

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



Name of facility: Dakota Women's Correctional and Rehabilitation Center (DWCRC)			
Physical address: 440 McKenzie St., New England, ND 58647			
Date report submitted: November 24, 2014			
Auditor Information: Wendy J. Roal Warner			
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Date of facility visit: October 28-29, 2014			
Facility Information			
Facility mailing address: <i>(if different from above)</i>			
Telephone number: (701) 579-5100			
The facility is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> XX County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> XX Prison	
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: South West Multi County Correctional Center (SWMCCC)			
Governing authority or parent agency: SWMCC			
Physical address: 66 Museum Drive, Dickinson, ND 58601			
Mailing address: <i>(if different from above)</i>			
Telephone number: (701) 456-7790			
Agency Chief Executive Officer			
Name: Duane Wolf		Title: President, Board of Directors, SWMCC	
Email address: Not Available		Telephone number: (701) 290-0857	
Agency-Wide PREA Coordinator:			
Name: Not Applicable			
Email address: Not Applicable		Telephone number: Not Applicable	

AUDIT FINDINGS

NARRATIVE:

The Dakota Women's Correctional and Rehabilitation Center (DWCRC) is under the authority of the South West Multi County Correctional Center (SWMCCC) Board of Directors. The SWMCCC consists of 7 county prisons. In November 2003, the SWMCCC was awarded the contract by the North Dakota Department of Corrections and Rehabilitation (DOCR) to house its' female inmates. North Dakota DOCR policies are utilized at the DWCRC. Its mission is to provide rehabilitative environments that are physically and emotionally safe, being mindful of the obligation to the victims and the public. The SWMCCC also works to facilitate successful adaptation of offenders into society through the self-empowerment of staff and offenders to grow emotionally, socially, educationally, spiritually, and culturally.

The DWCRC houses maximum, medium and minimum security adult female inmates. The average length of stay is 15 months. The institution has a capacity of 126 and had a count of 134 at the beginning of the on-site audit.

The facility has 60 full time staff and 20 part time staff. Food Service staff are contracted.

DESCRIPTION OF FACILITY CHARACTERISTICS:

DWCRC is a 126-bed women's prison located in New England, North Dakota, approximately 20 miles south of Dickinson, North Dakota. The facility consists of a 70-bed minimum security unit, a 40-bed medium security unit, a 16-bed orientation unit, and a 5-bed Special Management Unit (high security unit) which also serves as disciplinary detention (segregation). There are two separate buildings, one for minimum security and one for medium security. All housing units are open bay/dorm housing with the exception of the Special Management Unit which is single cell housing.

The facility offers indoor and outdoor recreation for both the minimum and medium security inmates. Food is served in a central dining room with the inmates in orientation, minimum security, and medium security eating at separate times. Food is delivered to the Special Management Unit.

An industry program runs at the minimum security unit which is primarily a cut and sew operation for Prairie Industries.

SUMMARY OF AUDIT FINDINGS:

The audit of the DWCRC was to determine compliance with the national Prison Rape Elimination Act (PREA) standards. The audit consisted of a review of the Pre-Audit Questionnaire along with numerous embedded policy, procedures, forms, and training records from the DWCRC. The Pre-Audit Questionnaire was initially received on September 24, 2014. The initial review revealed the need for

clarification or more information on several standards. A teleconference was held on October 14, 2014, between myself as Auditor, the PREA Coordinator and the Warden to clarify the areas in question.

The notification of the on-site audit was posted September 16, 2014, six weeks prior to the first day of the on-site audit. The notices were posted in various locations throughout the facility.

The on-site audit was conducted October 28-29, 2014. After meeting with the PREA Coordinator, Warden and the facility's management staff, a tour of the institution was conducted and I was able to observe the physical plant and grounds of the facility. The tour included: intake/screening area; visiting rooms; all housing units; food service; maintenance area; education areas, and indoor and outdoor recreation areas. The institution has 80 cameras which were visible throughout the tour. One blind spot was noted in the maintenance area, which has since been corrected. No cameras appeared to capture inmates in the showers.

The two-day on-site visit included a review of secondary documentation and interviews. A total of 17 staff including those from all shifts were interviewed. Additionally, I spoke to one nurse from St. Joseph's Hospital in Dickinson, ND, and the Director of the Domestic Violence and Rape Crisis Center (DVRCC) in Dickinson, ND. Staff interviews revealed they have been thoroughly trained on PREA standards and staff fully understand their responsibilities and duties to prevent, detect and respond to sexual abuse and harassment.

A total of 11 inmates were interviewed, 6 medium security and 5 minimum security. All inmates interviewed indicated that they are aware of their right to be free from sexual abuse and sexual harassment and how to report sexual abuse and sexual harassment. No letters were received in advance of the audit.

Results of the DWCRRC PREA audit indicated corrective actions were needed in order to achieve full compliance. A corrective action plan was jointly developed between DWCRRC's PREA Coordinator, Warden and myself to correct the standards not in compliance. The corrective action plan was provided to the facility November 4, 2014. On November 21, 2014, the PREA Coordinator provided me with updates to policy, procedures, and documentation verifying all corrective actions have been completed. As such, the institution is in full compliance and this serves as the final report. I commend the DWCRRC for being in the forefront with PREA compliance and for being proactive in resolving areas needing correction.

Number of standards Exceeded: **0**

Number of standards met: **40**

Number of standards not met: **0**

Number of standards not applicable: **3**

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 Comments:

The DWCRC PREA policy has clearly written language mandating zero tolerance for all forms of sexual abuse and sexual harassment. The facility's approach to preventing, detecting and responding to such conduct is outlined throughout the policy.

The facility has a PREA coordinator who oversees compliance efforts for the facility. She also serves as the administrative captain. She states she is afforded flexibility in prioritizing her work. She reports directly to the Warden on PREA issues and an Administrative Review Team, which consists of institution managers, conducts monthly meetings to discuss PREA issues and ongoing investigations.

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)
- Not Applicable

Auditor Comments:

DWCRC does not contract with other entities for the confinement of its inmates.

Standard 115.13 Supervision and Monitoring

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

Auditor Comments:

The institution policy on PREA is clear regarding staff's duty to monitor inmates and provide supervision to help prevent sexual abuse and sexual harassment. The current staffing plan assesses

if there are sufficient levels of staff to protect inmates from sexual abuse and sexual harassment. However, there is limited documentation of deviations from the staffing plan, in particular when supervisors fill line staff vacancies. The institution modified procedures following the on-site visit requiring the Deputy Warden to document all future deviations to the staffing plan.

During the tour of the institution, cameras were observed in sufficient number and location. One blind spot was detected during the tour and was confirmed when viewed from the control center (the main area where the cameras are monitored). Specifically, in the maintenance area, there is a wide hallway with bathrooms and janitor's sink that is not visible from any camera angle. The institution added a camera to this area following the on-site audit.

The institution's PREA policy calls for a yearly assessment of staffing; cameras and resources to ensure inmates are protected. As of the on-site audit, the yearly assessment had not been completed. The institution has since provided documentation of a yearly review that is thorough and considers all areas required in the standard. Additionally, the PREA policy was modified after the on-site audit clearly delineating all the areas to be reviewed in the yearly assessment.

Institution policy requires supervisors to make rounds of the facility; however interviews with supervisors revealed there is inconsistency in where and how often rounds are being made and documentation of rounds of areas other than housing units were too vague to ascertain if all areas of the facility were visited. The PREA Policy was modified following the on-site audit to clarify which supervisors are to make rounds, the frequency of the rounds, and requiring documentation of all such rounds. Documentation was provided verifying supervisors were made aware of the new procedures.

Standard 115.14 Youthful Offenders

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

Auditor Comments:

DWCRC does not house Youthful Offenders.

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 Comments:

DWCRC policy and procedures clearly states staff will not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Policy allows for cross-gender pat searches and cross-gender camera viewing of inmates in suicide watch cells in exigent circumstances and requires documentation of such. Interviews with staff and a review of secondary documentation confirmed compliance with this policy.

The tour of the facility and interviews with inmates revealed they are able to shower, change clothing and perform other bodily functions without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia outside of incidental incidents due to routine cell checks.

DWCRC policy requires male staff to announce their presence on the unit when working a housing unit or when making rounds of housing units.

Policy prohibits searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Interviews with transgender inmates confirmed they were asked their preference on the gender of staff searching them. During the on-site audit, staff interviews revealed there is confusion on how to pat search a transgender or intersex inmate. Following the on-site audit, policy and training materials on searches were modified detailing search procedures for transgender/intersex inmates. The institution provided documentation of staff training on the new procedures.

Standard 115.16 Inmates with Disabilities, Inmates who are Limited English Proficient
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- 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 Comments:

DWCRC has contracted for interpretative services for inmates who are non-English speaking to ensure they understand their rights under PREA and what to do if they should experience sexual abuse or sexual harassment. If an inmate has comprehension issues due to disability, policy requires staff review PREA material with the inmate. Interviews with staff confirmed they are aware of the interpretative services, and they read the material to inmates when necessary. DWCRC policy does allow for the use of inmate interpreters in limited circumstances and requires documentation of all such usage. The facility has not had to utilize inmate interpreters to date for PREA reasons.

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 Comments:

DWCRC policy prohibits hiring or promoting anyone who may have contact with inmates, or enlisting the services of any contractor or volunteer who may have contact with an inmate, who has been found to have violated any of the offenses listed in the standard. The institution conducts background checks on all staff, contractors and volunteers prior to allowing them access to inmates, and has procedures in place to recheck backgrounds every five years. During the on-site audit, it was revealed the institution had not been asking new hires about previous misconduct related to PREA. Since the on-site, the interview questions have been revised and the institution is now asking all potential new hires about PREA related issues. Similarly, the institution had not been checking for PREA issues prior to promoting staff, but the institution has modified procedures and documentation was provided verifying such reviews are now being conducted.

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 Comments:

DWCRC has not had any new construction since the enactment of PREA. However, they did recently update their video monitoring system in light of PREA and the new system allows for the addition of cameras when needed. During the tour of the facility, and while viewing camera angles from within the control center, the current video system in place at DWCRC provides adequate viewing of the facility to help protect inmates from sexual assault. As mentioned under Standard 115.13, one area in the maintenance area had a blind spot and a camera was added after the on-site visit providing adequate coverage of this area.

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 Comments:

Staff and inmate investigations at DWCRC are primarily conducted by the administrative captain, however the Warden may assign other captains to conduct PREA investigations. The administrative captain and three other captains have been certified by the National Institute of Corrections (NIC) to conduct PREA investigations. An interview with the primary investigator and a review of investigative files revealed a highly organized investigative office that conducts thorough investigations in accordance with all evidence collection procedures required by the standard. The Hettinger County Sheriff's Office is responsible for conducting criminal investigations and is aware of the PREA Standards for conducting investigations of sexual assault.

DWCRC policy states victims of sexual assault will be provided access to forensic medical examines by a SAFE/SANE when possible. However, interviews with staff and contact with the St. Joseph's Hospital in Dickinson, ND, reveal the use of SAFE/SANE practitioners will not begin until January 2015. This is a result of the remote community having few sexual assaults in the past. With an influx of people moving to the community to work in the oil fields, the need for SAFE/SANE has greatly increased as there has been a sharp rise in sexual assaults. St. Joseph's Hospital has recently had staff certified in SAFE/SANE and is in the process of finalizing its' protocol and procedures for forensic medical examinations. Due to there not being SAFE/SANE previously available in the community, interviews with staff confirmed a need to clarify response procedures between the institution and St. Joseph's Hospital should a sexual assault occur at the institution. Following the on-site audit, medical staff have clarified response protocols with St. Joseph's Hospital and institution policy was modified clearly delineating responsibilities of institution staff. There were no cases of sexual assault at the institution in the last 12 months and no forensic medical examinations conducted.

DWCRC has a Memorandum of Understanding (MOU) with the Dickinson Domestic Violence and Rape Crisis Center (DVRCC). Contact with the DVRCC Director reveals a good working relationship with the DWCRC. However, interviews with inmates and a test phone call from an inmate phone revealed the access code for inmates to use to place a call to the DVRCC was not working properly. Unfortunately, the institution has had several problems with the phone access code resulting in the inmates knowing the number is unreliable and considered a "joke". Following the on-site visit, the institution removed the need for use of the access code and inmates were made aware of the changes. The phone line is tested weekly and there have not been any issues with the phone call going through to the DVRCC since the change was made. The DVRCC agreement is to provide advocates for the inmates during forensic examinations and during investigative interviews. The DVRCC also provides advocates for inmates with a prior history of sexual assault, however their advocates are not certified counselors. The Director of the DVRCC confirmed the institution has had problems with the phone system, but stated it does receive phone calls from inmates. If an advocate from the DVRCC is not available to be with an inmate during a forensic examination or

investigative interviews, DWCRC policy states a qualified staff member will accompany the inmate. Interviews with staff confirm one of the on call treatment staff would be utilized and they are aware of their responsibilities.

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 Comments:

DWCRC PREA policy requires all allegations of sexual abuse or sexual harassment be investigated. The institution works closely with the Hettinger County Sheriff's Office which is responsible for criminal investigations. In the past year, the facility has had 13 allegations investigated, all administrative. Of those, 5 were substantiated; 6 were unsubstantiated and 2 were unfounded.

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 Comments:

A review DWCRC training curriculum, and interviews with staff, confirm the facility has done an excellent job ensuring all staff receive training on PREA definitions, policy and requirements. A review of training records verifies staff had been trained and signed they understand the material. The facility has plans for annual refresher training every two years and provides PREA information to staff on a periodic basis in between annual training.

Standard 115.32 Volunteer and Contractor Training

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

Auditor Comments:

A review of DWCRC training curriculum for contractors and volunteers confirmed they have received training on PREA definitions, policy and requirements prior to entrance to the facility. A review of training records verified they have received training on PREA and they have signed verifying comprehension of PREA training material.

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 Comments:

DWCRC policy requires inmates receive comprehensive information regarding PREA during orientation. At intake, captains provide inmates PREA information, go over a PREA video tape with them, and if necessary read and/or explain procedures to the inmates. Inmates are placed in an orientation unit and within 30 days receive orientation. The inmates again watch a PREA video while in orientation and a more detailed explanation of PREA is presented to the inmates. The information includes self-protection and prevention techniques, treatment, counseling and reporting methods. Interviews with inmates confirmed PREA was explained to them upon arrival. Inmate signatures are obtained verifying comprehension of the material and placed in the inmate's file. During the tour of the facility, I observed several notices posted containing PREA information and contact information to the DVRCC.

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 Comments:

DWCRC policy requires investigators receive specialized training in conducting investigations of sexual misconduct in confinement settings. Documentation of training certificates was reviewed verifying the training fully meets the requirements of the standard.

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 Comments:

DWCRC policy requires medical and mental health staff receive specialized training in PREA. Interviews with staff and a review of training certificates confirmed medical and mental health staff have been trained through NIC in Medical Health Care for Sexual Assault Victims in a Confinement Setting, and Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. Medical and Mental Health staff also receive basic PREA training provided to all staff. It was suggested the institution add more PREA material to their Continuing Medical Education material.

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 Comments:

DWCRC PREA policy requires all inmates be screened for risk of being sexually abused or sexually abusive upon intake or transfer to another facility. An initial Screening is required within 24 hours of the inmate's arrival and is usually completed by a captain. Health Service staff also complete a medical screening that considers PREA. The screening forms are thorough and consider all criteria listed in the standard. If an inmate is at risk of victimization or abusiveness, the unit manager or other supervisor is immediately notified and appropriate housing is made. Inmates are ordinarily placed in an orientation unit where a full assessment/reassessment of all inmates is conducted within 30 days by unit management staff. Interviews with staff confirmed the use of the screening form and an active reassessment of all inmates.

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 Comments:

DWCRC PREA policy requires staff to utilize information from the screening and reassessment forms prior to making all housing, bed, work, education, and program assignments for inmates. The institution makes individualized determinations about how to ensure the safety of each inmate and attempts to keep known aggressors separate from inmates who may be at risk for, or have a history of, victimization. Interviews with staff confirmed a comprehensive knowledge of the utilization of screening information which includes contacting staff at home if necessary prior to making housing assignments after hours. I commend the institution for having a well-developed communication system to help ensure appropriate housing assignments are made. DWCRC policy requires a reassessment of housing and programming assignments for each transgender or intersex inmate at least twice a year to review any threats to safety experienced by the inmate. Interviews with transgender inmates confirmed they are allowed to shower separately if requested.

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 Comments:

Current practice and DWCRC policy states inmates will not be placed in involuntary segregation for protective custody unless all other options have been assessed and no other options exist. If an inmate is placed in involuntary segregation, policy requires a reassessment of their status every 30 days and documentation as to the need for involuntary protective custody and why no alternative housing could be arranged. Additionally, the institution has procedures in place, which was confirmed through staff interviews, to provide large muscle exercise to inmates in involuntary segregation and access to education classes and other treatment services.

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 Comments:

DWCRC has thoroughly informed inmates of the definitions of sexual abuse and sexual harassment; their right to be free from sexual abuse and sexual harassment, and the various ways to report incidents. The inmate handbook includes detailed PREA information, and PREA booklets are visible throughout the facility. Besides reporting to staff directly, inmates can use a kiosk system; an internal number to an investigator (toll free, recorded), or call the DVRCC (toll free, non-recorded). Inmates are also informed on how to contact the Hettinger County Sheriff’s Office. Interviews with inmates confirmed their knowledge about PREA and the various ways they can report incidents of sexual abuse or harassment. As stated in standard 115.21, the phone system utilized to call the DVRCC was not working properly during the on-site audit which impeded inmate access to report sexual abuse or harassment to an outside agency. This phone issue has since been resolved and documentation provided verifying the inmates have been notified of the corrective action.

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 Comments:

DWCRC PREA policy includes inmate grievance procedures. The procedures are thorough and allow for inmates to file grievances and emergency grievances regarding sexual abuse or harassment. The grievance procedure is a three step system with the first level being responded to by the unit manager or another supervisor; the second step is to the Warden, and the third step is to the DOCR. During the on-site audit, the policy reflected the Warden’s decision to both general and emergency grievances being issued within the time frames stated in the standard rather than the DOCR or agency’s final decision meeting the time frames. Since the on-site audit, documentation has been provided reflecting policy changes to the grievance procedures. The policy now indicates the DOCR’s response to grievances will be made within 90 days of initial filing with the possibility of an extension of 70 days. For emergency grievances, the DOCR has delegated final authority to the Warden to meet the 5 calendar day requirement of the standard and this is reflected in policy.

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 Comments:

DWCRC has a MOU with the DVRCC in Dickinson, ND. A telephone interview with the Director of the DVRCC confirmed their relationship with the facility. The DVRCC has received phone calls from inmates and has advocates available to inmates to provide support during examinations and investigative interviews. DVRCC volunteers are also available for inmates with a history of sexual abuse. Policy also states institution treatment will be provided to the inmates during examinations and investigative interviews if the DVRCC is unable to provide a volunteer. Signs are posted throughout the institution with contact information for the DVRCC. Inmates are also made aware of contact information for the Hettinger County Sheriff’s Office. Interviews with inmates confirmed they are aware of the services provided by the DVRCC and the various agencies they can contact about sexual abuse or sexual harassment.

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 Comments:

DWCRC publicly distributes on its website information on how to report inmate sexual abuse or sexual harassment on behalf of inmates. Additionally, inmate interviews confirm their general knowledge of third-party reporting of incidents on their behalf.

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 Comments:

All staff are informed of their duty to report any incidents or knowledge, suspicion or information regarding sexual abuse or harassment in a facility, whether or not it is part of DWCRC. Staff are informed of their obligation to report any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse/harassment. Interviews with staff confirmed their full understanding of their need to comply with this policy.

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 Comments:

DWCRC policy directs staff to take immediate action when they learn of an inmate being at substantial risk of imminent sexual abuse. Interviews with staff confirmed their understanding of their need to take immediate action in such cases. A review of secondary documentation, including staff reports of inmates alleging sexual abuse or harassment, reveal staff do an excellent job of taking immediate action to protect inmates.

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 Comments:

DWCRC policy states upon receiving an allegation of sexual abuse at another facility, the Warden will notify the head of the facility or appropriate office of the agency in which the alleged abuse occurred. It further specifies the notification is to occur as soon as possible but no later than 72 hours from receiving the allegation and the notification is to be documented. A review of secondary information confirmed the institution is notifying other facilities when they receive an allegation and it conducts investigations of allegations received from other institutions.

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 Comments:

DWCRC policy is clear regarding steps first responders are to take upon learning of an allegation of sexual abuse. The facility has made laminated cards for all staff to carry outlining the steps a first responder should take. Steps to take include separating the alleged victim from the abuse;

preserving the crime scene; and requesting the alleged victim not take any actions that could destroy physical evidence. Interviews with staff reveal considerable knowledge of initial actions to take upon learning of a sexually assault.

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 Comments:

While the facility is commended for ensuring first responders know of their responsibilities, the on-site audit revealed further work was needed to ensure a full coordinated response plan. Specifically, interviews with staff confirmed the policy on coordinated response did not specify what evidence collection steps were to be taken at the institution; by the Sherriff's Office, or at the hospital. Interviews also revealed the need to train staff to ensure an alleged abuser does not take any actions that can destroy or alter evidence collection. Since the on-site audit, the institution has communicated with St. Joseph's Hospital and clarified which steps will be taken at the institution verses the hospital or by the Sheriff's Office. Documentation has been provided of policy modification clearly stating evidence collection procedures to be taken at the institution. Language was also added to policy regarding collecting potential physical evidence from the perpetrator. Documentation of staff training on the new procedures has also been provided.

Standard 115.66 Preservation of Ability to Protect Inmates from Contact with Abusers

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

Auditor Comments:

North Dakota is a right to work state and therefore the institution does not have any collective bargaining agreements.

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 Comments:

DWCRC policy states protection will be provided for all inmates and staff who report sexual abuse or sexual harassment or who cooperates with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The unit manager is the person responsible for monitoring retaliation of inmates and an interview with her confirmed she is familiar with her duties. However, the on-site audit revealed clarification was needed in regard to the methods and responsibilities for monitoring retaliation of staff. Since the on-site audit, the institution provided documentation of policy changes which now state the Warden will assign a supervisory staff member to monitor retaliation of a staff who reports sexual abuse or sexual harassment. Policy also includes areas to monitor to determine if staff are being retaliated against. Interviews with staff confirmed their understanding of retaliation against staff and inmates who report information regarding sexual abuse/harassment being prohibited.

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 Comments:

DWCRC policy states inmates will not be placed in segregation for protective custody after being sexually abused unless all other options have been assessed and no other options exist. If an inmate is placed in protective custody, policy requires a reassessment of their status every 30 days and documentation as to the need for protective custody and why no alternative means of housing could be arranged. Additionally, the institution has procedures in place, which was confirmed through staff interviews, to provide large muscle exercise to inmates in protective custody as well as access to education classes and other treatment services.

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 Comments:

DWCRC policy indicates it will conduct thorough and objective investigations for all allegations of sexual abuse or harassment promptly, including third-party and anonymous reports. If an allegation appears to support criminal charges, the facility has an MOU with the Hettinger County Sheriff's Office who conducts all criminal investigations. An interview with the primary investigator at DWCRC, along with a review of PREA investigations, confirmed a well-organized department with detailed investigative reports. Reports are kept in accordance with the timeframes outlined in the standards. Documentation reviewed confirmed four investigators have received specialized training on how to conduct PREA investigations and only investigators who have had such training conduct PREA investigations.

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 Comments:

DWCRC policy states it will not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. An interview with the primary investigator and a review of past investigative reports confirmed well written reports with clear documentation of the use of preponderance of evidence to substantiate cases.

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 Comments:

DWCRC policy requires at the conclusion of an investigation, the PREA investigator or staff member designated by the PREA investigator will inform the inmate or inmates verbally whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The investigator is to deliver in person a statement of findings which will require the signature of the inmate or inmates. Policy requires inmates be informed whenever an alleged staff abuser is no longer posted within the inmate’s unit or is no longer employed at the facility. Policy requires inmate victims be informed whenever the alleged abuser, be it staff or another inmate, has been indicted and/or convicted of the incident. Documentation of these notifications is required.

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 Comments:

DWCRC policy states staff will be disciplined up to and including termination for violation of the agency’s sexual abuse or sexual harassment policy. Further, policies states all terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are to be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. No staff have been found to have violated the sexual abuse or sexual harassment policy in the last year.

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 Comments:

DWCRC policy states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. A review of secondary documentation confirmed zero violations from contractors or volunteers in the last year.

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 Comments:

DWCRC policy states inmates shall be subject to disciplinary sanctions pursuant to its disciplinary process following an administrative or criminal finding of guilt that the inmate engaged in inmate-on-inmate sexual abuse. Policy requires the consideration if an inmate's mental health contributed to their behavior. The policy states disciplinary sanctions against inmates for sexual conduct with staff will only be taken upon finding the staff member did not consent to such contact. Inmates may also be disciplined if found to have made allegations of sexual abuse in bad faith.

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 Comments:

DWCRC policy states if an inmate reveals a prior history of sexual victimization or abusiveness, whether in an institutional setting or the community, staff are to ensure the inmate is offered a follow-up appointment with medical or mental health practitioners within 14 days of initial screening. Interviews with staff revealed mixed responses as to if inmates with a history of sexual victimization or sexual perpetration are offered follow-up meetings with medical or mental health staff. Not all staff who conduct the initial screening were aware of the need to offer a meeting with medical or mental health staff for such inmates, especially for inmates with a history of sexual abusiveness. Health Services staff also perform screening and interviews confirm they do refer any inmate with a history of sexual victimization or sexual perpetration to treatment staff. Interviews with inmates who have a history of prior victimization or abusiveness also had varied responses as to if they were offered meetings with medical or mental health staff. Some inmates indicated they were not offered to meet with medical or mental health staff; others confirmed they were asked, and others indicated they wanted treatment but were not given treatment. The Warden was made aware of my concern with the inmate responses and she personally met with the inmates I had concerns about who stated they want treatment but were not given treatment. Her meeting with the inmates, and a review of treatment staff documentation of meeting with the same inmates, verified they all had

been offered treatment. The warden's discussion with the inmates also revealed several inmates want individual counseling exclusively, which the institution's staffing limits do not allow for this to be provided for every inmate.

Given the information from the Warden, and after extensive interviews with treatment staff, it is clear to me DWCRRC has highly qualified treatment staff and offers a wide range of individual and group counseling for the inmates with prior histories of sexual victimization or abusiveness. Additionally, inmates at DWCRRC for committing a sex crime are required by the DOCR to participate in sexual offender treatment group and are subject to disciplinary action if they do not participate. I do recommend the institution reiterate to staff the necessity to offer a follow meeting with medical and mental health staff to all inmates with previous histories of sexual victimization or abusiveness. Additionally, as the number of inmates in treatment groups is relatively small given the number of inmates with a history of prior victimization, it is suggested treatment staff reevaluate the names of their counseling groups to make it clear they are aimed at inmates with a history of sexual victimization.

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 Comments:

DWCRRC policy states inmates who are sexually abused will receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Policy states inmates will be offered timely access to emergency contraception and sexually transmitted infections prophylaxis without expense to the inmate. An interview with health services staff confirmed emergency contraception and sexually transmitted infections prophylaxis is available at the institution, but they were unclear if the local hospital also provided such services. Since the on-site audit, policy has been modified to ensure institution medical staff communicate with St. Joseph's Hospital staff on what services were provided to inmates in regard to emergency contraception and sexually transmitted infections prophylaxis.

Standard 115.83 Ongoing Medical/Mental Health Care for Sexual Abuse Victims/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 Comments:

DWCRC policy indicates victims of sexual abuse will be offered medical and mental health evaluation and treatment. Interviews with medical and mental health staff verify their knowledge of policy regarding seeing the victim, as well as the abuser should a sexual assault occur. The DVRCC offers advocacy services with the inmate victim upon their return to the facility, and institution treatment staff are also available to the inmates.

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 Comments:

DWCRC policy requires a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined substantiated or unsubstantiated, unless the allegation has been determined to be unfounded. Policy states the review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team includes upper-level management with input from line supervisors, investigators, and medical or mental health staff. A review of completed incident review forms confirmed reviews are timely, thorough, and corrective action is taken within the time frame recommended.

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 Comments:

DWCRC policy specifies data that is to be collected regarding PREA and the length of time required for retention. All areas of the standard are covered in the policy.

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 Comments:

DWCRC policy indicates the Warden and PREA Coordinator will review the sexual abuse data collected to access and improve the effectiveness of its sexual abuse prevention program. Policy further states the data will be published annually on its public website. A review of the website confirmed the information is available for public viewing.

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 Comments:

DWCRC policy specifics how to securely retain PREA data collected and requires redaction of all personal identifies prior to making the data publicly available.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of her knowledge and no conflict of interest exists with respect to her ability to conduct an audit of the agency under review.



Auditor Signature

November 24, 2014

Date