

PREA AUDIT: AUDITOR'S SUMMARY REPORT

COMMUNITY CONFINEMENT FACILITIES



[Following information to be populated automatically from pre-audit questionnaire]	
Name of facility:	Tompkins Rehabilitation and Corrections Center
Physical Address:	2605 Circle Drive, Jamestown, ND 58401
Date report submitted:	December 23, 2014
Auditor Information	
Address:	1319 Vista Campo, Jefferson City, MO 65109
E-Mail:	Mrush2112@icloud.com
Telephone number:	573-338-4577
Date of facility visit:	November 17 and 18, 2014
Facility Information	
Facility mailing address: (if different from above)	Same
Telephone number:	701-253-3201
The facility is:	<input type="checkbox"/> Military <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Private for profit <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private not for profit
Facility Type:	Community Confinement
Name of PREA Compliance Manager: Melanie Flynn	Title: Clinic Administrator
E-Mail Address: mdflynn@nd.gov	Phone Number: 701-253-3201
Agency Information	
Name of agency:	North Dakota State Hospital
Governing authority or parent agency: (if applicable)	North Dakota Department of Human Services
Physical address:	2605 Circle Drive, Jamestown, ND 58401
Mailing address: (if different from above)	
Telephone Number:	701-253-3201
Agency Chief Executive Officer	
Name: Alex Schweitzer	Title: Superintendent
E-Mail Address:	Telephone Number: 701-253-3964
Agency-Wide PREA Coordinator	
Name: Steve Engen	Title: PREA Coordinator, Department of Corrections
E-Mail Address: sengen@nd.gov	Telephone Number: 701-328-6658

AUDIT FINDINGS

NARRATIVE:

A PREA Compliance Audit was conducted at the Tompkins Rehabilitation and Corrections Center [TRCC] November 17th and 18th, 2014. The audit was conducted by Vevia Sturm who is certified as a Department of Justice PREA Auditor.

The notice of audit was posted throughout the facility on October 10, 2014 to notify residents and staff that they can write to the auditor with issues or concerns. The auditor received no staff or resident correspondence due to this posting. The Pre-Audit Questionnaire along with other supporting documentation was provided to the auditor to review in advance of the onsite portion of the audit. This review was conducted in an organized and comprehensive manner. In addition, correspondence between the auditor and PREA Coordinator occurred throughout the pre audit phase.

The auditor arrived at TRCC on November 17th to begin the onsite portion of the audit. An entrance meeting was conducted with Kerry Wicks, Clinical Director/PREA Coordinator. During this meeting the auditor was provided with a roster of staff and residents to allow for randomized interviews.

Following an entrance meeting, the auditor toured the male resident wings and began interviewing staff and residents. The following day, the auditor toured the female resident wing and interviewed staff and residents. During the two-day onsite audit, interviews were conducted with ten (10) randomly selected residents, ten (10) random staff members as well as specialized staff and residents. At the time of the onsite audit, there were no residents at TRCC who were disabled or limited English proficient; who had reported sexual abuse; who had disclosed sexual abuse during an assessment or resident who identified as lesbian, gay, bisexual, transgender or intersex. TRCC does not house youthful residents.

During the onsite audit it became apparent that TRCC was just beginning to integrate PREA standards into the policies and practices of the facility. The exit meeting was conducted on November 18th. The facility's PREA Compliance Manager, administrative staff and North Dakota Department of Corrections PREA Coordinator were in attendance. Due to being in the implementation phase of PREA, the exit meeting involved a detailed discussion surrounding the majority of the standards. The interim audit report was forwarded to TRCC on December 19, 2014, which began their 180-day corrective action period.

During the corrective action period, Kerry Wicks, the PREA Compliance Manager/Clinical Administrator retired and Melanie Flynn was hired as his replacement. Ms. Flynn worked closely with the auditor to make the necessary adjustments to policy and practice and provided the auditor with the documentation needed to demonstrate full compliance with the standards.

DESCRIPTION OF FACILITY CHARACTERISTICS

TRCC is a North Dakota Department of Corrections and Rehabilitation [DOCR] funded program located on the grounds of North Dakota State Hospital. DOCR contracts with the North Dakota State Hospital to provide 90 inpatient substance abuse treatment beds; 60 male and 30 female. Residents are received at TRCC from community supervision and from DOCR. TRCC is a minimum security facility that houses residents between the ages of 18-80. TRCC offers substance abuse assessment and treatment, domestic violence intervention, education, cognitive therapy groups and mental health services. The duration of the program ranges from 100-150 days.

There are two male wards and 1 female ward. The male wards house up to 60 residents and the female ward houses 30 and is located in the New Horizons building. The housing and treatment space for residents in this program is separate from other programming offered at the state hospital.

It should be noted that the TRCC program does not comprise 50% or more of the state hospital population however; TRCC was required by contract to comply with the standards and was required by DOCR to submit to a PREA audit.

The contract between North Dakota Department of Corrections and Rehabilitation and the North Dakota Department of Human Resources through the North Dakota State Hospital states “The contractor [TRCC] shall comply with the Prison Rape Elimination Act of 2003...This includes the education of staff and residents, conducting investigations, reporting incidents to DOCR, compiling incident data and aggregate data, and providing incident and aggregate data to DOCR on an annual basis...Failure to comply with PREA and applicable PREA Standards and DOCR Policies may result in termination of the contract.”

SUMMARY OF AUDITO FINDINGS:

Number of standards exceeded:	0
Number of standards met:	40
Number of standards not met:	0

115.211	ZERO TOLERANCE OF SEXUAL ABUSE AND SEXUAL HARASSMENT; PREA COORDINATOR
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>TRCC has a PREA policy outlining the facility's stance on Zero Tolerance. During the corrective action period, Ms. Flynn, TRCC's new PREA Compliance Manager and Clinical Director, made numerous adjustments to the policy to clearly outline the facility's approach to preventing, detecting and responding to sexual abuse and harassment.</p>	

115.212	CONTRACTING WITH OTHER ENTITIES FOR THE CONFINEMENT OF RESIDENTS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>TRCC does not contract with other agencies for the confinement of residents.</p>	

115.213	SUPERVISION AND MONITORING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>TRCC's staffing plan is outlined in DOCR's contract for services and was predicated on a maximum of 60 male and 30 female residents. TRCC's staffing plan is reviewed on daily basis to ensure appropriate staffing levels by the administrative assistant or supervisor.</p> <p>Since the onsite audit, TRCC PREA policy has been revised to show TRCC staffing and video monitoring technology will be also reviewed in conjunction with the annual nursing staff review.</p>	

115.214	YOUTHFUL RESIDENTS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	

Auditor comments, including corrective actions needed if does not meet standard

TRCC does not house youthful residents.

115.215

LIMITS TO CROSS GENDER VIEWING AND SEARCHES

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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, including corrective actions needed if does not meet standard

During the onsite audit TRCC’s PREA policy did not allow cross gender strip searches [detailed searches], body cavity searches and does not allow cross gender pat searches of female residents. In addition, the existing policy did not allow for exigent circumstances. Policy required that all searches be documented on a tracking log on each ward. Staff report that strip searches [detailed searches] are conducted on a daily basis at TRCC however, they were always performed by the same gendered staff member. However, TRCC could not provide the auditor with a log documenting searches as outlined in policy.

During the tour it was noted that resident rooms allow for privacy for dressing and toileting. All residents interviewed reported that staff members knock before entering a bedroom to allow for the resident to cover themselves prior to entering.

TRCC PREA policy shows that TRCC staff will not examine a resident in order to determine genital status. TRCC reports they have not had a transgender or intersex resident within the last twelve (12) months.

During the corrective action period all staff received searches training which included instruction on conducting searches of transgender and intersex residents. TRCC provided the auditor with documentation demonstrating training of staff. TRCC now maintains a searches log on each ward where staff document searches of residents. Examples of the logs were provided to the auditor.

115.216

RESIDENTS WITH DISABILITIES AND RESIDENTS WHO ARE LIMITED ENGLISH PROFICIENT

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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, including corrective actions needed if does not meet standard

TRCC’s PREA policy outlines that interpreters will be offered to residents with disabilities and to residents who are limited in the proficiency of English. TRCC provided the auditor with a copy of the contract for interpretation services. TRCC PREA brochure provided to the auditor during the onsite audit was available in English and Spanish although the brochure appeared to have been created by DOCR to be used by inmates. The brochure referred to “inmates” and provided a toll free number

that directs “inmates” to dial “7777” to be connected to the National Sexual Assault Hotline. This number did not work on TRCC phones.

During the corrective action period the resident handbook was revised as well as the resident handbook and posters. The handbook, posters and brochures clearly provide residents avenues to reporting sexual abuse and harassment and instructs residents on how to access emotional support services. TRCC has a clear plan for providing PREA education to LEP and disable residents.

115.217

HIRING AND PROMOTION DECISIONS

Exceeds Standard (substantially exceeds requirement of standard)

XX 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, including corrective actions needed if does not meet standard

At the time of the onsite audit, TRCC’s practice was to conduct a criminal background check on all new employees which includes a sex offender record check. However, for promotions, position changes and for those being rehired, a check may or may not be done, depending upon the employee’s former duties and supervisor’s consultation with the Department of Human Services’ Human Resources. At the time of the audit, the practice was to allow applicants to start work on probation prior to receiving results of the background check.

Also, at the time of the audit, it was not the practice of TRCC to ask applicants about previous misconduct or to conduct background checks on current employees at the minimum of every five years. Routine background checks prior to promotion or rehire were not being conducted.

Contacting former institutional employers is included in TRCC ‘s PREA policy but had not been implemented.

Since the onsite audit, TRCC has developed a process to ask all applicants about previous sexual misconduct. Questions for applicants regarding sexual misconduct have been added to TRCC’s Human Resources Management System (PeopleSoft). This process will ensure questions are asked of all applicants and that documentation is maintained for future audits. PeopleSoft will also trigger background checks to be conducted on employees every five years.

TRCC policy and procedure has been amended to show that a background check will be conducted prior to promotion.

TRCC provided the auditor with documentation showing all current staff received a background check.

115.218

UPGRADES TO FACILITIES AND TECHNOLOGY

Exceeds Standard (substantially exceeds requirement of standard)

XX 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, including corrective actions needed if does not meet standard

TRCC has not experienced any significant expansion or modifications to the facility. However since 2012, additional video monitoring technology has been installed to enhance the safety of residents assigned to the program.

115.221

EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATIONS

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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, including corrective actions needed if does not meet standard

TRCC has two counselors that attended the Moss Group Specialized Investigators Training who are now responsible to conduct administrative PREA investigations. Should TRCC have a criminal investigation, it would be conducted by the North Dakota Highway Patrol [NDHP]. NDHP officers have received Specialized PREA investigator training through the DOCR.

TRCC investigators are responsible for gathering and preserving direct and circumstantial evidence including physical and DNA evidence. Should TRCC have an incident that requires a forensic exam, current procedure requires that the resident be immediately transported to the James River Medical Center and also requires that the forensic exam be performed by a certified Sexual Abuse Nurse Examiner from the Central Valley Health District. North Dakota State Hospital's [i.e. TRCC] contract with DOCR shows DOCR is responsible for non routine medical costs.

During the corrective action period, TRCC entered into a letter of agreement with Safe Shelter to provide advocacy services to residents of TRCC. TRCC has mental health staff trained as victim advocates.

115.222

POLICIES TO ENSURE REFERRALS OF ALLEGATIONS FOR INVESTIGATIONS

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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, including corrective actions needed if does not meet standard

Per policy and practice, TRCC ensures that all allegations are referred to and completed by a trained PREA investigator. As noted above, TRCC's investigator conducts administrative investigations and allegations of potential criminal behavior are forwarded to NDHP for investigation.

The facility had only four PREA allegations during the reporting period. Each allegation was investigated promptly by TRCC's trained PREA investigators.

TRCC's PREA policy and procedure was unclear as to when a criminal investigation would be forwarded to NDHP. Interviews with TRCC's PREA investigators revealed that they are not clear as to when and how a case would be referred to NDHP. TRCC's PREA policy was not available on TRCC's website.

During the corrective action period TRCC's investigators received additional training and TRCC's PREA policy was revised to give direction as to when allegations will be forwarded to the NDHP for investigation. TRCC's PREA policy addressing PREA investigations was posted on the facility's website.

115.231 EMPLOYEE TRAINING

- Exceeds Standard (substantially exceeds requirement of standard)
- XX 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, including corrective actions needed if does not meet standard

All staff members currently working at TRCC received PREA training provided by DOCR. All ten (10) required training elements of 115.231 were included in TRCC's PREA policy as well as in the training curriculum. In addition, all staff members interviewed were aware of the zero tolerance policy for resident sexual abuse and harassment.

115.232 VOLUNTEER AND CONTRACTOR TRAINING

- Exceeds Standard (substantially exceeds requirement of standard)
- XX 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, including corrective actions needed if does not meet standard

Since the audit, TRCC's procedures have been enhanced to show that each volunteer, contractor or vender will be required to view the PREA training video and read the requirement on the PREA compliance acknowledgement form. Procedure now shows the above mentioned group will sign an acknowledgement form showing they have received and understand their responsibilities. Procedure also requires that the signed receipt will be maintained by the Behavioral Health Services Clinical Coordinator.

PREA informational materials will be mailed to renewing volunteers, along with their application every two years.

TRCC provided documentation showing volunteers and contractors received PREA information.

115.233 RESIDENT EDUCATION

- Exceeds Standard (substantially exceeds requirement of standard)
- XX 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, including corrective actions needed if does not meet standard

Since the onsite audit TRCC has revised their PREA policy which now requires that PREA information

be provided to residents at intake. This policy requires that a staff member review PREA information with the resident, provide new residents with a PREA brochure and resident handbook containing PREA information and requires that a staff member educate the resident regarding the facility's zero tolerance policy.

To ensure TRCC has documentation showing residents received PREA information, policy has been revised to require residents to sign an acknowledgement form upon receiving PREA information at intake.

During the corrective action period TRCC revised their resident handbook, brochure and posters. The resident handbook now clearly advises residents of TRCC's Zero Tolerance policy, gives residents avenues to report sexual abuse and harassment and has instructions on accessing emotional support services. The policy was revised to remove the need for comprehensive PREA education within 15 days of intake. It should be noted comprehensive education is not a mandated requirement for the community confinement facility standards.

115.234	SPECIALIZED TRAINING: INVESTIGATIONS
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- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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, including corrective actions needed if does not meet standard

Facility investigators received the Moss Group PREA Specialized Investigator training via DOCR. The NDHP is responsible for criminal investigations and also received this training.

TRCC provided certificates of completion for the two TRCC investigators. TRCC's PREA policy shows training will be logged in the PeopleSoft system upon completion.

115.235	SPECIALIZED TRAINING: MEDICAL AND MENTAL HEALTH CARE
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- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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, including corrective actions needed if does not meet standard

After the onsite audit, medical staff completed NIC's online training "PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting" and mental health staff completed NIC's online training "PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting".

TRCC provided certificates of completion. TRCC's PREA policy shows training will be logged in the PeopleSoft system upon completion.

115.241

SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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, including corrective actions needed if does not meet standard

TRCC has three DOCR staff assigned to the program as case managers. These case managers are responsible for conducting the 24 Hour Intake/Transfer Prison Rape Elimination Act (PREA) Screening. The case managers reported that the PREA Risk Assessment was implemented at TRCC approximately 2 weeks prior to the audit and that the assessments were routinely conducted within 24 hours of intake during this 2 week period.

The Screening instrument that TRCC has in place is adequate in that it covers all the screening criteria listed in standard 115.241 - Screening and risk of victimization and abusiveness. The screening identifies a resident as Known Victim, Potential Victim, Unrestricted, Potential Aggressor or Known Aggressor. However, at the time of this audit, TRCC was not conducting the follow up assessment within 30 days of intake.

Since the onsite audit, TRCC has revised their procedure to include an assessment within 30 days; however, the procedure is not clear that all residents will be assessed as required. In TRCC's PREA policy under "Screening for Risk of Sexual Victimization and Abusiveness... Procedures a." shows "...The DOCR case manager will complete an "initial assessment". Initial assessment/Reassessment for PREA will be completed within the first 30 days for all community residents and the PREA rating will be provided to TEAM and work coordinator." This excerpt appears to show that the assessment required within 30 days will only be completed on residents referred from the community and not for all residents.

PREA standards require that access to the responses to the questions are protected and only provided to a limited number of staff members. TRCC meets this portion of the standard, as only DOCR staff assigned to TRCC has access to the responses.

During the corrective action period, TRCC's policy was revised to show all resident will be assessed within 72 hours of arriving at TRCC and then again within 30 days. TRCC provided documentation demonstrating compliance.

115.242

USE OF SCREENING INFORMATION

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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, including corrective actions needed if does not meet standard

TRCC's PREA policy and procedure shows the risk screening will be used to inform housing, bed, work, education and programming assignments. During the onsite audit, the auditor learned that the risk assessment was recently implemented at TRCC and was not routinely being used for any of the above.

TRCC's PREA policy was revised to clearly show how the risk assessment will be used to inform

housing, programming, work and education assignment. Prior to the initial 72 hour assessment, residents are only to be housed in a room or adjoining room with other resident that score a PREA rating of unrestricted. After the resident is assessed and the residents PREA "rating" is determined the rating is shared with the work coordinator to be utilized when assigning jobs to residents. The Clinical Director provided a directive to the work coordinator outlining her responsibility for utilization of the PREA rating when making job assignment. Programming at TRCC is supervised.

115.251

RESIDENT REPORTING

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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, including corrective actions needed if does not meet standard

TRCC provides multiple avenues for residents to report sexual abuse and harassment internally which includes a resident grievance system, reporting verbally or in writing to staff, and a hotline. 115.51 shows, "The agency shall also inform residents of at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request." The revised residents' handbook shows residents can report sexual abuse to an outside agency such as "Just Detention International". Just Detention International provides emotional support and will not take reports of resident sexual abuse and will not report to the facility without a release of information and therefore cannot be used as an external reporting source for residents. The resident handbook also included additional outside reporting telephone numbers to include the "National Sexual Assault Hotline", Safe Shelter, and Protection and Advocacy. As per my interview with Lynn from Safe Shelter, all advocacy agencies are required to adhere to confidentiality law that prohibits the agency from reporting allegations of sexual abuse back to the agency where the individual is housed.

During the corrective action period TRCC revised the resident handbook, brochure and posters to include multiple avenues for reporting sexual abuse and harassment. Both internal and external reporting avenues take anonymous and third party reports. The handbook, brochure and posters clearly advise residents of phones and addresses available for emotional support services.

115.252

EXHAUSTION OF ADMINISTRATIVE REMEDIES

INMATE REPOF

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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, including corrective actions needed if does not meet standard

TRCC's resident handbook includes a process for filing a grievance at TRCC as well as a process for filing a grievance with DOCR. The resident handbook does not articulate which grievance process a resident should use to report sexual abuse, harassment or retaliation that occurred at TRCC.

During staff interviews it was determined that if the alleged incident occurred at TRCC residents should use TRCC's grievance process.

Since the onsite audit, TRCC has enhanced and revised their PREA policy and associated procedure that now includes additional guidance to staff and residents regarding the grievance process. TRCC's revised policy meets the standard. TRCC revised the resident handbook to clearly articulate the correct grievance process residents should utilize when making PREA allegations through the grievance process. TRCC has not received a grievance reporting sexual abuse, harassment or retaliation.

115.253	RESIDENT ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES	INMATE REPORTING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)		
Auditor comments, including corrective actions needed if does not meet standard		
<p>TRCC's revised PREA policy and associated procedure shows "TRCC will enter into [a] memorandum of understanding with Protection and Advocacy to provide residents with confidential emotional support services related to sexual abuse. TRCC will maintain copies of agreements and/or documentation showing such agreements."</p> <p>During the corrective action period, TRCC entered into a letter of agreement with Safe Shelter to provide advocacy services to residents of TRCC. TRCC provides residents with the phone number to Safe Shelter on the PREA poster as well as the address to Just Detention International. Phones are not monitored at TRCC.</p>		

115.254	THIRD-PARTY REPORTING	
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)		
Auditor comments, including corrective actions needed if does not meet standard		
<p>The standard shows, "The agency shall establish a method to receive third-party report of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident." At the time of the audit, TRCC did not distribute third party reporting information publicly.</p> <p>TRCC's PREA policy and associated procedure shows, "TRCC will receive third-party reports of sexual abuse and sexual harassment and will distribute information through brochures and posted signs on how to report sexual abuse and sexual harassment on behalf of a resident. This information will be posted on the TRCC website."</p> <p>During the corrective action period TRCC posted on the North Dakota Department of Human Services' PREA webpage an address and phone number to be utilized by the public to report sexual abuse and harassment of TRCC residents.</p>		

115.261

STAFF AND AGENCY REPORTING DUTIES

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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, including corrective actions needed if does not meet standard

TRCC's PREA policy and associated procedure clearly shows staff must report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment. This is also covered in the PREA training staff received. All staff clearly articulated their responsibility regarding reporting and the need for confidentiality regarding such reports.

115.262

AGENCY PROTECTION DUTIES

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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, including corrective actions needed if does not meet standard

TRCC is unique in that it has residents on probation, parole and on inmate status. Due to the nature of the facility they do not have the ability to segregate an alleged perpetrator. While TRCC has not had a need to segregate an alleged perpetrator, they have developed a plan to ensure the safety of an alleged victim or a resident at imminent risk of sexual abuse. TRCC revised PREA policy and associated procedure shows:

- a. Separate residents: to the best of TRCC staff's ability while an investigation is ongoing, those involved will be separated at all times.
- b. For male inmates, if housing permits have Potential Aggressor taken to JRCC until investigation and determination is complete.
- c. For Female inmates, first check for bed availability at Stutsman County Correctional Center to place Potential Aggressors until an investigation and determination is complete.
- d. For community cases and for inmates if space is not available at the outside entities; the staff at TRCC must make every accommodation to keep those involved separated without, "punishing" the potential victim in the investigation. This should include potential transfers from the CRRP ward to TRCU ward and in the TASC building movement from the "pink" to the "blue" side of the ward. Meal time should also be at different times and monitored closely by staff.
- e. The aggressor in these cases will be restricted to the ward.

115.263	REPORTING TO OTHER CONFINEMENT FACILITIES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>During the audit it was ascertained that TRCC did not have a procedure in place to receive reports from another facility or to forward reports of sexual abuse to an outside facility within 72 hours.</p> <p>During the corrective action period, TRCC's PREA policy was revised to clearly articulate how reports will be forwarded to an outside facility should a resident report that he/she was sexual abuse while housed elsewhere <i>and</i> how TRCC will receive and respond to reports that prior residents of TRCC was sexual abused while housed at TRCC. TRCC received no reports from outside agencies or allegations that a resident was sexually abuse while confined at another facility during the corrective action period.</p>	

115.264	STAFF FIRST RESPONDER DUTIES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>TRCC had four PREA allegations within the prior 12 months period. None of which required a first responder to separate the alleged victim and perpetrator.</p> <p>The PREA training lesson plan outlines the duties and responsibilities for first responders and medical staff in the event a resident is sexually abused.</p> <p>While there have been no reports of sexual abuse that required the first responder to separate the victim and perpetrator, staff interviewed were able to articulate the need to separate the victim from the abuser and keep the victim safe. Staff were aware of the importance of protecting the crime scene when applicable, and not taking action that might destroy evidence</p>	

115.265	COORDINATED RESPONSE
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Since the onsite audit, TRCC has revised their PREA policy and associated procedure to include a Coordinated Response Plan. The plan coordinates the activities of the first responder, medical, mental health, and the investigator while ensuring the victim receives appropriate services.</p> <p>In addition, TRCC has developed a PREA Allegation Event Data Checklist. The checklist contains space to document the date and time of the allegation was reported; first responder's name and title; date</p>	

and time of incident; victim and perpetrator demographic information; a synopsis of the allegation; as well as, an area to document the date and time of staff notifications.

115.266 PRESERVATION OF ABILITY TO PROTECT RESIDENTS FROM CONTACT WITH ABUSERS

- Exceeds Standard (substantially exceeds requirement of standard)
- XX 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, including corrective actions needed if does not meet standard

TRCC does not have a collective bargaining agreement.

115.267 AGENCY PROTECTION AGAINST RETALIATION

- Exceeds Standard (substantially exceeds requirement of standard)
- XX 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, including corrective actions needed if does not meet standard

TRCC's PREA policy and procedure outlines steps to be taken to protect staff and residents who report sexual abuse or sexual harassment, victims, and individuals who participate in an investigation from retaliation. While PREA standards only require staff to monitor for cases of sexual abuse, TRCC policy also covers monitoring for sexual harassment. The supervisor and the DOCR case manager on each ward is assigned to ensure there is no retaliation. Policy shows retaliation monitoring will continue for at least 90 days or typically until discharge.

115.271 CRIMINAL AND ADMINISTRATIVE INVESTIGATIONS

- Exceeds Standard (substantially exceeds requirement of standard)
- XX 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, including corrective actions needed if does not meet standard

As noted previously, TRCC has PREA trained investigators that conduct administrative investigations. NDHP would conduct investigations into criminal behavior at TRCC should there be an allegation of such. TRCC investigators conducted four administrative PREA investigations during the previous 12 month.

Policy shows TRCC trained PREA investigator are responsible collecting and preserving direct and circumstantial evidence including any available physical and DNA evidence and any available electronic monitoring data. Interviews with investigative staff support this.

All administrative investigations are documented in a report format. Reports contain a description of physical, testimonial and documentary evidence.

As noted previously all criminal investigation will be conducted by NDHP who will ensure substantiated investigations of sexual abuse is referred to the prosecuting attorney for consideration.

TRCC PREA policy shows “At the completion of an investigation, the staff investigator will compile all documentation, including the investigative report, incident reports with disposition, medical and counseling findings, recommendations for post-release treatment, and send this information to administrative staff for scanning into the resident’s case history file. Information in resident’s case history files will be retained for 50 years following the resident’s release from custody. (North Dakota Century Code 25.03.3.04)”

115.272 EVIDENTIARY STANDARDS FOR ADMINISTRATIVE INVESTIGATIONS

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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, including corrective actions needed if does not meet standard

During the onsite audit, investigators were confused as to the meaning of preponderance of evidence. The investigators have since completed additional investigative training. TRCC’s PREA policy and procedure show TRCC will not impose a standard higher than preponderance of evidence in determining whether an allegation of sexual abuse or harassment is substantiated.

115.273 REPORTING TO RESIDENTS

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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, including corrective actions needed if does not meet standard

During the audit the auditor was informed that a process for making resident notifications had not be developed or initiated at TRCC.

During the corrective action period TRCC revised their PREA procedure and resident handbook to show when residents will be notified following an investigation. The policy also addresses requesting relevant information from the NDHP when applicable. TRCC provided documentation demonstrating compliance.

115.276 DISCIPLINARY SANCTIONS FOR STAFF

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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, including corrective actions needed if does not meet standard

TRCC’s PREA policy contains information regarding 115.276. The PREA staff training lesson plan

contains clear language documenting this standard. Interviews indicate there have been no staff disciplinary actions or terminations for violation of the PREA policy during this reporting period.

115.277 CORRECTIVE ACTION FOR CONTRACTORS AND VOLUNTEERS

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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, including corrective actions needed if does not meet standard

TRCC's PREA policy contains information regarding 115.277. The PREA staff training lesson plan contains clear language documenting this standard. Interviews indicate there has been no contractor or volunteer disciplinary actions or terminations for violation of the PREA policy during this reporting period.

115.278 DISCIPLINARY SANCTIONS FOR RESIDENTS

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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, including corrective actions needed if does not meet standard

TRCC is a minimum security facility that houses residents from community supervision and residents from DOCR and has no ability to segregate a perpetrator of sexual abuse from other residents. Through interviews it was ascertained that TRCC would probably transfer DOCR resident to DOCR and community supervision resident would be transported to jail should there be a finding of guilt following a sexual abuse investigation.

TRCC should determine actions the facility will take with the perpetrator should there be an administrative finding of guilt or a criminal finding of guilt. The standard also requires that the mental health of the perpetrator be taken into consideration prior to issuing a sanction on a substantiated investigation.

During the corrective action period, TRCC revised their PREA policy to clearly show how TRCC will implement 115.278. TRCC did not have a substantiated investigation of resident sexual abuse during the corrective action period.

115.282 ACCESS TO EMERGENCY MEDICAL AND MENTAL HEALTH SERVICES

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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, including corrective actions needed if does not meet standard

TRCC's PREA policy describes the procedure for standard 115.282. Interviews indicate there were no reports of sexual abuse reported by residents during this reporting period. The policy details that if there were to be a report of sexual abuse, the resident victim would receive timely unimpeded access to medical and mental health services which includes testing for sexually transmitted diseases at no cost to the resident.

115.283	ONGOING MEDICAL AND MENTAL HEALTH CARE FOR SEXUAL ABUSE VICTIMS AND ABUSERS
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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, including corrective actions needed if does not meet standard

TRCC is a program located within the North Dakota State Hospital which is staffed with mental health professionals. Staff reported that residents are readily referred to mental health when needed. Policy requires that ongoing medical care will be provided should there be a need.

115.286	SEXUAL ABUSE INCIDENT REVIEWS
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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, including corrective actions needed if does not meet standard

During onsite audit the PREA Compliance Monitor reported TRCC has not implemented a process to conduct incident reviews. Since the audit however, TRCC's PREA policy has been revised with procedure requiring incident review. During the corrective action period TRCC had no investigations that required an incident review.

115.287	DATA COLLECTION
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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, including corrective actions needed if does not meet standard

TRCC reported they provide incident based data to DOCR. Since TRCC is a contractor of DOCR, TRCC must collect and aggregate incident based sexual abuse data at least annually. TRCC provided the auditor with 2014 incident based data.

115.288	DATA REVIEW FOR CORRECTIVE ACTION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Since the onsite audit, TRCC has added procedure language to the PREA policy that meets the standard and has provided the auditor with their annual report as outlined in TRCC's PREA policy.</p>	

115.289	DATA STORAGE, PUBLICATION, AND DESTRUCTION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>TRCC PREA policy shows "At the completion of an investigation, the staff investigator will compile all documentation, including the investigative report, incident reports with disposition, medical and counseling findings, recommendations for post-release treatment, and send this information to administrative staff for scanning into the resident's case history file. Information in the resident's case history files will be retained for 50 years following the resident's release from custody. (North Dakota Century Code 25.03.3.04)"</p>	

AUDITOR CERTIFICATION:

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

Vevia Sturm
Certified PREA Audit

Date: May 24, 2015