

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Report 02/02/18

Auditor Information

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Telephone: 570-729-4131	Date of Facility Visit: 01/10/18 & 01/11/18

Agency Information

Name of Agency: Tompkins Rehabilitation Center		Governing Authority or Parent Agency (If Applicable): North Dakota State Hospital	
Physical Address: 2605 Circle Drive		City, State, Zip: Jamestown, ND 58401	
Mailing Address: SAME		City, State, Zip: <small>Click or tap here to enter text.</small>	
Telephone: 701-253-3650		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: Provide evidence-based and integrated assessment and treatment services for DOCR offenders focusing on client-centered recovery to reduce risk for recidivism and problematic substance use increasing community integration and overall wellness.

Agency Website with PREA Information: <https://www.nd.gov/dhs/locations/statehospital/tompkins-prea.html>

Agency Chief Executive Officer

Name: Rosalie Etherington	Title: Superintendent
Email: retherington@nd.gov	Telephone: (701) 253-3964

Agency-Wide PREA Coordinator

Name: Melanie Flynn	Title: Director of Residential Services
Email: mdflynn@nd.gov	Telephone: (701)253-3201
PREA Coordinator Reports to: Superintendent of the North Dakota State Hospital	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility: Tompkins Rehabilitation Center			
Physical Address: 2605 Circle Drive Jamestown, ND 58401			
Mailing Address (if different than above): Same			
Telephone Number: 701-253-3650			
The Facility Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Private not for Profit
Facility Type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input checked="" type="checkbox"/> Alcohol or drug rehabilitation center	
	<input type="checkbox"/> Other community correctional facility		

Facility Mission: Provide evidence-based and integrated assessment and treatment services for DOCR offenders focusing on client-centered recovery to reduce risk for recidivism and problematic substance use increasing community integration and overall wellness.

Facility Website with PREA Information: <https://www.nd.gov/dhs/locations/statehospital/tompkins-prea.html>

Have there been any internal or external audits of and/or accreditations by any other organization? Yes No

Director

Name: Melanie Flynn	Title: Director of Residential Services
Email: mdflynn@nd.gov	Telephone: 701-253-3201

Facility PREA Compliance Manager

Name: Melanie Flynn	Title: Director of Residential Services
Email: mdflynn@nd.gov	Telephone: 701-253-3201

Facility Health Service Administrator

Name: Teresa Widmer		Title: Clinical Coordinator	
Email: twidmer@nd.gov		Telephone: 701-253-3835	
Facility Characteristics			
Designated Facility Capacity: 106		Current Population of Facility: 105	
Number of residents admitted to facility during the past 12 months			386
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			10
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			272
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			278
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 18 and older	<input type="checkbox"/> Juveniles Click or tap here to enter text.	<input type="checkbox"/> Youthful residents Click or tap here to enter text.
Average length of stay or time under supervision:			14 weeks
Facility Security Level:			Community/Minimum Custody
Resident Custody Levels:			Community/Minimum Custody
Number of staff currently employed by the facility who may have contact with residents:			49
Number of staff hired by the facility during the past 12 months who may have contact with residents:			1
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			1
Physical Plant			
Number of Buildings: 2		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		4	
Number of Open Bay/Dorm Housing Units:		0	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
The facility has cameras placed throughout, the video monitors are available to staff.			
Medical			
Type of Medical Facility:		Residential	

Forensic sexual assault medical exams are conducted at:	James River Medical Center
Other	
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	7
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	2

Audit Findings

Audit Narrative

Pre-Onsite Audit Phase

Audit Planning and Logistics:

Upon receiving the contract for the audit of the Tompkins Rehabilitation Center I had the opportunity to discuss the audit process and expectations of both parties with Melanie Flynn, Director of Residential Services/PREA Coordinator. We coordinated the dates for the onsite audit at the facility, and planned the documentation exchange. During these conversations we outlined an overall audit schedule.

Posting Notice of the Audit:

The audit posting was forwarded to the facility on November 15, 2017. The posting included the dates of the audit, purpose of the audit, my contact information and a statement regarding the confidentiality of any communication received. The postings were placed throughout the facility, including all housing units, visiting areas, recreational areas and all common areas. I confirmed the postings during the onsite portion of the audit during the facility tour, and during the resident and staff interviews. No residents nor staff contacted me via confidential correspondence.

Review of Agency and Facility Policies, Procedures and Supporting Documentation:

The Agency forwarded me all Policies and Procedures related to the Prison Rape Elimination Act. They also provided me a completed PRE-Audit Questionnaire. The Policies, Procedures and Documents reviewed during this phase of the audit are listed under Onsite Audit, with all documentation reviewed during the course of the audit.

Outreach to Community Advocacy Organizations:

I contacted Mary Thysell at Safe Shelter who provide victim advocacy for the facility. She knew of no issues or problems at the facility.

Onsite Audit Phase

Site Review:

Upon my arrival on 01/10/18 I met with Melanie Flynn Director of Residential Services/PREA Coordinator. At this time we discussed the onsite portion of the audit, including facility tour, resident and staff interview location, and document review. After this brief meeting a facility tour was conducted. During the tour I had the opportunity to view all areas of the facility, no areas were not toured. I interacted with both staff and residents, as well as observed the interaction between the staff and residents. I was able to verify the location of cameras throughout the facility, as well as the camera monitor locations. While on the housing units I observed the related PREA information, Audit Posting, and applicable policies and procedures posted in the common areas, accessible to all residents. These postings were further observed in common areas throughout the facility.

Upon completion of the facility tour the resident interviews were conducted. These interviews were conducted on the housing units, utilizing an available office. This office provided a private area to conduct the interviews. The residents were selected from those that were on the housing units at the time, and I highlighted them on the roster. During this process I interviewed residents in the following categories:

Interview Type	Number
Random Resident Interviews	17
Youthful Residents	NA
Residents with a Physical Disability	NA
Residents who are Blind, Deaf, or Hard of Hearing	NA
Residents who are Limited English Proficient	NA
Residents with a Cognitive Disability	1
Residents who Identify as Lesbian, Gay or Bisexual	1
Residents who identify as Transgender or Intersex	NA
Residents in Segregated Housing for High Risk of Sexual Victimization	NA
Residents who Reported Sexual Abuse	NA
Residents who Reported Sexual Victimization During Risk Screening	1
Total Resident Interviews	20

During the interview process several targeted categories of residents were not being housed at the facility. I conducted the interviews with all residents in the same manner, a preamble to the interview was related to the resident explaining the purpose of the interview, and how they were selected and explaining to them that they did not have to speak with me if they choose not to. No residents refused to speak with me. During the interviews I utilized a copy of the initial PREA information received by residents, Resident Handbook, and Screening form to visually stimulate the resident's recollection of their initial intake process. Upon completion of the resident interviews the staff interviews were conducted throughout multiple locations in the facility. The facility is currently working three shifts, interviews were conducted with staff who work all shifts. During the process I interviewed staff in the following categories:

Interview Type	Number
Random Staff Interviews	5
Intermediate or Higher Level Staff Conducting Unannounced Rounds	1
Line Staff who Supervise Youthful Residents	NA
Education and Program Staff who Work with Youthful Residents	NA
Medical and Mental Health Staff	1
Administrative Staff	1
Volunteers and Contractors	
Investigative Staff	1
Staff who Perform Screening	2
Staff who Supervise Residents in Segregated Housing	NA

First Responders	1
Director/PREA Coordinator Staff on the Sexual Abuse Incident Review Team Staff Designated to Monitor for Retaliation	1
Total Staff Interviews	13

I conducted the interviews with all staff in the same manner, a preamble to the interview was related to the staff member explaining the purpose of the interview, and how they were selected and explaining to them that they did not have to speak with me if they choose not to. No staff refused to speak with me. During the interviews I utilized a copy of any documentation related to a specific targeted interview. These items were used to visually stimulate the staff's recollection on the daily practices at the facility.

The following documentation was reviewed during the Pre-Audit, Onsite Audit and Post Audit Phases.

Documentation Reviewed	Applicable Standard
PRISON RAPE ELIMINATION ACT POLICY	Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Not Applicable	Standard 115.212: Contracting with other entities for the confinement of residents
PRISON RAPE ELIMINATION ACT POLICY Unit Logs (showing unannounced rounds) – all shifts	Standard 115.213: Supervision and Monitoring
PRISON RAPE ELIMINATION ACT POLICY North Dakota Department of Corrections Training	Standard 115.214: Limits to cross-gender viewing and searches
PRISON RAPE ELIMINATION ACT POLICY	Standard 115.215: Residents with Disabilities and Residents who are Limited English Proficient
PRISON RAPE ELIMINATION ACT POLICY Personnel Files of Staff Background and NCIC Checks for Staff Volunteers and Contractors	Standard 115.216: Hiring and Promotion Decisions
PRISON RAPE ELIMINATION ACT POLICY	Standard 115.217: Upgrades to facilities and technologies
PRISON RAPE ELIMINATION ACT POLICY	Standard 115.221: Evidence Protocol and Forensic Medical Examination
PRISON RAPE ELIMINATION ACT POLICY	Standard 115.222: Policies to Ensure Referral of Allegations for Investigations
PRISON RAPE ELIMINATION ACT POLICY PREA Training Training Records and Acknowledgement Forms for Staff, Volunteers and Contractors	Standard 115.231: Employee Training
PRISON RAPE ELIMINATION ACT POLICY	Standard 115.232: Volunteer and Contractor

Completed Acknowledgement Forms Copies of training materials	Training
PRISON RAPE ELIMINATION ACT POLICY Acknowledgment forms Signed Resident Handbook, relevant pages	Standard 115.233: Resident Education
PRISON RAPE ELIMINATION ACT POLICY Training Records for Investigators	Standard 115.234: Specialized training: Investigations
PRISON RAPE ELIMINATION ACT POLICY	Standard 115.235: Specialized training: Medical and mental health care
PRISON RAPE ELIMINATION ACT POLICY Zero Tolerance Acknowledgements Signed Copies Viewed in Resident Files Computer based documentation of 24 hour Intake/Transfer PREA screening tool	Standard 115.241: Screening for risk of victimization and abusiveness
PRISON RAPE ELIMINATION ACT POLICY Zero Tolerance Acknowledgements Signed Copies Viewed in Resident Files Computer based documentation of 24 hour Intake/Transfer PREA screening tool	Standard 115.242: Use of screening information
PRISON RAPE ELIMINATION ACT POLICY Resident Handbook	Standard 115.251: Resident reporting
NOT APPLICABLE	Standard 115.252: Exhaustion of administrative remedies
PRISON RAPE ELIMINATION ACT POLICY	Standard 115.253: Resident access to outside confidential support services
PRISON RAPE ELIMINATION ACT POLICY Review of agency website	Standard 115.254: Third-party reporting
PRISON RAPE ELIMINATION ACT POLICY	Standard 115.261: Staff and agency reporting duties
PRISON RAPE ELIMINATION ACT POLICY	Standard 115.262: Agency protection duties
PRISON RAPE ELIMINATION ACT POLICY	Standard 115.263: Reporting to other confinement facilities
PRISON RAPE ELIMINATION ACT POLICY	Standard 115.264: Staff first responder duties
PRISON RAPE ELIMINATION ACT POLICY	Standard 115.265: Coordinated response
NOT APPLICABLE	Standard 115.266: Preservation of ability to protect residents from contact with abusers
PRISON RAPE ELIMINATION ACT POLICY	Standard 115.267: Agency protection against retaliation
PRISON RAPE ELIMINATION ACT POLICY Agency Investigations of Sexual Harassment	Standard 115.271: Criminal and administrative agency investigations
PRISON RAPE ELIMINATION ACT POLICY Agency Investigations of Sexual Harassment	Standard 115.272: Evidentiary standard for administrative investigations
PRISON RAPE ELIMINATION ACT POLICY Agency Investigations of Sexual Harassment	Standard 115.273: Reporting to residents
PRISON RAPE ELIMINATION ACT POLICY	Standard 115.276: Disciplinary sanctions for staff
PRISON RAPE ELIMINATION ACT POLICY Agency Investigations of Sexual Harassment	Standard 115.277: Corrective action for contractors and volunteers
PRISON RAPE ELIMINATION ACT POLICY Agency Investigations of Sexual Harassment	Standard 115.278: Disciplinary sanctions for residents

PRISON RAPE ELIMINATION ACT POLICY	Standard 115.282: Access to emergency medical and mental health services
PRISON RAPE ELIMINATION ACT POLICY	Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers
PRISON RAPE ELIMINATION ACT POLICY	Standard 115.286: Sexual abuse incident reviews
PRISON RAPE ELIMINATION ACT POLICY Agency Investigations of Sexual Harassment Data reports	Standard 115.287: Data collection
PRISON RAPE ELIMINATION ACT POLICY Agency Investigations of Sexual Harassment	Standard 115.288: Data review for corrective action
PRISON RAPE ELIMINATION ACT POLICY Agency website Data reports from 2012 through 2016	Standard 115.289: Data storage, publication, and destruction
PRISON RAPE ELIMINATION ACT POLICY Prior audit report	Standard 115.401: Frequency and scope of audits
PRISON RAPE ELIMINATION ACT POLICY Prior audit report	Standard 115.403: Audit contents and findings

At the conclusion of the Onsite Audit an exit conference was held. At this time I provided an overview of the audit findings during the onsite audit portion.

Post Audit:

Upon completion of the Pre-Audit and Onsite Audit phases I conducted a systematic evidence review of all of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of each standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After taking all of these factors into account I found that the facility has met all of the standards and are in compliance with the Prison Rape Elimination Act National Standards for Community Confinement.

Facility Characteristics

The Tompkins Rehabilitation and Corrections Center (TRCC) is a Department of Corrections and Rehabilitation (DOCR)-funded addiction treatment program operated at the State Hospital. The James River Correctional Center is co-located on the same campus as the North Dakota State Hospital (State Hospital) in Jamestown, North Dakota

Residents of the TRCC are in the custody of the DOCR and receive contracted behavioral health treatment services from State Hospital treatment professionals. TRCC residents are considered part of the State Hospital's traditional population.

The Resident population of TRCC consists of adult men and women (18 years or older). On TRCC, the Department of Corrections and Rehabilitation refer residents as part of the contracted programs.

The typical TRCC Resident has a DSM-IV diagnosis of alcohol or other drug dependence and meets the DOCR/State Hospital criteria for the corrections programs as follows:

1. Legal charges related to substance abuse.
2. A non-violent criminal history and no incident of injury/accident resulting in death.
3. Medically and psychiatrically stable.

The facility is located in two separate buildings with three male housing units and one female housing unit. The resident's rooms throughout both buildings are multi occupancy. Two of the housing units have conjoined bathrooms that are shared between two rooms. The other two housing units have separate bathrooms and showers that are utilized by all of the residents. All of the bathrooms have doors on them, as well as the shower areas. I found one area that was of concern, this being the windows in the bedrooms of one of the men's housing units. This was immediately discussed and corrected.

The housing units are secure, and staff monitor the resident movement throughout the day.

All housing units have North Dakota Department of Corrections Case Managers assigned to them, as well as other TRCC staff.

The residents eat their meals on the housing units, which limits resident movement. The residents work through the steps of the program, and as they progress they are allowed time off the housing unit.

During the facility tour I found that staff are constantly moving throughout the facility, which helps to deter any inappropriate behavior.

Summary of Audit Findings

Number of Standards Exceeded: 5

§ 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.

§ 115.241 Screening for risk of victimization and abusiveness.

§ 115.242 Use of screening information.

§ 115.264 Staff first responder duties.

§ 115.271 Criminal and administrative agency investigations.

Number of Standards Met: 36

§ 115.212 Contracting with other entities for the confinement of residents.

§ 115.213 Supervision and monitoring.

§ 115.215 Limits to cross-gender viewing and searches.

§ 115.216 Residents with disabilities and residents who are limited English proficient.

§ 115.217 Hiring and promotion decisions.

§ 115.218 Upgrades to facilities and technologies.

§ 115.221 Evidence protocol and forensic medical examinations.

§ 115.222 Policies to ensure referrals of allegations for investigations.

- § 115.231 Employee training.
- § 115.232 Volunteer and contractor training.
- § 115.233 Resident education.
- § 115.234 Specialized training: Investigations.
- § 115.235 Specialized training: Medical and mental health care.
- § 115.251 Resident reporting.
- § 115.252 Exhaustion of administrative remedies.
- § 115.253 Resident access to outside confidential support services.
- § 115.254 Third-party reporting.
- § 115.261 Staff and agency reporting duties.
- § 115.262 Agency protection duties.
- § 115.263 Reporting to other confinement facilities.
- § 115.265 Coordinated response.
- § 115.266 Preservation of ability to protect residents from contact with abusers
- § 115.267 Agency protection against retaliation.
- § 115.272 Evidentiary standard for administrative investigations.
- § 115.273 Reporting to residents.
- § 115.276 Disciplinary sanctions for staff.
- § 115.277 Corrective action for contractors and volunteers.
- § 115.278 Disciplinary sanctions for residents.
- § 115.282 Access to emergency medical and mental health services.
- § 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers.
- § 115.286 Sexual abuse incident reviews.
- § 115.287 Data collection.
- § 115.288 Data review for corrective action.
- § 115.289 Data storage, publication, and destruction.
- § 115.401 Frequency and scope of audits.
- § 115.403 Audit contents and findings.

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

Not Applicable

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

I reviewed the Policy in its entirety, as well as questioned staff members on its content and applicable sections to their specific duties within the facility. The staff understood the policy and its practical application to the daily operation of the facility.

The policy is comprehensive and mandates zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting, and responding to such conduct. The policy further defines all prohibited acts.

The facility employs a PREA coordinator. During her interview she related that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.

After a careful review of all of the evidence I have found that the facility substantially exceeds the requirements of this standard.

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The facility does not contract for the housing of its residents.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The facility has developed a staffing plan to provide adequate levels of staffing, and where applicable, video monitoring, to protect residents against sexual abuse and sexual harassment. During my interviews I determined that the facility layout, composition of the resident population, any incidents of sexual abuse or sexual harassment, and any other relevant factors were utilized in developing the staffing plan.

The facility director constantly evaluates the staffing plan, staffing patterns, deployment of video monitoring and available resources. This was discussed during the staff interviews. The staffing plan is reviewed annually in conjunction with the nursing staff review. Results of the review are collected by the Clinical Director and filed in a separate PREA file. Security reviews video monitoring and technologies annually and files the results in a separate PREA file.

The facility staffing has not been deviated from during the last 12 months.

I reviewed the staffing plan in its entirety and found that it complies with all aspects of the standard.

I was able to view the overall camera placement in the facility as well as the surveillance system monitors. I found that the facility is adequately covered by these cameras.

I further confirmed that the staff will stay if any issues arose that would cause the facility to go below minimum staffing.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents?
 Yes No

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?
 Yes No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The facility does not conduct cross-gender searches, this includes pat down searches, strip searches and visual body cavity searches. This was confirmed during the interviews with both random staff and residents.

The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. These policies and procedures require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. I reviewed the policy in its entirety, refer above facility policy. During the facility tour I observed staff of the opposite gender making announcements when entering residents housing and bathroom areas. I was also able to corroborate this practice during the random resident and staff interviews, all who were interviewed related that staff of the opposite gender announce their presence.

The facility does not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. All residents received at the facility are coming from another facility so their gender is identified prior to arrival. If exigent circumstances existed all staff interviewed understood that gender should be determined through conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. The facility has not housed a transgender nor intersex resident within the last 12 months.

The facility has not performed a pat down search of a transgender or intersex resident for the sole purpose of determining the residents sex.

The agency has trained security staff on how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the

least intrusive manner possible, consistent with security needs. This was verified through visually inspecting the training records and during the random staff interviews.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The facility has procedures in place to deal with residents with disabilities and who are limited English speaking. They have never had an incident where they would utilize another resident for interpretation, they would utilize staff or a language line. During the admission of the residents they identify any issues concerning disabilities and take the appropriate actions needed to protect the resident. The facility is equipped to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and

respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

Compliance in this area was determined by reviewing policies and procedures of the facility. During the random staff interviews I determined that they all understood the availability of interpreters, and further understood the importance of not utilizing residents for interpretation during any incident.

The agency would utilize a language line if needed for interpretation.

The facilities human resources department is available to assist with any resident who is deaf or hard of hearing, after hours the facility would contact Communication Services for the Deaf.

I confirmed the above process with the facility investigator, he would utilize any of the above services if needed.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.217 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

During the interviews the hiring process for all employees was confirmed. The agency has an in depth and comprehensive hiring practice. All potential new employees are subject to a hiring process which includes a criminal history background check, and questions asked relative to sexual misconduct. This practice is also utilized in enlisting the services of any contractor, and allowing volunteers to enter the facility.

I reviewed the application utilized for all employees at the State Hospital, everyone is asked the specific questions enumerated in the standards. Furthermore every employee receives the PREA training, I reviewed the logs to confirm.

Upon my entry into the facility I was provided the comprehensive information utilized for contractors and volunteers, I confirmed receipt with a signature, and this was filed.

All employees are checked through NCIC every five years, this was confirmed by reviewing the NCIC log that is kept, and through interviews.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Since the previous audit the facility opened an additional male housing unit. During the planning stages the agency's ability to protect residents from sexual abuse was taken into consideration. This was confirmed during the facility tour and during interviews.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The facility follows evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The facility has a Crime Scene Preservation Policy that outlines the response and preservation of evidence. I further confirmed the policy and the application through interviews with staff members who have responded to incidents, even though the incidents did not rise to a criminal investigation of sexual abuse.

The facility offers all victims of sexual abuse access to forensic medical examinations through the James River Medical Center emergency room without financial cost. The examinations are performed by a SAFE or SANE through Central Valley Health. This was confirmed during staff interviews.

The facility makes available to the victim a victim advocate from Safe Shelter. If such services are not available the facility provides a qualified agency staff member.

The North Dakota Highway Patrol conducts criminal investigations of sexual abuse for the facility.

As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews and will provide emotional support, crisis intervention, information, and referrals.

I confirmed compliance in this standard through interviews and review of the investigative files.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a.)]
 Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. This was confirmed through interviews and during investigation review.

All allegations of sexual abuse or sexual harassment are referred for investigation to the ND Highway Patrol, the agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency documents all such referrals. This was confirmed through interviews and during investigation review.

The agency PREA policy is posted to the website which outlines the investigative procedures. This was confirmed by navigating to the website and ensuring that the policy is posted.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

All staff who may have contact with clients are trained during new employee orientation and every two years thereafter. Training topics include the following:

- Zero-tolerance policy for sexual abuse and sexual harassment;
- How to fulfill employee responsibilities under TRC sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- Clients’ right to be free from sexual abuse and sexual harassment;
- The right of clients and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in confinement;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse;
- How to avoid inappropriate relationships with clients;
- How to communicate effectively and professionally with clients, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming clients; and
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Each employee is required to sign a receipt after completion of orientation training, stating that they understand PREA laws and guidelines.

PREA refresher training is offered throughout the year. The training is logged on PeopleSoft. Training records including names, dates, and topics are kept in the training director’s files.

I confirmed the training process through the interviews conducted and review of training logs.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The PREA coordinator ensures that all contract employees and volunteers who may have contact with clients are trained on their responsibilities regarding sexual abuse and sexual harassment with clients. This training is repeated every two years. The training material is mailed to renewing volunteers, along with their application, every two years, as required. Training material is maintained by the Residential Services Administrative staff confirming that volunteer and contractors understand the training they have received.

During the audit I received the information on PREA when I arrived at the facility. I confirmed the process through interviews and review of the facility documentation.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions?
 Yes No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

During the intake process, clients receive information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

Admission staff hand out the Client Handbook describing the zero-tolerance policy, definitions and reporting. Clients sign an acknowledgement of receiving and understanding the information. Within 15 days of intake, the facility provides comprehensive education to clients during the orientation process in person and through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

The orientation consists of viewing the PREA training video along with signing that they have read and understand the requirements on the PREA compliance acknowledgement form. Key information is continuously and readily available or visible to clients through posters, brochures and the Client Handbook.

I confirmed the resident education through interviews with the residents and staff. I further reviewed the resident's files and confirmed that they were signing the acknowledgment forms.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Investigators receive specialized training in conducting sexual abuse investigations in confinement settings. This includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The training is be logged in PeopleSoft including names and dates.

The training utilized is the National Institute of Corrections' Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting Course, this training meets all aspects of the standard.

This was confirmed through interviews and review of the training completion certificate.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

All full-time and part-time medical and mental health care practitioners are trained in the following:

- How to detect and assess signs of sexual abuse and sexual harassment;
- How to preserve physical evidence of sexual abuse;
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment;
- TRC will maintain documentation that medical and mental health practitioners have received the training referenced in this standard.

Training is logged on PeopleSoft. An acknowledgement of training completion and understanding is kept by the Residential Administrative Assistants.

The training was confirmed during staff interviews and review of the training logs.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident’s criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener’s perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident’s own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?
 Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident’s arrival at the facility, does the facility reassess the resident’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

- Does the facility reassess a resident’s risk level when warranted due to a: Referral?
 Yes No

- Does the facility reassess a resident's risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?
 Yes No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?
 Yes No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

All clients are assessed during an intake screening for their risk of being sexually abused by other clients or sexually abusive toward other clients.

Clients are screened within 72 hours of arrival for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Housing assignments are made accordingly. Within 72 hours of arrival the DOCR case Manager conducts the "24 hour transfer screening" on all admissions to their respective units. This information will be disseminated to TEAM members within that 72 hours period to determine housing. The DOCR case manager completes an "initial assessment".

The intake screening tool will be the 24 hour Intake/Transfer PREA screening tool and will assess clients for risk of sexual victimization.

Within 30 days of arrival the DOCR Case Manager completes another screening.

The intake screening considers, at a minimum, the following criteria to assess clients for risk of sexual victimization:

- Whether the client has a mental, physical, or developmental disability;
- The age of the client;
- The physical build of the client;
- Whether the client has previously been incarcerated;
- Whether the client's criminal history is exclusively nonviolent;
- Whether the client has prior convictions for sex offenses against an adult or child;
- Whether the client is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- Whether the client has previously experienced sexual victimization;
- The client's own perception of vulnerability; and
- Whether the client is detained solely for civil immigration purposes.
-

The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the NDSH or DOOCR, in assessing clients for risk of being sexually abusive.

A client's risk level will be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the client's risk of sexual victimization or abusiveness.

Clients are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked during screening or assessment.

Information obtained during assessment and screening is used on a need to know basis and will not be exploited to the client's detriment by staff or other clients.

The screening process was confirmed during the staff and resident interviews, as well as during review of completed screening instruments.

After a careful review of all of the evidence I have found that the facility substantially exceeds the requirements of this standard.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? Yes No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those clients at high-risk of being sexually victimized from those at high-risk of being sexually abusive. This is done by making individualized determinations about how to ensure the safety of each client.

In deciding whether to assign a transgender or intersex client to a facility for male or female clients, and in making other housing and programming assignments, TRC staff consider on a case-by-case basis whether a placement would ensure the client's health and safety, and whether the placement would present management or security problems.

Placement and programming assignments for each transgender or intersex client would be reassessed at least twice each year to review any threats to safety experienced by the client. A transgender or intersex client's own views with respect to his or her own safety will be given serious consideration.

Transgender and intersex clients will be given the opportunity to shower separately from other clients. The facility has not housed any transgender or intersex residents in the past 12 months.

These procedures were confirmed during staff interviews and interviews conducted with residents who identify as vulnerable.

After a careful review of all of the evidence I have found that the facility substantially exceeds the requirements of this standard.

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Residents have the option to report the incident to staff or an external agency (ND Highway Patrol). They may do this verbally, by writing a client consumer concern form, or by using the client phone system to contact Director, Case Manager, or the Crisis Help line. Staff accept reports that are made from clients, anonymously, staff, or third parties.

The reporting options are located in the resident handbook, as well as posted throughout the facility. This was confirmed during the facility tour as well as during the interviews.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The facility does not accept grievances related to sexual abuse nor sexual harassment.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The facility provides clients with access to outside victim advocates for emotional support services related to sexual abuse by giving clients mailing addresses and telephone numbers, including toll-free hotline numbers where available, of victim advocacy and rape crisis organizations. The facility enables reasonable communication between clients and the organizations.

The facility will inform clients, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The facility has an agreement with Safe Shelter to provide clients with confidential emotional support services related to sexual abuse. The facility would also provide phone and written contact information to Safe Shelter provide clients with confidential emotional support services related to sexual abuse.

I confirmed compliance through interviews, and observing the documentation for Safe Shelter posted at the facility.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The facility has the capability to receive third-party reports of sexual abuse and sexual harassment. The information is available through client handbook and posted signs on how to report sexual abuse and sexual harassment on behalf of a client. This information is also posted on the agency website.

I confirmed compliance by observing the signs, reviewing the handbook and navigating to the website to confirm the information is posted.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The facility policy states that staff will report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the North Dakota State Hospital; retaliation against clients or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Procedures

- Staff will report to immediate supervisor. Staff will not reveal any information related to a sexual abuse report to anyone other than to the extent necessary. Information will be limited to making treatment, investigation, and other security and management decisions.
- Mental Health and Medical practitioners report as required by law.
- Staff will report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to their immediate supervisory
- TRC Coordinated Response procedures will be followed.

I confirmed that the procedures were being followed through interviews with staff who reported incidents, and through the review of the investigative reports. All incidents were reported in a timely manner and to the proper individuals.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The facility PREA policy states the following:

When TRC learns that a client is subject to a substantial risk of imminent sexual abuse, it will take immediate action to protect the client.

Procedures;

- Separate clients: to the best of TRC staff's ability while an investigation is ongoing, those involved will be separated at all times.
- For male inmates if housing permits have Potential Aggressor taken to JRCC until investigation and determination is complete.
- For Female inmates, first check for bed availability at Stutsman County Correctional Center to place Potential Aggressors until an investigation and determination is complete.
- For community case and for inmates if space is not available at the outside entities; the staff at TRC 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 unit to TRCU unit and in the TASC building movement from the "pink" to the "blue" side of the unit. Meal time should also be at different times and monitored closely by staff.

e. The potential aggressor in these cases will be restricted to the unit.

I confirmed compliance to this standard by review of the investigative reports and through staff interviews. I interviewed several staff who were first responders, they responded properly and made the residents safety their first priority.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.263 (c)

- Does the agency document that it has provided such notification? Yes No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The facility PREA policy states the following:

1. Upon receiving an allegation a client was sexually abused while confined at another facility, the PREA coordinator will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.

Procedures;

a. Notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation.

b. TRC will document using an incident report that it has provided notification.

c. The facility Director or agency office that receives the notification will ensure the allegation is investigated in accordance with the PREA standards.

The procedures were confirmed during staff interviews, although the staff have not had to report to another facility in the last 12 months.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The facility PREA policy states the following:

1. Upon learning of an allegation that a client was sexually abused, the first staff member to respond to the report shall be required to:
 - Separate the alleged victim and abuser;
 - Notify immediate supervisor of the alleged incident
 - Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
 - If the abuse occurred within the last 92 hours, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
 - If the abuse occurred within the last 92 hours, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

I confirmed compliance with the standard by reviewing the facility investigations, and through the overall staff interviews, and through first responder interviews. The staff at the facility respond as per policy, making the safety their first priority.

After a careful review of all of the evidence I have found that the facility substantially exceeds the requirements of this standard.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The facility has outlined in the PREA Policy the plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

This was confirmed by reviewing the policy, during staff interviews and while reviewing the investigative reports.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Standard § 115.66 does not apply to North Dakota since there are no collective bargaining agreements. North Dakota is a right to work state.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks? Yes No

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? Yes No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

The facility PREA policy states the following:

TRC will protect all adult clients and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other clients or staff.

Procedures:

The PREA Coordinator is assigned to ensure there is no retaliation. This will be assured through:

- housing changes or transfers for client victims or abusers
- removal of alleged staff or client abusers from contact with victims
- emotional support services for clients or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

For at least 90 days (typically until discharge) following a report of sexual abuse, TRC Program Supervisors and DOCR Program Managers on each unit will monitor the conduct and treatment of clients or staff who reported the sexual abuse and of clients who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by clients or staff. Program supervisors will act promptly to remedy any perceived retaliation. Items the facility will monitor include any client disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. TRC supervisors will continue monitoring beyond 90 days if the initial monitoring indicates a continuing need.

In the case of clients, monitoring will also include periodic status checks.

Documentation will be completed to describe monitoring and any action taken. The documentation will be kept in client medical record and the PREA Allegation Event Data Checklist.

If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency will take appropriate measures to protect that individual against retaliation using the same procedures noted above.

TRC's obligation to monitor will terminate if the investigation determines that the allegation is unfounded.

I confirmed compliance to this standard through interviews and by reviewing the investigative reports. The residents at this facility are constantly monitored for any changes in behavior, and if any changes occur the proper staff are notified.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard *(Requires Corrective Action)*

The PREA policy state the following:

1. TRC conducts its own investigations into allegations of sexual harassment. TRC cooperates with local law enforcement in investigations into sexual abuse allegations. Investigations will be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

Procedures:

- A. Where sexual abuse is alleged, TRC will contact the highway patrol who will conduct the investigation. The NDSH investigators will cooperate with outside investigators and will remain informed about the progress of the investigation.
 - B. Investigators will not complete evaluations on clients in their assigned work areas.
 - C. Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; will interview alleged victims, suspected perpetrators, and witnesses; and will review prior complaints and reports of sexual abuse involving the suspected perpetrator.
 - D. When the quality of evidence appears to support criminal prosecution, the TRC investigator may proceed with the administrative investigation at the same time the criminal investigation is conducted, unless directed otherwise by the Director. Information obtained during the investigation will not be shared between the criminal and administrative investigators.
1. The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person's status as client or staff. The TRC will not require a client who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
 2. Administrative investigations:
 - A. Will include an effort to determine whether staff actions or failures to act contributed to the abuse; and
 - B. Will be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
 3. Criminal investigations will be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.
 - A. Substantiated allegations of conduct that appears to be criminal will be referred to the ND Highway Patrol for investigation and for prosecution.
 - B. TRC will retain all administrative and criminal written reports referenced for as long as the alleged abuser is a resident or employed by the agency, plus five years or in accordance with state statute.
 - C. The departure of the alleged abuser or victim from employment or control of the facility will not provide a basis for terminating an investigation.

I confirmed compliance through staff interviews and review of the investigations conducted at the facility. The facility investigators and PREA Coordinator do an excellent job in determining which allegations meet the definition of sexual abuse and sexual harassment, and respond accordingly. The reports are clear and concise, and outline the overall investigation process.

After a careful review of all of the evidence I have found that the facility substantially exceeds the requirements of this standard.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The PREA policy state the following:

- The TRC will impose no standard higher than a preponderance (51 percent) of the evidence in determining whether allegations of sexual abuse are substantiated.

I confirmed that this is being applied to the investigations through interviews, and review of the completed investigations.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The PREA policy state the following:

1. Following and investigation, the PREA investigator, or staff member designated by the PREA investigator will inform the client verbally whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
2. If the investigation was conducted by the ND Highway Patrol, the PREA coordinator will request relevant information from the agency and inform the client.
3. If there has been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against a client, they agency must subsequently inform the client whenever:
 - a. The staff member is no longer posted within the clients unit
 - b. The staff member is no longer employed at the facility
 - c. The TRC learns that the staff member has been charged or convicted on an offense related to sexual abuse within the facility
4. Following a client's allegation that he or she has been sexually abused by another client, the TRC subsequently will inform the alleged victim whenever:
 - a. The TRC learns that the alleged abuser has been charged or convicted for sexual abuse within the facility.
5. All notifications will be documented in the client's medical record.
6. The TRC obligation to report under this standard terminates if the client is released from custody.

Compliance in the standard was confirmed during staff interviews, resident interviews and review of the medical records to confirm documentation.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

The PREA policy state the following:

1. Staff will be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.
2. Termination will be the presumptive disciplinary sanction for staff who engaged in sexual abuse with a client of the North Dakota State Hospital.
3. Disciplinary sanctions for violations of TRC policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.
4. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

I confirmed compliance through the staff interviews, and review of the investigations. No staff at the facility have been disciplined for any violation of the PREA policy.

Compliance in the standard was confirmed during staff interviews, resident interviews and review of the medical records to confirm documentation.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA policy state the following:

1. Any contractor or volunteer who engages in sexual abuse will be prohibited from contact with clients and will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.
 - a. TRC will take appropriate measures, and will consider whether to prohibit further contact with clients, in the case of any other violation of NDSH sexual abuse or sexual harassment policies by a contractor or volunteer.
 - b.

I confirmed compliance through the staff interviews, and review of the investigations. No volunteers nor contractors at the facility have been disciplined for any violation of the PREA policy.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

The PREA policy state the following:

Following an administrative finding that the client engaged in client-on-client sexual abuse or following a criminal finding of guilt for client-on-client sexual abuse, clients will be discharged from the TRC and subject to disciplinary sanctions as seen fit by DOCR referral source.

I confirmed compliance through the staff interviews, and review of the investigations. No residents at the facility have been disciplined for any violation of the PREA policy.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The PREA policy state the following:

1. Client victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

Procedures:

- a. If a sexual assault examination is determined appropriate, explain the necessity and process of a sexual assault examination to the victim.
 - b. Contact the supervisor to make arrangements for transporting the client to the outside medical facility.
 - c. Ensure qualified mental health staff is available to provide services to the client, if requested.
 - d. The client will be taken to the James River Medical Center for a sexual assault examination. The examination will be performed by a trained SANE or SAFE.
2. Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any.

I confirmed compliance through the staff interviews, and review of the investigations. The facility did not have any investigations of sexual abuse.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The PREA policy state the following:

1. The evaluation and treatment of such victims will include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

Procedures:

- a. TRC will provide such victims with medical and mental health services consistent with the community level of care.
- b. Client victims of sexually abusive vaginal penetration will be offered pregnancy tests.
- c. If pregnancy results from the conduct described above in this section, such victims will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.
- d. Client victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate.
- e. Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

I confirmed compliance through the staff interviews, and review of the investigations. The facility did not have any investigations of sexual abuse.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The PREA policy state the following:

1. Such review will ordinarily occur within 30 days of the conclusion of the investigation at the Residential Supervisors meeting.

Procedures:

- a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- d. Assess the adequacy of staffing levels in that area during different shifts;
- e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- f. Prepare a report of its findings, including but not necessarily limited to determinations and any recommendations for improvement and submit such report to the Superintendent of the NDSH.
- g. The facility will implement the recommendations for improvement, or will document its reasons for not doing so.

I confirmed compliance through the staff interviews, and review of the investigations. The facility did not have any investigations of sexual abuse.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
 Yes No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
 Yes No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

The PREA policy state the following:

1. TRC will collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions.

Procedures:

- a. All completed PREA investigations will be uploaded in a data base by PREA coordinator after completion of the investigation.
- b. The TRC will aggregate the incident-based sexual abuse data. An annual report will be completed in January for the previous year. Results will be posted on the TRC website.
- c. The TRC will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

I confirmed compliance through the staff interviews, and review of the investigations. I also reviewed the collected data and compared this to the investigations to ensure that the data was being tabulated correctly.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The PREA policy state the following:

1. The TRC will review data collected and aggregated pursuant to PREA Standard 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training to include:

Procedures:

- a. Problem areas will be identified in Residential Supervisors meetings.
- b. Corrective action will be documented in the Residential Supervisors minutes as needed.
- c. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.
- d. The TRC's report will be approved by the Director of TRC and made readily available to the public through its website.

I confirmed compliance through the staff interviews, and review of the investigations. I also reviewed the Residential Supervisors minutes that document the reviews.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The PREA policy state the following:

1. The TRC will ensure that data collected pursuant to this policy and procedures are securely retained.

Procedures:

- a. Before making aggregated sexual abuse data publicly available, the TRC will remove all personal identifiers.
- b. The agency will maintain sexual abuse data collected pursuant to state law.
- c. All case records associated with claims of sexual abuse, including incident reports, investigation reports, client information, case disposition, medical and counseling evaluation

- findings, and recommendations for post-release treatment and counseling will be retained, in accordance with North Dakota statute.
- d. The PREA coordinator will review the case history files and compile data and statistics on the number of sexual abuse and sexual harassment incidents that occurred the prior calendar year. This information will be reviewed with the Superintendent.

I confirmed compliance through the staff interviews, and review of the investigations. I also reviewed the aggregated data report that was made public.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once.? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The facility was previously audited on November 17th and 18th 2014.

During the audit process I was able to receive copies of all relevant documentation, conduct private interviews with staff and inmates, tour the complete facility, and receive confidential correspondence from both inmates and staff.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency has published the final audit report on their website, this was confirmed by navigating to the page on the website and reviewing the audit report.

After a careful review of all of the evidence I have found that the facility is substantially compliant with the requirements of this standard.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Patrick J. Zirpoli

2/8/18

Auditor Signature

Date
