calling ahead to warn others that they are out making rounds. In addition, the PREA policy clearly outlines that calling ahead is not allowed. Staff who were interviewed seemed to understand the purpose of the rule and said that they do not attempt to warn others about supervisors making rounds

Recommendation:

Provide copy of the staffing plan review that is signed and dated by the Warden and PCM.

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)

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corrective actions taken by the facility.

This standard is N/A.

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:

- DWCRC PREA Policy 3C-4
- Exigent Circumstance Log
- Housing Unit Rules
- Memo From PCM
- Employee Training Logs
- Body Search Lesson Plan
- Strip Search Room
- Cross Gender Supervision Log

Interviews, Document and Site Review:

The facility PREA policy prohibits all cross gender searches, except in exigent circumstances. When a cross gender search is completed, it is logged in the exigent circumstance log. There are several cells that are used to house inmates who are on a close/increased observation status. These cells are equipped with in cell cameras that allow staff to view the inmate while the inmate is changing clothes or using the toilet in the cell. The cameras can be viewed in the control center and in the shift captain's office, which are often manned by male staff. In a case where a male staff is responsible for viewing the cameras where an inmate uses the toilet or change clothes, they are required to make an entry in the exigent circumstance log. The cameras are mounted in such a way that allows staff to view the inmate activity in the cell, but does not allow direct observation of an inmate using the toilet. The surveillance system also allows for staff to place a "gray box" on the monitor that obscures a portion of the view into the inmate's cell, if it is deemed necessary. However, in most cases, it did not appear to be needed. A memo from the PCM describes the purpose of the exigent log as follows:

While inmates are on observation status as described in the Inmate Crisis Protocol camera monitoring can be used when recommended and available for inmate in crisis. The Special Management Unit has two cells available with cameras that are turned on only when an inmate is in crisis. The camera monitors are viewed by both control room personal and captains and logged each day the inmate is in crisis and camera remain operational.

Upon review of the exigent log, it was observed that there were no instances of cross gender searches. All of the entries in the log were to document cross gender supervision of inmates via the in cell cameras.

The definition of exigent circumstances as defined by the PREA Resource Center, listed below, is the same definition used in the facility PREA policy, 3C-4.

Exigent circumstances means 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.

Inmates who were interviewed said that male staff are inconsistent about announcing their presence when entering the living units, but that some staff are better about it than others. No inmate reported ever missing a callout due to not having a female officer available for pat down searches. The facility provides a changing area for inmates to use when changing clothes. This practice allows inmates a measure of privacy and safety when changing. The showers and toilets have curtains or stall doors to allow additional privacy and safety. Staff who were

interviewed were all aware of the prohibition of searching transgender inmates as a means to determine genital status. Most were able to articulate other ways to make the determination, including checking previous records, and referring to medical staff. All inmates are strip searched at the time of admission to the facility. Inmates all reported that they had never been strip searched or pat searched by a male staff member. It is important to note that, it is the facility's common practice to have one officer and one inmate go into a room alone together to conduct the strip search. Documentation was provided to show that security staff have been provided training on conducting cross gender pat down searches and searching transgender inmates.

Recommendations:

Discontinue the practice of single staff strip searches. If an inmate were to allege sex abuse occurred during this process, it would be very difficult to definitively substantiate or unfound the allegation.

Reemphasize the importance and purpose of opposite gender announcements to all supervisory staff.

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:

- Inmate Comprehensive Training Lesson Plan
- Languagelink Instructions for Use
- DWCRS PREA Policy 3C-4
- Inmate Orientation PREA Booklet
- PREA Posters

Interviews, Document and Site Review:

At the time of the on-site visit, there were no inmates housed in the facility who could not speak English, or who was blind, or who was deaf or hard of hearing. However, there are procedures in place to ensure information about PREA is available to all inmates. Blind inmates' would be given the information through individual PREA orientation given by a staff member. An inmate who is deaf or hard of hearing can be given reading material or may have an individual orientation with a staff member who is able to communicate using American Sign Language. The facility has entered an agreement for service with an organization that is available to translate into almost any language using the telephone. They also provide document translation services, if needed. The most common non-English language in the area is Spanish. PREA orientation material is available in Spanish, and all of the facility PREA posters contain information on how to report sex abuse and sexual harassment written in both English and Spanish. There are also several staff members who speak Spanish available to translate, if called upon. Staff who were interviewed said they would only use inmates to interpret as a last resort or in an emergency. Staff were aware of the facility's language interpretation service through the telephone. The auditor did interview two inmates reported as being intellectually low functioning or mentally ill. Both inmates were aware of the PREA program and were able to articulate how they could report sex abuse or sexual harassment, if needed.

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:

- DWCRRC PREA Policy 3C-4
- Application for Employment
- Correctional Officer Interview Questions
- Employee Handbook
- Employee Promotion PREA Form
- State Statute 12-60-24. Criminal history record checks
- Previous Institutional Employment Verification Form
- Previous Institutional Employment Verification Form (Contract Staff)
- PREA Acknowledgement Form (Contract Staff)
- Policy 1C-6 Personnel
- Criminal History Check (Contract Staff)
- Criminal History Check

Interviews, Document and Site Review:

Facility policy prohibits hiring or promoting any employee/contract staff, who will have contact with inmates who has a history of sex abuse in any previous institutional employment, or any criminal sexual activity in the community. Prior to hiring a staff member or contract staff who will have inmate contact, a criminal background check is completed. This check consists of an FBI criminal history check and an NCIC check. If the applicant has previous institutional employment, staff send a form letter to each previous employer asking if the candidate had ever had a substantiated allegation of sex abuse or if they resigned during a sex abuse investigation. The auditor reviewed documents completed by other employers and returned to the facility indicating the applicant had not been involved in any sex abuse investigations. Additional criminal history background checks are completed prior to an employee/contract being promoted, or at least every five years. Initial applicants and promotional candidates are asked directly if they have ever participated in sex abuse in a previous institution, or if they have ever been convicted for any unlawful sexual activity or attempted unlawful sexual activity in the community. The Warden considers any allegations of sexual harassment prior to promoting any staff/contractor. Per policy, all staff have a continuing responsibility self disclose any sexual misconduct to their supervisor. The auditor reviewed employee files and was able to locate documentation as described.

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:

Interviews, Document and Site Review:

This standard is N/A, as there have been no substantial upgrades or expansions to the facility in the past several years.

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:

- MOU Between DWCRC and Hettinger County Sheriff’s Department
- Policy 3A-12 Preservation of Physical Evidence
- Sexual Assault Evidence Collection Protocol 5th Edition
- North Dakota Centry Code 12.1-34-07
- DWCRC PREA Policy 3C-4
- E-Mail Correspondence SANE Availability
- MOU Between DWCRC and Dickinson Domestic Violence and Rape Crisis Center
- Memo from PCM

Interviews, Document and Site Review:

DWCRC does not conduct sex abuse investigations that are criminal in nature. DWCRC has entered into an MOU with the Hettinger County Sheriff’s Office (HCSO), in which, the HCSO agrees to investigate any allegation of sex abuse that appears to be criminal. The HCSO has adopted a uniform evidence protocol and procedure, approved by the FBI for use in law enforcement, for the collection of usable physical or forensic evidence. DWCRC has several staff who have received specialized investigator training which allows them to investigate allegations of sex abuse or sexual harassment that are not criminal in nature. Documentation was provided that shows the facility has made arrangements to have available, a Sexual Assault Nurse Examiner (SANE), if appropriate, through an agreement with the Central Dakota Forensic Nurse Examiners organization. Upon request, a SANE will meet the victims at the St Alexius Hospital located approximately 25 miles away in the city of Dickinson. All services provided through the hospital and by the SANE would be provided free of charge to the victim. The facility has also entered into an MOU with the Dickinson Domestic Violence and Rape Crisis Center, also located in Dickinson, to provide a victims advocate, if requested by a victim of sex abuse. The advocate would accompany the victim during the examination and in the investigative interview process, if asked. These services would also be provided at no charge to the victim. If no one is available from the Rape Crisis Center, the facility has made arrangements for a qualified staff member from the mental health department to accompany the victim, if requested. There were no sex abuse allegations investigated during this period of review that would have required collection of evidence or a forensic examination.

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:

- DWCRC PREA Policy 3C-4
- Memo From PCM

Interviews, Document and Site Review:

Per DWCRC PREA policy 3C-4, criminal allegations of sexual abuse or sexual harassment are referred to Hettinger County Sheriff’s Department unless the allegation does not involve potentially criminal behavior. From 08/01/2015 to 07/31/2016, DWCRC had referred zero allegations for criminal investigation. According to the PCM, all allegations of sex abuse or sexual harassment are fully investigated. Staff who were interviewed reported that they are required to report any sexual activity to their supervisor. This includes any suspicion or rumor. The facility PREA policy, 3C-4, is posted on their public website at, www.swmccc.gov. The policy fully outlines who is responsible for what responsibilities when completing a PREA investigation.

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:

- DWCRC PREA Policy 3C-4
- PREA Training Roster
- Administrative Rounds Quiz Sheet
- PREA Training Summary
- DWCRC Staff/Contract/Volunteer Training Acknowledgement Forms
- PREA Administrative Two-Minute Training Sheet
- PREA Lesson Plan
- PREA: What It Means for You and Your Agency: Course Outline
- Victimization and Women in Custody: PowerPoint Presentation
- Employee Performance Review Evaluation
- Red Flags Handout
- Checks and Balance Handout
- PREA Video: What You Need to Know
- Sexual Abuse/Assault Prevention and Intervention Brochure

Interviews, Document and Site Review:

All staff and Contract staff who will have contact with inmates receive PREA training as part of their initial training, and again annually. Prior to earning approval to supervise inmates, staff complete a three hour on-line PREA training course with a competency test, through Relias. In addition, new employees then get classroom training which includes watching the PREA video titled, “PREA: What You Need To Know.” This is the same video that is shown to the inmates at their PREA orientation. There is a classroom PREA discussion lead by training staff. At the same time, the trainees are given additional handout material on avoiding inappropriate inmate relationships and what to watch for, “red flags” that someone may be engaging in staff misconduct. They are also given a brochure titled, Sexual Abuse/Assault Prevention and Intervention, that contains information on how and who to report sex abuse and sexual harassment. The training lesson plan contains information about:

- The facility’s zero tolerance stance toward all forms of sex abuse and sexual harassment
- The employee responsibility in prevention, detection, reporting, and responding to sex abuse/harassment
- Sex abuse/harassment dynamics in corrections
- Inmates and staff rights to be free from retaliation for reporting sex abuse/harassment
- Common reactions of inmates who are victimized

- Avoiding inappropriate relationships with inmates
- Effective communication with victims
- Reporting laws

At the conclusion of the initial training, each participant must take and pass a written test, with a score of 75% or higher. On-going training is provided through shift briefings by shift supervisors, and by facility administration members, who do “on the spot” quizzes during rounds. The auditor was provided documentation to show that each employee and contract employee who has inmate contact has been given initial PREA training. In addition, the facility provides annual classroom PREA training. In fact, several of the staff who were interviewed spoke about the annual training they had just completed in September of 2016. In order to receive a satisfactory performance rating, the employee must have completed all of the required PREA training and be able to demonstrate they are knowledgeable about PREA.

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)

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

- PREA PowerPoint for Volunteers/Contractors
- PREA Lesson Plan Volunteers/Contractors
- Policy 1G-1 Volunteer Program Coordination, Selection and Orientation
- PREA Acknowledgement Form
- DWCRRC PREA Policy 3C-4

Interviews, Document and Site Review:

All volunteers and contractors who will have contact with inmates are required to complete annual PREA classroom training, and sign that they understood the information. The lesson plan states that volunteers/contractors are informed of the facility’s zero tolerance policy toward sex abuse and sexual harassment. The lesson plan also outlines the procedures for reporting information about sex abuse/harassment. The auditor was provided with a copy of the PREA training signup sheets with the names and signatures of current volunteers and contractors who completed PREA training during this period of review.

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:

- DWCRC PREA Policy 3C-4
- PREA Pamphlet
- Inmate Handbook
- JPay Kiosk
- Grievance Form
- PREA Signage
- PREA Intake Acknowledgement Form

Interviews, Document and Site Review:

According to the pre-audit questionnaire completed by facility staff, there were 372 inmates admitted into the facility during this period of review. Upon admission, each inmate is given a brief PREA orientation. The auditor sat in during one admission to observe the process. The intake staff member took the inmate to a private area where they watched the first 3-½ minutes of the PREA video titled, “PREA, What You Need to Know”. In addition, the inmate was given a tri-fold PREA pamphlet that they can take with them. The information contained in the pamphlet includes the following:

- The facility’s zero tolerance policy for any type of sex abuse or sexual harassment
- Definitions of sex abuse and sexual harassment
- The procedure for reporting incidents of sex abuse or sexual harassment
- Their right to be free from retaliation for reporting sex abuse or sexual harassment

Inmates who were interviewed reported that they received the PREA intake information, in most cases, within two hours of arrival. After the admission process, the inmate is housed in the Orientation dorm until they are fully assessed for housing. Within 30 days of admission, and in the vast majority of cases, within one week, inmates are given more comprehensive PREA education that is facilitated by a staff person. They watch the complete PREA video and are afforded an opportunity to ask questions. At this point, the inmates sign an acknowledgement sheet documenting they have received the education. The information provided includes:

- The facility’s zero tolerance policy for any type of sex abuse or sexual harassment
- Definitions of sex abuse and sexual harassment
- Their right to be free from sex abuse or sexual harassment
- The procedure for reporting incidents of sex abuse or sexual harassment
- Their right to be free from retaliation for reporting sex abuse or sexual harassment
- The facility’s PREA allegation response procedures

At the time of the auditors visit, there were no deaf/hard of hearing inmates, blind inmates, or inmates who did not speak English. The auditor did identify and interview two inmates who were reported to suffer from mental illness. Both inmates were able to articulate an understanding of what PREA means, at least two methods they could use to make a report if needed, and who they should report to, if needed. All of the inmates who were interviewed were able to list several methods for reporting. The most common responses were to tell staff, or call the PREA hotline. Most were aware that they could also report through the JPay kiosk, by submitting a grievance form, by telling their family member or other third party, or by writing to the address listed on the PREA posters. The most common non-English language spoken in the region is Spanish. All written PREA materials are available in Spanish, and the video is subtitled in Spanish, if needed. There is also a language translation service available 24 hours per day that staff can use to speak with an inmate who speaks other languages. The same service will translate documents upon request. Blind inmates and inmates unable to read would have the PREA materials read and explained to them by a staff member. The video is English subtitled for inmates who are deaf. All of the inmates who were formally or informally interviewed by the auditor were well versed in PREA.

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 Investigator Training PowerPoint
- DWCRS PREA Policy 3C-4
- Essential Learning Document: Investigator Training
- NIC Training Certificates
- NIC Investigator Course Description

Interviews, Document and Site Review:

Several facility staff have been trained to serve as sex abuse investigators. Facility investigators completed the NIC on-line training titled “Investigating Sex Abuse in a Confinement Setting” in addition to a 20 hour training class titled “PREA Investigator Training” provided through The Moss Group. A course outline documented that the students were trained on how to interview sex abuse victims, the use of Miranda and Garrity warnings, preservation and collection of physical evidence, and what is needed to pursue criminal prosecution. Criminal investigations are referred to the Sheriff’s office for investigation. The language below is from the training “essential learning document”

Description (Objective/Purpose)

Investigating sexual abuse of inmates is unique when compared with other types of investigations, such as theft, introduction of contraband to a facility, and rules violations. The Prison Rape Elimination Act (PREA) became law on September 3, 2003. As part of PREA, the National Standards to Prevent, Detect, and Respond to Sexual Abuse of Inmates were established by Federal Rule in June of 2012. This course will give you the knowledge you need to understand the implications for investigating sexual abuse of inmates in light of PREA and the National Standards. This course is intended for persons employed in all types of adult and juvenile detention facilities throughout the United States, particularly those who are responsible for conducting or supervising investigations of sexual abuse of inmates in facilities. This course will provide you with an understanding of the unique nature of investigating sexual abuse of inmates. You will learn the general considerations about conducting sexual abuse investigations, including legal implications and the skills of competent investigators. It will provide you with knowledge of effective investigative protocols and techniques that can improve your effectiveness as an investigator. You will be given the chance to apply your knowledge in a series of interactive exercises that test your understanding of the material. The exercises include true/false questions, placing items in ranking order, multiple choice questions, and stories that demonstrate how to apply the training to your job.

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:

- DWCRS PREA Policy 3C-4
- NIC Training Certificates for Behavioral Health Staff
- NIC Training Certificates for Medical Staff

Interviews, Document and Site Review:

Facility medical staff do not conduct any forensic examinations. Documentation was provided to show that mental health staff completed the on-line NIC specialized training titled “Behavioral Health Care for Sexual Assault Victims in a Confinement Setting”. Medical staff completed the NIC on-line specialized training titled “Medical Health Care for Sexual Assault Victims in a Confinement Setting”. There were a number of staff who had completed both specialized training classes. The training received by both medical and behavioral health staff as part of their professional certifications include information on how to detect and assess signs of sex abuse, and how to professionally respond to victims of sexual abuse and trauma. Additionally, the on-line NIC courses contain information about preserving physical evidence of sex abuse. The

facility training that all staff are required to receive included the staffs' responsibility in reporting sex abuse or sexual harassment. Medical and behavioral health staff who were interviewed were all very knowledgeable about their responsibilities if they became aware of, or suspected there was any kind of sexual abuse or harassment in the facility. There have been no cases reported during this period of review that have required a forensic examination, or the collection of any other type of medical evidence.

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:

- DWCRC PREA Policy 3C-4
- 24 Hour Intake PREA Screening Form
- Initial Assessment and Re-assessment forms
- Initial Mental Health Assessment Form
- PREA Temporary Leave or Transfer Screening Forms
- Mental Health Screening Form
- PREA Screening Rating Manual
- Completed Follow-up Assessment Appraisals

Interviews, Document and Site Review:

Per the facility PREA policy, all inmates are required to be screened for their initial PREA risk within 24 hours of their intake. In reality, the risk assessments are completed, in most cases, within two or three hours. The risk assessment questionnaire is administered through interviews with the inmate and by searching through other documents, including information about previous incarcerations, behavior reports and previous assessments. All of the risk criteria required by this standard is present, and the facility even weighs additional risk criteria in making their risk determination. At the end of the assessment, staff use the information gained to place the inmate into one of five categories. The categories are, Known Victim (KV), Potential Victim (PV), Known Aggressor (KA), Potential Aggressor (PA), or Unrestricted (UN). The inmate is also given initial screenings by medical and mental health staff, both of which also ask questions about previous sex abuse or perpetration. Per the facility PREA policy, the inmate must be reassessed within 30 days of their initial intake. In most cases, the reassessment is completed prior to moving the inmate from the orientation unit to their first regular living unit. Reassessments are also completed prior to transfer, upon return from temporary leave, per request by the inmate, and after involvement in a substantiated PREA event. Every inmate is to be reassessed annually. Inmates who are transgender or high risk for other reasons are reassessed twice per year. The auditor reviewed several randomly selected inmate screening forms while at the facility and did not discover any issues with compliance for this standard. All information regarding inmate assessments is entered into the ELITE computer system and FileNet system, both of which have restricted access. Only those staff with a legitimate need to know are permitted access to this data. All staff who use the facility information systems are required to sign confidentiality agreements.

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:

- DWCRC PREA Policy 3C-4
- Policy 3A-24 Multi-Occupancy Housing Assignments
- PREA Alert List
- PREA Rating Manual

Interviews, Document and Site Review:

The facility uses the risk assessments to make work, program and housing assignments. Inmates who have been scored as a KV or PV are not housed in the same room of housing dorm as an inmate who was listed as a PA or KA. In fact, if the inmate scores as a PV or KV, or a PA or KA, a staff member from mental health will come to the book-in area and complete a more thorough risk analysis to help ensure the inmate is housed appropriately. For work assignments, KA/PA are not assigned to jobs where PV/KV are also assigned, unless the work assignment is directly supervised by a staff member. There is a multi-disciplinary approach taken when determining housing assignments for a transgender inmate. Input from the inmate is sought regarding where they believe their safety is best assured. The facility alpha roster contains information about the inmate risk determination, which is how staff working in program and housing areas are made aware. Staff are also able to obtain information in the ELITE system regarding inmates who have housing restrictions against other inmates. All inmates at this facility shower alone.

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:

- DWCRC PREA Policy 3C-4
- Policy 3A-18 Segregation
- Unit Roster

Interviews, Document and Site Review:

According to policy, inmates who are identified as being high risk for sexual victimization may not be placed into segregation PC status unless it is determined that there is no alternative manner to keep the aggressor apart from the victim. If there is no other option, the victim may be housed in segregation, but it was reported that it rarely occurs, and usually not for more than one day. At the time of the auditors visit, there were no inmates being housed in segregation due to their risk of being victimized. Staff report that there have been no placements for this reason during the past year, at least. Staff who were interviewed reported there are several other options available to keep a potential victim safe from potential aggressors, and they would all be considered before placing the victim in protective custody. However, if placement were made, it would be for the shortest time possible and the inmate would not be restricted from participation in programs or from exercise. There is an administrative segregation review team that reviews the placement of each inmate every seven days for the first two months. If the inmate remains longer than that, then they are reviewed once every 30 days thereafter.

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:

- DWCRC PREA Policy 3C-4
- Facility Posters
- Inmate PREA Pamphlet
- JPay Kiosk
- Inmate Handbook
- MOU Between DWCRC and Hettinger County Sheriff’s Department
- MOU Between DWCRC and Dickinson Domestic Violence and Rape Crisis Center

Interviews, Document and Site Review:

All inmates are given information about PREA as part of their orientation to the facility. The information contains instructions about the various ways available to report allegations of sex abuse and sexual harassment to staff in the facility as well as several ways to make a report to outside agencies. Each inmate is given a copy of the inmate handbook to keep as their own. The PREA section of the handbook states that inmates will not be retaliated against by staff or other inmates for reporting allegations. The handbook lists the names phone numbers and addresses of outside organizations that they can report to if they feel they cannot report to facility staff. The information outlines which phone numbers are recorded and the one that is not recorded. The following information is copied from the Inmate Handbook:

You may report incidents of sexual harassment or sexual abuse by any inmate, staff, contractor or volunteer to any DWCRC staff verbally, in writing, anonymously, through third party reporting or to an outside agency at the following address:

Domestic Violence Rape & Crisis Center
P.O. Box 1081
Dickinson, ND 58602

Or by using the PREA hotline by contacting Domestic Violence Rape & Crisis Center located in Dickinson, ND dial 1 fore English, choose collect or debit option, but you will not be charged for the phone call, you will then enter your PIN # and 701-225-4506 or speed dial 111. This call is not recorded and DVRCC will not contact DWCRC without your permission. Contacting the National Sexual Assault Hotline - Dial 1 for English, 1 for collect followed by the inmate pin, then 7777. Subsection (b) of Section 115.51 of 28 C.F.R. Part 115 requires DWCRC to provide a means for inmates to report sexual abuse or harassment to another entity that is not a part of DWCRC and is able to receive and immediately forward reports of sexual abuse and harassment to DWCRC officials and provide anonymity to the inmate if requested by the inmate. DWCRC has entered into a Memorandum of Understanding with the Hettinger County Sheriff Department to receive these reports. All reports will be reviewed by the Hettinger County Sheriff Department and forwarded to DWCRC for appropriate action.

Hettinger County Sheriff Department
P.O. Box 157
Mott, ND 58646

Inmates who were interviewed were aware of several ways they could report, if needed. The majority of inmates said they would tell staff if they were being harassed or abused. The inmates were aware they can make anonymous reports and that they can report for someone else, if they needed to. One inmate volunteered to show the auditor how to use the JPay kiosk to submit a PREA complaint. Another inmate demonstrated how to call the toll free PREA hotline that is listed on posters hung throughout the facility. The auditor was able to make contact with a staff person using the inmate day hall telephone.

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:

- DWCRRC PREA Policy 3C-4
- Inmate Handbook
- PREA Grievance Log
- Memo From PCM
- PREA Grievance Form
- JPay Kiosk

Interviews, Document and Site Review:

The facility does utilize a grievance procedure and there is a provision for filing an emergency grievance. Grievance forms are available for an inmate to pick up on each living unit. The inmate can also file a grievance by using the JPay kiosk located on the living units. Per policy, there is no time limit imposed on when inmates can submit the complaint, and inmates are not required to attempt informal resolution prior to submitting the grievance form. The policy states that facility staff will not refer the grievance to be answered by a person who is the subject of the complaint, and inmates’ will not be required to submit a sex abuse grievance to the person who is the subject of the complaint. The policy requires a final answer from the facility within 90 days of the date it was submitted. The facility may claim an extension to this time frame, up to 70 days, if needed to provide a final response to the inmate. Policy requires that, in such a case, the inmate will be given written notification of the extension. At the time of the audit, there had been no grievances submitted alleging sex abuse in the facility. The policy does have provisions that will allow grievances to be submitted anonymously, or from third parties. There is also a mechanism which allows a grievance to be submitted via the facilities public website. There is a provision allowing an inmate to submit an emergency grievance, if the inmate believes she is subject to a substantial risk of imminent sex abuse. A grievance filed in this manor will go directly to the Warden for immediate action. However, several of the staff members who were interviewed by the auditor were unaware of this provision in the grievance procedure. Per the policy, the Warden will provide the initial response within 48 hours and a final response within five days. In discussion, the Warden indicated that if such a grievance were to be received, the final answer would most likely be provided immediately. At the time of the on-site visit, there had been no emergency grievances submitted claiming an inmate was subject to a substantial risk of imminent sex abuse. Policy does allow for staff to take disciplinary action against an inmate who is proven to have filed a sex abuse grievance in bad faith. To date, no inmate has been disciplined for submitting a grievance. Inmates who were interviewed were aware of the grievance procedure, and also aware that allegations of sex abuse can be claimed using the grievance forms. The majority of the inmates who were interviewed reported that, if they were being sexually abused or harassed, they would feel comfortable reporting it to a staff member in person.

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:

- DWCRC PREA Policy 3C-4
- PREA Posters
- Inmate Handbook
- MOU Dickenson DVRCC
- MOU Hettinger County Sheriff
- E-mail Correspondence

Interviews, Document and Site Review:

The facility has entered into MOU's with the Dickenson Domestic Violence and Rape Crisis Center. The DVRCC agrees to provide service to the toll free hotline telephone number that is posted throughout the facility and provided in handout materials. They also agreed to provide a victim advocate, if requested, that would be available for an inmate who was undergoing a rape examination at a hospital. The DVRCC agreement also states that their advocate will provide victim support during investigative interviews, if requested. The facility provides inmates' with the address and phone number for the Hettinger County Sheriff's Office and encourages them to report any sex abuse by contacting someone, if they do not want to report it to facility staff. The inmates are told upfront, the limits to confidentiality by the service providers. The inmates are also advised about which telephone reporting numbers are recorded.

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:

- DWCRC PREA Policy 3C-4
- Facility Public Website
- PREA Handout

Interviews, Document and Site Review:

Per the facility PREA policy, both staff and inmates are allowed/encouraged to make third party reports of sex abuse or sexual harassment, if they needed to. In interviews with both staff and inmates, they were all very aware of this aspect, and of the numerous ways to report PREA violations. The facility also maintains a public website where information is contained about how to make a PREA report to the Warden or to the HCSO.

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:

- DWCRC PREA Policy 3C-4
- PREA Training Material

Interviews, Document and Site Review:

Per the PREA policy, all staff, including contract and volunteers, are required to report immediately, any knowledge, suspicion, or information about sex abuse, sexual harassment, or other abuse. Reporting means an immediate report to the shift supervisor, and a written report, which is routed to the facility administration, including the Warden, PCM, and investigators. All staff who were interviewed remarked that they very clearly understand that any type of abuse, sexual or other, is to be reported immediately. Staff were aware of the policy prohibition about discussing any such report outside their needed duty and only with those with a legitimate need to know.

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:

- DWCRC PREA Policy 3C-4
- DWCRC Coordinated Response Plan
- Memo From PCM

Interviews, Document and Site Review:

The facility PREA policy outlines that staff are to take immediate action if it is learned that an inmate is at risk of imminent sex abuse. During an interview with the Warden, she reported that if that kind of situation were to occur, there are several options available that could be used to ensure the inmates’ safety. Options included, moving the person who was creating the threat to another unit, or to segregation for investigation, changing the inmate custody or privilege level, or even to effect a transfer of the inmate. The Warden stated that every effort would be made to avoid placing an inmate who was being threatened into segregation for protection, but that if she felt there was no better choice, the placement would be for the shortest time possible. According to documentation provided by the PCM, there have been no such reports made in the facility during this period of review.

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:

- DWCRC PREA Policy 3C-4
- Memo From PCM
- Email From the Warden

Interviews, Document and Site Review:

Per the PREA policy, upon receiving an allegation that an inmate was sexually abused while confined at a previous facility, the Warden will notify the head of the other facility where the abuse is alleged to have occurred within 72 hours after receiving the information. The policy also requires DWCRC to complete an investigation if an inmate transfers from DWCRC and then alleges that they were sexually abused while housed at DWCRC. The auditor reviewed documentation that showed there were four cases where an inmate arrived at DWCRC and then reported being sexually abused or sexually harassed while housed at a previous facility. There was documentation to show that DWCRC notified the other facilities of the allegation within 72 hours. At least two of the four allegations made were allegations of sexual harassment. The standard does not require receiving facilities to make notification of sexual harassment allegations. Therefore, DWCRC has exceeded the standards expectation.

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:

- DWCRC PREA Policy 3C-4
- DWCRC Coordinated Response Plan
- Sexual Assault Checklist
- Memo from PCM

Interviews, Document and Site Review:

All staff who supervise inmates have been trained as first responders. This training includes:

- Separate the participants
- Notify supervisors, Mental Health, Medical and PCM
- Preserve and protect potential crime scene
- Request alleged abuser and victims not take any actions that may destroy evidence
- Assist in evidence collection
- Notify victim advocate, if requested
- Ensure abuser and victim are properly held for evidence collection, if the abuse occurred within the 120 hours

All staff, have received training on the facility’s approach to preventing, detecting, and responding to sex abuse and sexual harassment, including asking those involved not to take any actions that might destroy of contaminate potential evidence.

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:

- DWCRC PREA Policy 3C-4
- DWCRC Coordinated Response Plan
- Sexual Assault Checklist
- North Dakota Sexual Assault Evidence Collection Protocol

Interviews, Document and Site Review:

The facility has a comprehensive written coordinated response plan that gives specific direction to specific staff. All staff/contract staff are trained on the aspects of the plan as part of the facility PREA training plan. The plan provides guidance and actions for first responder staff, the shift Captain, Medical staff, Behavioral Health staff, Investigators, and the PCM and Warden.

First responder staff who were interviewed were very clear on what their responsibilities are including, separating and keeping safe both the victim and perpetrator. Staff were clear that they need to notify the shift supervisor of the situation and make their best effort to identify and protect any potential crime scene. Staff reported they would not allow either the victim or the abuser to eat, change clothes, shower, brush their teeth, or go to the bathroom. Staff were aware that forensic evidence may only be available for a certain time, there is some confusion about how long the time frame actually is.

The shift Captain reported that he would make sure the participants are separated and safe and document any injuries. He would make the needed notifications to the Chief of Security, PCM, medical and behavioral health staff and Warden. It was reported that the PCM and the Warden would make a determination about calling the HCSO.

The PCM indicated that determining the need for a forensic examination would be made by an assessment of the individual case, including the amount of time that had passed since the event, advice from the medical staff and the victim’s wishes. If the allegation appears to be criminal in nature, an investigator from the HCSO will be called in to complete an investigation for criminal prosecution. If a forensic examination is needed, the victim and abuser would be transported the Dickenson Hospital where a SANE is available.

It is worth noting that there has only been one allegation of sex abuse reported during the period of review, and that the case did not involve penetration. There was no forensic examination performed, and the case was later determined to be unsubstantiated. The document titled Sexual Assault Checklist is also a very detailed description of what actions need to be taken and by who in the event of a sex abuse case allegation.

The overall response plan is very well thought out, thorough and complex. It is clear that the facility is dedicated to the sexual safety of the staff and the inmates housed there.

Recommendation:

Due to the low number of sex abuse allegations made in the facility, the auditor recommends designing and running a PREA drill to allow staff to practice the coordinated response plan and use of the Sexual Assault Checklist. The auditor also recommends providing additional information to staff about the time limit the facility has imposed for the collection of forensic evidence from a SANE examination.

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)

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:

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Interviews, Document and Site Review:

This standard is N/A.

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:

- DWCRC PREA Policy 3C-4
- PREA Administrative Investigation
- PREA Retaliation Monitoring Form

Interviews, Document and Site Review:

The PREA policy outlines that the PCM is responsible for protecting all inmates and staff who report sex abuse or sexual harassment, or who cooperate in a sex abuse or harassment investigation, from retaliation by other inmates or staff. The PREA policy states that PCM and the Warden have multiple protection measures available such as housing changes, custody changes, transfers, removal of staff or providing emotional support services to the inmate or staff victims. This was further documented through interviews with inmates, the PCM and the Warden. Per policy, for at least 90 days, the unit manager is responsible for monitoring the conduct and treatment of inmates who have reported sex abuse or sexual harassment for signs that they may be being retaliated against for reporting. Documentation of the monitoring was provided for the auditor to review. It was documented, that the person assigned as the retaliation monitor in this case, met face to face with inmates involved in the investigation and followed up to see if signs of retaliation were present. The monitoring in his case is very well documented, and went on for more than 90 days.

The Warden is to assign a supervisory level staff member to monitor any staff person who reported sex abuse or assisted in a sex abuse investigation. However, there were no staff cases to monitor during this review period.

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 Audit Report

- DWCRC PREA Policy 3C-4
- Segregated Housing Memo
- DWCRC Administrative Segregation Referral

Interviews, Document and Site Review:

The Warden spoke at length about the facility’s use of administrative segregation. Segregation is taken very seriously, and placement is not automatically the first option. Per the shift supervisor interviewed, segregation is avoided if there is any other option available that can be used to keep inmates safe. The PCM reported that in the event that segregation placement becomes necessary, the person completing the placement form is required to document what other options were considered, and why that option was not chosen. However, during this period of review, there were no inmates placed into segregation as a means of protecting an inmate from an abuser.

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:

- DWCRC PREA Policy 3C-4
- Employee Handbook
- Memo From PCM
- PREA Investigation Log
- PREA Training Lesson Plan

Interviews, Document and Site Review:

The facility does complete what is termed, “administrative” investigations. All allegations of sex abuse and sexual harassment are completely and thoroughly investigated by staff who have received specialized training on completing investigations of sex abuse in a correctional setting. There are several staff who have received training as PREA investigators. Some have completed a 16 hours training class, others have completed a 20 hours training class produced by The Moss Group, and all have completed the three hour on-line training provided by the National Institute of Corrections. Every allegation is initially started by facility investigators. If, at any point, the investigation appears to be criminal in nature, or where it appears likely that criminal charges may be sought, the facility investigators will bring in, and work together with, an investigator from the Hettinger County Sheriff’s office, or an investigator from the North Dakota Bureau of Investigation. All professional law enforcement investigators receive training on investigation of criminal sex offenses.

The auditor contacted the HCSO and learned that there were no criminal investigations for sex abuse requested or completed by the HCSO at the DWCRC in the current period of review. The HCSO is a small department with only six officers including the Sheriff. There no officers designated as a full time investigator, but all of the officers have received training on conducting criminal investigations, collection of evidence, and interviewing victims and suspects.

The PREA policy states that the credibility of a victim or suspect is not denigrated by their status as an inmate. The auditor interviewed many randomly selected inmates while in the facility. All of the inmates, without exception, stated that they felt confident that, if they ever made a PREA allegation, it would be taken seriously and properly investigated.

Of the inmates the auditor interviewed, almost all reported they felt safe in the facility and that staff genuinely care about them. Inmates are never required to submit to a polygraph examination as a condition of starting an investigation. From October 2015 to October 2016, there were ten PREA allegations reported and investigated. Of those ten, there were no substantiated or unsubstantiated allegations of sex abuse. A total of three, inmate on inmate sexual harassment cases were substantiated, and one case on inmate on inmate sexual harassment that was unsubstantiated. All other allegations were unfounded.

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:

- DWCRC PREA Policy 3C-4
- Inmate Handbook
- Posted Disciplinary Rules

Interviews, Document and Site Review:

Per the PREA policy, the standard of evidence imposed in determining whether an allegation of sex abuse or sexual harassment is substantiated, unsubstantiated, or unfounded is, a preponderance of the evidence, or, more than 50percent. This information is included in the PREA training provided for all staff, and is explained to the inmates who may be named in an allegation.

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:

- DWCRC PREA Policy 3C-4
- Notice of PREA Investigation Status
- Memo From PCM

Interviews, Document and Site Review:

At the completion of each investigation of sex abuse or sexual harassment, the facility informs the alleged victim of the outcome of the investigation, whether it was substantiated, unsubstantiated, or unfounded. This is accomplished via a written notice that is provided to the inmate by a staff member. The inmate is required to sign the form to acknowledge the service. This process occurs, even if the allegation was investigated by an outside agency. If the allegation was made against a staff member, and the outcome of the investigation is either substantiated or unsubstantiated, the inmate is informed if the staff member is no longer posted on the same unit as the inmate, if the staff member leaves the employment of the facility, and if the staff member is charged or convicted of a criminal offence related to the allegation. If the allegation of sex abuse is by another inmate, the facility will advise the victim if the perpetrator is convicted through the facility disciplinary process. The auditor was provided documentation to show that inmates who had reported being sexually harassed by another inmate, were given notice of the disposition of the investigation. This standard pertains only to sex abuse cases, however, the facility has chosen to include cases of sexual harassment as well. There were no allegations of staff sex abuse made during this period of review.

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:

- DWCRC PREA Policy 3C-4
- Memo From PCM
- Employee Handbook

Interviews, Document and Site Review:

The staff disciplinary policy is clearly described in the PREA policy and in the employee handbook. The information listed below is copied from the employee handbook:

SWMCCC staff will be subject to disciplinary action administered by the Operations Administrator, up to and including discharge from employment for violating sexual abuse policies. All terminations for violation, or resignations by staff who would have been terminated if not for their resignation, will be reported to law enforcement, unless the act was clearly not criminal, and to any relevant licensing bodies.

The PREA policy contains information stating that termination is the presumptive penalty for staff who engage in sex abuse with any inmate. In addition, policy requires all employees to cooperate fully during any investigation by providing all pertinent information. Discussion with the Warden outlined the disciplinary process and sanctions for dealing with staff sex abuse. She reported that staff who are being investigated for sex abuse allegations are prohibited from contacting, or attempting to contact, any inmate victims or witnesses for the duration of the investigation. The Warden further explained that, there have been no substantiated or unsubstantiated sex abuse allegations made toward any staff in recent memory, and none during this period of review. She added that, if disciplinary action were needed, she would be advised of any previous actions against the employee and look at any disciplinary precedent and make an individual decision based on those and other factors. The exception being, if the staff violation was for sex abuse. Those cases would result in termination, and referring the case to law enforcement for prosecution, even if the employee were to resign during the investigation. Violations may also be reported to pertinent licensing bodies, if appropriate. Per memo from the PCM, there have been no staff disciplinary actions taken involving sex abuse with an inmate during this period of review.

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:

- DWCRC PREA Policy 3C-4
- Memo From PMC

Interviews, Document and Site Review:

In discussion with the PCM, she reported that there have been no substantiated or unsubstantiated allegations of sex abuse or sexual harassment made toward any contract staff or facility volunteer during this review period. Per the PREA policy, any contractor or volunteer who engages in sex abuse with an inmate, would be prohibited from any further inmate contact and reported to law enforcement, and any licensing bodies, if appropriate, if the actions were criminal in nature. If the actions were not criminal in nature, it would be up to the Deputy Warden to determine if the person would be allowed continued inmate contact, and if any remedial actions need to be initiated. Per memo from the PCM, there have been no sex abuse cases against a contractor or volunteer in which any remedial action was applied.

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:

- DWCRC PREA Policy 3C-4
- Inmate Handbook
- Memo From PCM

Interviews, Document and Site Review:

Per the inmate handbook, all sexual contact is prohibited in the facility. Each inmate is given a rule book upon admission to the facility. The facility does have a formal disciplinary process and system of sanctions that are dependent on the class of offense, the inmates’ disciplinary history, and the sanctions given others in similar circumstances. If an inmate suffers from a mental health issue or illness, the disciplinary hearing officer will take that into considerations at the time of imposing sanctions. The auditor was advised that, in most cases, rule violations that are considered minor in nature, will not prevent an inmate from being able to participate in their assigned treatment programs or education classes. Input may be sought from the inmates assigned behavioral health counselor prior to the disciplinary hearing. Per the facility PREA policy, an inmate may only be disciplined for having sexual contact with a staff member, if the staff member did not consent to the activity. In a memo from the PCM, it was stated that there have been no cases reported of a staff member and an inmate having a sexual relationship. No inmate has been disciplined for having sex with a staff person. Inmates may receive a disciplinary report for making a false allegation of sex abuse only if it can be established that the allegation was made in bad faith. There have been no disciplinary reports written to an inmate for making a false allegation of sex abuse.

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:

- DWCRC PREA Policy 3C-4

- Mental Health Screening Form
- DWCRC SEXUAL RISK / VULNERABILITY RISK NOTIFICATION Form
- AUTHORIZATION TO DISCLOSE INFORMATION Form

Interviews, Document and Site Review:

All inmates who are admitted into the facility go through a process of assessment. As part of the assessment, inmates are asked:

- 1.) Have you ever been accused or convicted of a sexual offense?
- 2.) Have you ever been the victim of sexual abuse or sexual assault?
- 3.) If you are pressured for sexual favors or are sexually harassed, would you be able to stop the advances toward you?
- 4.) Have you ever been sexually assaulted in jail prior to entering the DOC, or since you have been in the DOC?

If the inmate answers “yes” to question number 1, 2, or 4, or answers “no” to question number 3, then the information is forwarded to the treatment department (medical/behavioral health) for a follow up appointment. In most cases, a clinical staff member will see the inmate for a follow up visit within one or two days of entry to the facility.

All inmates admitted to the facility sign an Authorization to Disclose Information form as part of their medical intake. The form reads in part, as follows:

I understand this consent is voluntary and remains in effect until the above date of event, unless specifically revoked by written notice to the agency or person. Refer to the Notice of Privacy Practice for further description of revocation rights. Any information disclosed prior to the termination of this authorization is not a breach of confidentiality. A photocopy of this authorization is as effective as the original. Unless otherwise agreed in writing, information may be disclosed under this authorization in any form or medium, including oral, written, or electronic transmission.

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:

- DWCRC PREA Policy 3C-4
- Memo From PCM
- Email From PCM
- Coordinated Response Plan
- Mental Health Screening Form
- DWCRC SEXUAL RISK / VULNERABILITY RISK NOTIFICATION Form
- AUTHORIZATION TO DISCLOSE INFORMATION Form

Interviews, Document and Site Review:

According to the PREA policy, and the facility Medical Services Director, inmate victims of sex abuse will receive timely and unimpeded access to emergency medical services and crisis intervention services, as determined appropriate by the medical services provider. The facility has made arrangements with the CHI St. Alexius Health Medical Hospital located in Dickinson, North Dakota, to provide emergency services to inmates who have been sexually abused. The services include providing a SANE examination. Other services including treatment for sexually transmitted diseases, emergency contraception, and follow up services are available from DWCRC medical and behavioral health staff. All of these services would be provided at no cost to the inmate, whether the victim chooses to name the perpetrator or not. Per the memo from the PCM, there have been no cases of sex abuse reported in the facility which would have required a SANE or other medical treatment. This information is also included in the coordinated response plan.

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:

- DWCRC PREA Policy 3C-4
- Memo From PCM
- Email From PCM
- Coordinated Response Plan
- Mental Health Screening Form
- DWCRC SEXUAL RISK / VULNERABILITY RISK NOTIFICATION Form
- AUTHORIZATION TO DISCLOSE INFORMATION Form

Interviews, Document and Site Review:

Although there have been no reported cases of sex abuse that would have required treatment, the facility staff have specific plans in place in case there ever is such an event. The auditor interviewed staff from the medical department and the behavioral health department and was advised that, any inmate who is sexually abused in the facility will have access to emergency and other related services including, but not necessarily limited to, pregnancy testing, and related, lawful pregnancy services, testing for sexually transmitted diseases, follow up treatment and treatment plans as needed for medical and mental health reasons while still incarcerated, and post release from custody. The medical Director indicated that the medical and mental health treatment services provided to inmates in the facility is at least, but more likely far superior, to treatment that would be available for them outside of the institution. The treatment is much more immediate, and the services which are provided would in many cases, not be affordable for them in the community. All inmates are evaluated as part of the facility intake process. Inmates who have a known history of perpetrating of sex offenses in confinement settings are referred for sex offender treatment, if recommended.

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:

- DWCRC PREA Policy 3C-4
- Sex Abuse Incident Review Form
- Investigation Reports

Interviews, Document and Site Review:

After each PREA investigation of sex abuse is completed, within 30 days the facility will have a meeting to conduct a review of the incident. Every investigation of a sex abuse allegation that is not determined to be unfounded will have a review by the team. The purpose of the review is to determine several things, including the following:

- (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- (4) Assess the adequacy of staffing levels in that area during different shifts;
- (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- (6) Prepare a report of its findings, including determinations made and any recommendations for improvement and submit such report to the Warden.

The review team consists of the Warden, the PCM, Treatment Services Director, Unit Managers, Deputy Warden, and the Investigator. There were no sex abuse investigations during this period of review which were determined to be substantiated or unsubstantiated. There was one sex abuse allegation investigation that was determined to be unfounded. However, the review team conducted a review of the investigation anyway, even though it was not required by the standard.

Recommendation:

Even though the facility completed a sex abuse incident review that was not required by the standard, there was very little information contained in the review form document. There is ample room to write a statement in the narrative boxes for each of the six items to be reviewed. Yet, the form that was submitted for documentation was not completely filled out, and the narrative boxes were blank. The auditor recommends that the form be completely filled out, and that staff write a description about what was discussed, and how each question was analyzed to make a compliance decision.

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:

- DWCRC PREA Policy 3C-4
- Survey of Sexual Violence Forms
- List of PREA Definitions

Interviews, Document and Site Review:

The facility uses a standardized set of definitions and has collected uniform sex abuse data using the same information characteristics as is used on the Federal Department of Justice Survey of Sexual Violence form. However, the facility had no cases of sex abuse to report and therefore no data to aggregate for the period that was reviewed.

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:

- DWCRC PREA Policy 3C-4
- PREA Annual Report 2015
- 2016 Annual PREA Report

Interviews, Document and Site Review:

The facility does collect and review information collected as a means to seek improvement in the effectiveness of their policies and practices related to PREA. The 2015 report, which contains information that was not from the current period of review, included information about investigations that were completed on allegations of sex abuse and sexual harassment. The facility is not required by the standard to include data collected in sexual harassment cases, so they would exceed the standard on this point. The annual report does include an attempt to identify problem areas of the facility along with what corrective actions are felt will help to reduce the number of PREA related complaints. However, the report does not make a comparison of the previous years aggregated data, as required by the standard.

Corrective Action:

- Produce a written report including aggregated data that encompasses the most recent PREA information.
- In the report, compare the data from the current report and the previous report and provide an assessment of the facility’s progress toward addressing sexual abuse.
- Publish the report on the facility public website.

Update 2/27/17:

The facility has updated their annual PREA report, which includes data for sexual harassment cases reported during the current period of review. The report does identify problem areas in the facility and compares the current data with the previous report, along with corrective actions already taken. The report has been posted to the facility website and was viewed by the auditor.

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:

- DWCRC PREA Policy 3C-4
- Facility Public Website
- 2016 Annual PREA Report

Interviews, Document and Site Review:

The data collected by the facility is securely retained by the FileNet administrator, with limited access by staff, and only available to staff with a legitimate need to know. The current aggregated sex abuse data has not been posted to the facility’s public website. Per the PREA policy, all PREA related data collected is kept for a period of ten years, unless federal, state or local law require otherwise.

Corrective Action:

- Produce a written report including aggregated data that encompasses the most recent PREA information.
- Publish the report on the facility public website.

Update 2/27/17:

The facility has updated their annual PREA report, which includes data for sexual harassment cases reported during the current period of review. The report does identify problem areas in the facility and compares the current data with the previous report, along with corrective actions already taken. The report has been posted to the facility website and was viewed by the auditor.

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.

Ray Reno

022717

Auditor Signature

Date