

**PREA AUDIT REPORT INTERIM FINAL
ADULT PRISONS & JAILS**

Date of report: 08-31-15

Auditor Information			
Auditor name: Candy Snyder			
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Telephone number: (605) 517-1747			
Date of facility visit: August 17 to August 19, 2015			
Facility Information			
Facility Name: Heart of America Correctional & Treatment Center			
Facility physical address: 110 Industrial Road, Rugby, ND 58368			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: (701) 776-2221			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Josh Siegler – Pierce County Sheriff			
Number of staff assigned to the facility in the last 12 months: 32			
Designed facility capacity: 142			
Current population of facility: 120			
Facility security levels/inmate custody levels: Minimum, Medium, Maximum			
Age range of the population: 18 – 61 currently / 18 - 99			
Name of PREA Compliance Manager: Mike Graner			Title: Jail Administrator
Email address: mgraner@nd.gov			
Agency Information			
Name of agency: [same as above]			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address:			
Mailing address: <i>(if different from above)</i>			
Telephone Number:			
Agency Chief Executive Officer			
Name:		Title:	
Email address:		Telephone number:	
Agency Wide PREA Coordinator			
Name:		Title:	
Email address:		Telephone number:	

AUDIT FINDINGS

NARRATIVE:

The audit of the Heart of America Correctional and Treatment Center (HACTC) was conducted from August 17, 2015 to August 19, 2015. Candy Snyder, a certified auditor, and Mark Snyder, auditor assistant, conducted the audit. The audit team conducted a review of the files, a facility tour and on-site interviews.

The audit team would like to express their respect and appreciation to the jail administrator, Mike Graner, and his staff for the professionalism and hospitality shown to the audit team throughout the audit process. In addition, they would like to acknowledge Mr. Graner's excellent work in providing the auditor all necessary files well in advance of the audit.

The audit began with an entrance briefing on Monday, August 17, 2015 attended by the Jail Administrator and the Director of Security. The briefing was followed by an extensive tour of the facility. The audit team ended the first day with interviews of specialized and random staff. On the second day of the audit the audit team finalized the interviews of specialized staff and then began inmate interviews. On the evening of the second day, the audit team interviewed staff from the overnight shift. The audit concluded on the third day with an exit briefing attended by the Sheriff, the Jail Administrator/PREA Compliance Manager, the Director of Nursing and the Director of Security.

The tour began with the administrative spaces. The administrative staff of the HACTC is quite small consisting of a jail administrator, the director of security, two administrative assistants, an accounting assistant and a director of maintenance. The audit team then toured the booking area. This is the offender's first point of contact with the jail staff. There are three temporary holding cells in this area. Offenders are screened, classified, searched and provided clothing. Initial information is given regarding PREA and how to report any allegations of sexual harassment or sexual abuse. There are cameras in the booking area. The screening instrument is pre-loaded into the computerized booking software. The booking officer cannot continue with the process until all questions have been asked and entered into the system. The sergeant on duty is responsible for the classification and housing decision of inmates newly arrived to the jail. Formal classification is determined within the first 24 hours of arrival with each of the classifications being reviewed by the Director of Security. If formal classification is not completed immediately upon arrival, the initial housing placement is based on current charges, general demeanor, and information from the PREA screening and would be changed after formal classification if necessary.

On-duty during the tour was a Licensed Practical Nurse (LPN). In addition, a Registered Nurse (RN) provides care and a contracted Physician's Assistant provides sick call services once each week. The medical area included an administrative area, a medical records retention area, a restroom and an exam room. The audit team was informed that this is where an inmate would be brought if they reported a sexual assault. The area is private, can provide for the medical care and emotional support as well as a private area for the victim to be interviewed prior to transportation to the hospital for a forensic examination.

The audit team examined the outdoor recreation area. This is a large area that can serve one housing unit at a time. The area was recently renovated to provide better security to include additional camera coverage and increased coverage of razor wire to secure the perimeter. The gym is a large area that is monitored by two cameras. All inmates are offered an hour of physical activity each day either in the gym or the outside exercise yard.

There are ten housing units at HACTC. All units had posters designating how to report sexual assault or sexual harassment, a mailbox slot for paper kites, and a kiosk available to report via an electronic message to the jail administrator. All units had adequate camera coverage and an intercom that rings directly to the control room operator if immediate assistance is needed. Jail staff check every housing unit on rounds at a minimum of once each hour. The audit team directly witnessed rounds being conducted consistently and staff logging the hourly check in the logbook designated for the inmate in an isolation cell. The inmates that are in segregated or isolated housing away from other inmates were not there for protection from sexual assault or harassment or for reporting sexual assault or harassment.

Typically, the suspected perpetrator of a sexual assault would be removed to a confinement area. In some instances a victim may be placed in an alternate housing unit for their protection, but not segregation or isolation. However, a victim of a sexual assault could be placed in segregation if he/she requested it for protective custody.

During the tour work areas were inspected to include the kitchen and the laundry. There are multiple cameras within both of these work areas.

The Control Room is operated continuously by a staff member who operates the door control touch screen controls, the camera monitors and the intercom system. The video storage is approximately 14 days. However, newer DVRS systems are on-site and awaiting install by the security contractor. The assumption is the new DVRS will increase video storage by approximately four to five more days. The Director of Security can monitor the cameras from his office. There appears to be very comprehensive camera coverage in all the housing units, hallways and shared use areas. For custodial closets and storage rooms, there are no cameras within the rooms or windows in the doors, but there are cameras covering the entrances to these rooms.

Inmates are out of their housing unit if they are a part of the workforce for kitchen, laundry or custodial; recreation time; religious services and visits with visitors and attorneys.

There are two (2) contracted food service employees. Both employees have received documented PREA training from the Jail Administrator/PREA Compliance Manager. There are approximately 28 volunteers that provide religious services of various denominations. Volunteers receive PREA training from the Director of Security. Volunteers do not operate independently in the jail. Religious volunteers are allowed access to the chapel or the large classroom where religious services are held. Upon completion of services they notify staff via the intercom system and staff escort them from the jail.

Ten (10) inmates were interviewed and one inmate selected to be interviewed declined. The auditor randomly selected all offenders interviewed from a list and selected inmates from each housing unit. The jail does not house youthful offenders. One (1) offender with limited English speaking ability was interviewed. There were no offenders who reported sexual abuse and no offender disclosed sexual victimization during the risk screening. There were no offenders who identified as being transgender, intersex, gay, lesbian, or bisexual in the facility during the time of the audit. There were no offenders in segregated housing for risk of sexual victimization.

There are a total of 34 staff at the jail. As this is a small facility, several staff work in multiple roles. For example, the Jail Administrator also is the PREA Manager, the facility Administrative Investigator, the staff responsible for monitoring for retaliation, and leads the incident review team. There are ten (10) Administration/Support staff. There are 24 line staff consisting of Sergeants and Corrections Officers. All line staff are trained to perform screenings for risk of victimization and abuse at intake and conduct the intake process. There were no volunteers available during the visit to interview, but the auditor did conduct an interview telephonically with one religious volunteer.

The auditor interviewed ten (10) correctional officers, who were randomly selected from both shifts. Five (5) interviews were conducted with employees identified as specialized staff or staff working in specialized areas. The specialized staff selected for interview included the Sheriff, the Jail Administrator, the Director of Security, the Human Resources technician, and the Director of Nursing.

The auditor reviewed 17 incidents that had been investigated as possible PREA violations. Nine (9) incidents were between January 1, 2014 and December 31, 2014 and eight (8) incidents that were investigated between January 1, 2015 and the time of the audit. In 2014 there was one (1) substantiated sexual harassment incident from a contracted worker toward an offender; one (1) unsubstantiated sexual abuse incident; three (3) unfounded sexual abuse incidents; two (2) unfounded sexual harassment incidents; and two (2) sexual abuse incidents reported to have occurred at previous placements that were appropriately referred to external investigators. In 2015 there was one (1) substantiated sexual abuse incident of touching through clothing; one (1) unsubstantiated sexual abuse incident; five (5) unfounded sexual abuse incidents; and one (1) substantiated sexual harassment incident. There was one (1) incident not considered a PREA-reportable incident as the inmate stated an error was made in the selection of the electronic form requesting a cell change.

The auditor was impressed with the staff knowledge about PREA, the zero tolerance policy, offender rights regarding PREA, first response, and evidence collection. The auditor examined randomly selected personnel files. The personnel files were organized and contained all the necessary background check information with the exception of one veteran staff that due to a clerical error did not have the five-year updated background check. This was quickly remedied. The auditor verified through written documentation that the correctional officers received the required training and understood. The signed documentation is maintained within the personnel file.

On August 19, 2015 the auditor conducted an exit meeting. The auditor provided a summary of the audit and explained that three standards would require corrective action. The auditor was satisfied that offenders at the HACTC were very safe from sexual abuse or sexual harassment and was assured that corrective actions would immediately be implemented.

DESCRIPTION OF FACILITY CHARACTERISTICS

The HACTC is located in the Rugby, North Dakota. It is operated in a joint law enforcement center that includes the Pierce County Sheriff's office, the Rugby Police Department, law enforcement dispatch, and the Bureau of Criminal Investigation. The building was constructed in 2006 and houses minimum, medium, and maximum security inmates. The facility houses inmates from Pierce County and neighboring counties both sentenced and those awaiting court as well as federal inmates from the U.S. Marshalls and state inmates from the North Dakota Department of Corrections and Rehabilitation. The Booking/Intake area has three (3) confinement cells, a fingerprint room, a booking desk and a changing room.

HOUSING UNITS:

Block WU houses up to six (6) women in a small, open dorm style housing unit. The unit consists of three bunk beds, a small, private shower and toilet area. At the time of the audit this housing unit housed four (4) female inmates.

Block WR houses up to 12 men in an open dorm style housing unit. The unit consists of six (s) bunk beds and a private shower and toilet area. At the time of the audit this housing unit housed ten (10) male inmates.

Block G houses up to 18 men in an open dorm style housing unit. Inmates in this area are those assigned work assignments throughout the jail to include kitchen, laundry and custodial. The unit consists of nine (9) bunk beds. At the time of the audit this housing unit housed 16 male inmates.

Block TR houses up to 32 women in an open dorm style housing unit. The unit consists of 16 bunk beds and a private shower and toilet area. At the time of the audit this housing unit housed 23 female inmates.

Blocks A through F surround a central duty desk in which the officers can see directly into each housing unit as well as monitor the cameras in each of these housing units.

Block A houses up to 24 men classified as minimum security in open dorm style double tiered housing unit. The second tier bunk area looks down onto an open dayroom. There is a private shower and toilet area. At the time of the audit this housing unit housed 20 male inmates.

Block B houses up 14 men classified as maximum security. There are seven (7) double bunked dry cells. Four (4) cells are on the second floor tier that looks down on an open dayroom. Three (3) cells and a small private shower and toilet area are on the first tier. At the time of the audit this housing unit housed ten (10) male inmates.

Block C houses up to 28 men classified as minimum to medium security in an open dorm style double tiered housing unit. The second tier bunk area looks down onto an open dayroom. There is also a private shower toilet area in the center of the first tier. At the time of the audit this housing unit housed 23 male inmates.

Block D houses up to three (3) men that require segregation in individual wet cells. These cells have cameras within each cell. Inmates in these cells are checked at least once each hour and more as warranted either by observation of the officer, medical or the jail management. An inmate in segregation is reviewed every 30 days for the continued use of segregation.

Block E houses one (1) inmate either male or female that require isolation due to medical or other concerns. There is a camera in this cell, however, the toilet and shower are obscured from observation by glass block. An inmate in this cell is checked at least once each hour and more as warranted either by observation of the officer, medical or the jail management. This check is logged in a book immediately outside of the isolation cell. An inmate in isolation is removed as soon as possible, but must be reviewed at least every 30 days for the continued use of isolation.

Block F houses up to eight (8) men classified as medium security in double bunked wet cells with a dayroom for out-of-cell time. These cells do not have cameras within each cell. There are two cameras within the dayroom.

In addition to housing areas the facility includes two classrooms, both equipped with cameras. The large classroom has a locked door that can provide direct access to the women's housing unit designated as Block TR. There is a laundry facility and a kitchen where offender workers perform various tasks. There is a gym and an outdoor recreation area.

SUMMARY OF AUDIT FINDINGS:

Inmates reported feeling safe and respected at HACTC. All inmates reported at least two methods of reporting. The facility had posters placed throughout the facility. The interviews of inmates reflected they were aware of PREA, had received written material, viewed a video and acknowledged their familiarity with how to report allegations of sexual abuse and sexual harassment.

Staff were familiar with how to perform their responsibilities in prevention, detecting and responding to incidents of sexual abuse and sexual harassment. Staff were aware of the proper procedures to follow if they are the first responders to any PREA related allegation. The facility staff assigned to monitor for retaliation were aware of the duties necessary to detect and monitor for retaliation. Specialized staff were knowledgeable in their roles.

Initially HACTC did not meet three standards during the audit. However, the PREA Compliance Manager immediately began corrective action and before the interim report could be written remedies were forwarded to the auditor for approval. Therefore, there is no interim report for this facility. The auditor reviewed and approved the corrective actions on August 30, 2015 and issued the final report. The HACTC is now in full compliance with the PREA Prisons and Jail Standards. Details of the corrective actions that were taken are written under each applicable standard within this report.

Number of standards exceeded: **0**
Number of standards met: **41**
Number of standards not met: **0**
Non-Applicable standards: **2**

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

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

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

The HACTC has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the approach to preventing, detecting, and responding to such conduct. The HACTC Jail Administrator/PREA Compliance Manager is an upper-level manager and has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.

Standard 115.12 Contracting with other entities for confinement of inmates

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

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

This standard is not applicable. The facility does not contract for the confinement of its inmates with other private agencies/entities.

Standard 115.13 Supervision and monitoring

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

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

The HACTC has developed, documented, and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing. They use video monitoring, electronic door monitoring and an intercom system to protect inmates against sexual abuse.

The HACTC had no documented incidents of circumstances where the staffing plan fell below minimum requirements. Higher-level supervisors conduct and document unannounced visits. These rounds are documented in their computerized Jail Activity Log.

The jail administrator completes an annual review to assess, determine, and document whether adjustments are needed.

Standard 115.14 Youthful Inmate

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

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

This standard is not applicable. The facility does not house youthful offenders.

Standard 115.15 Limits to cross gender viewing and searches

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

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

HACTC does not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. In the event a cross gender search is done HACTC documents all cross-gender strip searches and cross-gender visual body cavity searches. There have been no cross-gender searches for this audit review period. As prohibiting the pat search of female inmates by male officers is a relatively new procedure, the auditor recommends strengthening this training so that all staff more readily demonstrate an understanding of their role and duties. In addition, currently any exigent circumstance is recorded in a hand-written log. The auditor recommends an electronic exigent circumstance log be maintained by the Jail Administrator so that these events can be more readily accessed for the purpose of future evaluations.

HACTC has policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without 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. Such policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. The auditor directly witnessed announcements throughout the audit and the practice was confirmed through both staff and inmate interviews. The exception to this procedure is the viewing via security cameras of the wet cells located in Booking and D block. During the audit, the jail administrator stated they would be seeking a method of blurring or obscuring the area near the toilet where staff viewing a camera could still visually check on the inmate for safety and security purposes without directly viewing breasts, buttocks or genitalia.

The HACTC does not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it is determined during conversations with the inmate, 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 HACTC trains line staff in the proper methods to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs

CORRECTIVE ACTION: Cells within the booking/intake area and cells within D Block used for segregation are wet cells with cameras. Cross-gender viewing was possible by staff monitoring cameras of these areas. On August 20, 2015 the Jail Administrator provided before and after photos of the cells in which the toilet area was blurred out on the camera. This enabled the inmate to have an area within the cell to toilet and change clothing where they were not fully viewed by staff, but safety and security measures were still maintained.

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

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

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

Although the HACTC has had limited occurrences with inmates with disabilities or who are limited English proficient, they have taken appropriate steps to ensure inmates with disabilities and who are limited English proficient have an equal opportunity to participate in or benefit from all aspects of their efforts to prevent, detect, and respond to sexual abuse and sexual harassment. They have contracted with an interpretive service to provide interpreters. In addition, line staff include both Spanish speaking officers and an officer proficient in sign language. The HACTC handbook and posters are also in Spanish.

The HACTC does not rely on inmate interpreters or inmate readers. Staff were aware of this policy, but a few need refresher training to strengthen their knowledge base. Although staff stated they have not used inmate interpreters, they might if it was an emergency situation. All staff stated that they would refer issues with language barriers to their team sergeant and all team sergeants were aware of the contracted language service.

Standard 115.17 Hiring and promotion decisions

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

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HACTC conducts criminal background checks on applicants before an offer of employment is made and on current employees when they are promoted. The auditor interviewed the human resources technician and reviewed a random sampling of employee files and found the necessary background checks were ran prior to employment/service. HACTC performs a records check at least every five years of current employees, volunteers and contractors who may have contact with inmates. During the record review the audit found one five year background check was overlooked. The fingerprint card had been completed, but due to a clerical error, was not mailed. This was remedied prior to the auditor leaving the facility.

The HACTC does not hire, promote, or enlist the services of any employee, volunteer or contractor who may have contact with inmates, who has engaged in sexual abuse in any criminal justice facility, 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; or has been civilly or administratively adjudicated to have engaged in the activity described above. These questions are also asked of perspective applicants during the hiring process.

Standard 115.18 Upgrades to facilities and technology

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

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HACTC actively employs and updates technology such as video monitoring systems, door access systems, or other monitoring technology. HACTC considers how such technology may enhance their ability to protect inmates from sexual abuse. There have been no substantial expansion or modifications to existing facilities, but the will be upgrading their DVRS to increase access and video retention timeframes.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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HACTC has a trained facility investigator to conduct administrative investigations. All criminal allegations are turned over to the Pierce County Sheriff’s Department for investigation. The jail administrator completed the PRC PREA investigator training provided by North Dakota Department of Corrections and Rehabilitation on December 16, 2014.

Victims of sexual abuse have access to forensic medical exams through the Heart of America Medical Center in Rugby or Trinity Healthy in Minot. There is only SANE nurse for forensic exams at the hospital in Rugby and she may not always be available. However, in Minot at Trinity Hospital SANE nurses are available at any time. The facility has a MOU with the Domestic Violence Crisis Center (DVCC) in Minot for advocacy services. As requested by the victim, a victim advocate accompanies and supports the victim through the forensic medical examination process, investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

The Pierce County Sheriff’s office is contacted to investigate criminal allegations – both sexual abuse and sexual misconduct allegations. Both the facility and the Pierce County Sheriff’s office utilize the North Dakota Sexual Assault Evidence Collection Protocol (Fifth Edition).

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

The facility refers all allegations for investigation. The HACTC investigations were completed by qualified investigators. The auditor reviewed the investigative documents. They were very well laid out, easy to read and contained all the necessary elements of a thorough investigative report. The administrative investigator has received specialized training. Investigative steps are properly outlined in the PREA policy number H-107 Investigations. The policy is posted on the facility's website.

Standard 115.31 Employee training

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

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PREA training with staff was apparent during the interviews as staff were very knowledgeable in the required competencies such as the correct first responder response – separate, provide care, protect evidence, call for assistance, notify shift supervisor and provide a written report. Staff were knowledgeable in how to recognize signs of sexual abuse and how to communicate effectively with LGBTI inmates. A few staff were a little hesitant answering without prompts – specifically questions concerning pat searches of transgendered or intersex inmates. The training is outlined well and all staff have acknowledged receipt of the information. However, the auditor recommends providing small, frequent training blocks for staff to internalize the material. Another area of weakness was the use of the translating services for inmates that are not proficient in English. In this area staff that were not as confident in their answers, but did state they would refer any language barrier issues to their unit sergeant and the sergeants were very knowledgeable. Further training, especially in the areas of searches of LGBTI inmates and inmates not proficient in English, is recommended.

Standard 115.32 Volunteer and contractor training

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

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The facility provides PREA training to their religious volunteers and contractors. The auditor viewed and verified documentation of training that has been provided to volunteers and contractors. The auditor spoke with a religious

volunteer and a contractor who were able to state the facility's zero-tolerance policy and the appropriate actions to take if an inmate indicated sexual abuse. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates are notified of the zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Standard 115.33 Inmate education

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

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The inmates receive training, a pamphlet and a handbook on the day of arrival that outlines important PREA information. There are posters posted throughout the facility. In addition, prior to assignment to their housing unit they watch a video with more in-depth PREA information. In addition, when an inmate initially signs on to the kiosk within their housing unit the screen displays PREA information regarding their rights to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting such incidents and methods of reporting. The inmate must acknowledge reading it before having access to the kiosk.

The interviews confirmed that inmates were well aware of how to report and were familiar with multiple ways to report. The training is documented through the inmates' signature on an acknowledgement form. The inmates all expressed a trust in their staff and commented on staffs' respect and professionalism toward offenders. They all reported that if they needed to report anything they would report it directly to their staff. For this reason, the auditor makes the assumption that even though information is made available regarding the outside reporting methods, a few inmates did not internalize it, find it unnecessary and were therefore unable to repeat it back to the audit team during the interviews. This information is readily available to the inmates as it is posted in multiple areas and is in their training materials.

Standard 115.34 Specialized training: Investigations

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

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HACTC has a trained facility investigator to conduct administrative investigations. All criminal allegations are turned over to the Pierce County Sheriff's Department for investigation. The jail administrator completed the PRC PREA investigator training provided by North Dakota Department of Corrections and Rehabilitation on December 16, 2014. . HACTC publishes its investigative policy on its website www.piercecountynd.gov .

Standard 115.35 Specialized training: Medical and mental health care

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

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

The LPN and the contracted Physician's Assistant have completed the specialized training through NIC. The Registered Nurse has completed the course for Mental Health professionals and at the time of the audit was participating in the NIC course for Medical professionals. During the interview the RN was very knowledgeable about the appropriate response for transporting the inmate to the hospital for sexual assault forensic exams and protecting evidence to aid in the prosecution of a sexual assault. The HACTC does not provide in-house mental health services. Inmates are referred to a provider at the Lake Region Human Services Center for mental health care. All three providers have also received in-house PREA training mandated for all employees of HACTC.

Corrective Action: In order to meet this standard the auditor required the RN provide verification of completion of the NIC course for medical providers. The nurse provided the certificate from the NIC course on August 19, 2015. The auditor also recommends better security measures put in place to protect medical information that may contain specifics regarding sexual assaults, or testing for pregnancy or sexually transmitted disease. The jail administrator provided documentation regarding secure file storage on August 21, 2015.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

The HACTC screening process is completed through a computerized booking system. The intake officer cannot continue through the booking process until all questions on the screening have been answered. Intake screenings take place usually within a few hours of arrival, but never exceeds 72 hours.

Standard 115.42 Use of screening information

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

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

HACTC makes individualized determinations about how to ensure the safety of each inmate. In deciding whether to assign a transgender or intersex inmate to a housing unit for male or female inmates, and in making other housing and programming assignments, HACTC considers on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. A transgender or intersex inmate's own views with respect to his or her own safety would be given serious consideration. Transgender and intersex inmates would be given the opportunity to shower separately from other inmates. HACTC does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated units solely on the basis of such identification. An inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked.

Due to a recent change in the computerized module that facilitates the screening, inadvertent access to the risk screening form has been given to all staff. The Jail Administrator is working with the vendor to correct this error so that only senior level and medical staff have access to the risk screening form once it has been completed.

CORRECTIVE ACTION: The auditor required that the Jail Administrator provide a signed statement and a statement from the vendor that the module has been setup with restricted access to the screening information once the form has been closed within the computer software. The required signed statements from both the Jail Administrator and the software vendor were provided to the auditor on August 27, 2015.

Standard 115.43 Protective Custody

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

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

The HACTC considers the least upsetting placement for the alleged victim. Staff interviews confirmed that inmates at high risk for sexual victimization are not placed into protective custody unless the inmate cannot be protected by any other means. A review of status for protective custody is completed at a minimum of every 30 days. They have not placed any alleged inmate victims of sexual abuse or sexual harassment in involuntary segregated housing.

Standard 115.51 Inmate reporting

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

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

HACTC provides multiple internal avenues for inmates to report sexual abuse, sexual harassment and retaliation (i.e. telling any staff member, submitting an inmate request through the kiosk, writing to the PREA Coordinator, dialing the crime tip line.) In addition, they may write or call the numbers provided for external sexual abuse victim's organizations. Inmate interviews confirmed that inmates are aware of their options.

Standard 115.52 Exhaustion of administrative remedies

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

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

Inmates may file a grievance; however, all allegations of abuse/harassment when received by staff, would immediately result in an administrative or criminal investigation. There is no time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. Inmates are not required to use an informal grievance process or to otherwise attempt to resolve with staff an alleged incident of sexual abuse. An HACTC inmate may file an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse. Staff shall immediately forward such grievance to the jail administrator for which immediate corrective action may be taken.

Standard 115.53 Inmate access to outside confidential support services.

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

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

On March 4, 2015, HACTC entered into a Memorandum of Understanding with Minot Domestic Violence Crisis Center for outside confidential support services. Phone numbers and mailing addresses are provided, in English and Spanish, in the brochure the inmates receive during intake and are posted throughout the housing areas.

Standard 115.54 Third-party reporting

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

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

The HACTC website provides information on how an individual can make a third party report. Third parties are able to report sexual abuse and sexual harassment to any facility staff member. In addition there are posters in the visit area and pamphlets available in the waiting room. HACTC has not received any third party reports. Interviews with staff and inmates confirm that staff and inmates are aware that third party reporting options are available.

Standard 115.61 Staff and agency reporting duties

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

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

HACTC PREA Policy requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment and for staff not to reveal any information related to a sexual abuse report to anyone other than the extent necessary. Staff interviewed understood and spoke specifically about this procedure. Inmate interviews supported the fact that inmates are also aware of the reporting and confidentiality requirements of sexual abuse and sexual harassment.

Standard 115.62 Agency protection duties

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

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

HACTC PREA Policy requires staff to take immediate action to protect any inmate they learn is subject to substantial risk of imminent sexual abuse. All staff interviewed were aware of this procedure. There were no instances when an inmate was subject to a substantial risk of imminent sexual abuse.

Standard 115.63 Reporting to other confinement facilities

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

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

Through interviews with the Jail Administrator, upon receiving an allegation that an inmate was sexually abused while confined at another facility, he notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred. An investigation will be initiated immediately. This notification is made immediately and documented. There were two incidents reported to other facilities over the past year. The auditor recommends that the Jail Administrator document attempts to obtain an outcome from the other facility at the conclusion of their investigation so that they may report back to the inmate.

Standard 115.64 Staff first responder duties

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

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

Staff provided appropriate responses during the interviews outlining the duties of first responders as separate the victim and abuser, preserve and collect evidence; do not allow inmates to take any actions that could destroy evidence, contact medical staff to provide immediate medical care and contact a supervisor.

Standard 115.65 Coordinated responses

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

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

HACTC has a detailed comprehensive PREA Plan with a coordinated response. Also, one of the ways the plan is disseminated to staff is through an easy to read flow chart ensuring their coordinated response includes first responders, medical, mental health, investigators and supervisors.

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

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

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

HACTC has a disciplinary process that allows for staff discipline when staff have participated in a sexual abuse / harassment incident to including dismissal.

Standard 115.67 Agency protection against retaliation

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

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

The HACTC PREA Policy covers all elements of this standard. The PREA Compliance Manager and the Director of Security are designated to monitor for retaliation up to a 90-day period or for as long as needed.

Standard 115.68 Post-allegation protective custody

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

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

HACTC demonstrated compliance with all elements of this standard. After interviewing the Jail Administrator, the Director of Security, staff assigned to supervise segregated housing, and inmates there were no instances of using segregation to protect an inmate who had alleged to have been sexually abused. Staff stated segregated housing would only be used at the request of the inmate. There are multiple housing options available to provide adequate separation for the protection of an inmate. The standard practice would be to place the suspected abuse in segregated housing.

Standard 115.71 Criminal and administrative agency investigations

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

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

The auditor reviewed agency investigative files. The facility had one substantiated incident of sexual abuse in April 2015. The incident was properly investigated as outlined by their policy and PREA standards. Administrative investigations include efforts to determine whether staff actions/failures contributed to the abuse. The investigations are documented through written reports and include physical/testimonial evidence, credibility reasoning assessments and investigative facts and findings. All written reports will be retained for at least seven (7) years from inmate(s) discharge. Investigations will not be terminated due to the departure of an alleged abuser or victim. The facility will cooperate with outside investigators and will remain informed of the investigation progress.

Standard 115.72 Evidentiary standards for administrative investigations

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

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

HACTC policy stipulates no standard higher than a preponderance of evidence will be used in making a determination of alleged sexual abuse/harassment. Through interviews with the investigator they use no standard higher than the preponderance of evidence in making final determinations of sexual abuse/harassment. There were a couple of cases in which a clerical error was made in documenting the outcome. The PREA Compliance Manager made an addendum correcting the case file.

Standard 115.73 Reporting to inmates

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

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

HACTC policy requires inmates to be informed as to whether the allegation was substantiated, unsubstantiated or unfounded; whether the allegation involved staff, contractors, volunteers or another inmate. If a sexual misconduct allegation is confirmed, the inmate will be informed of the abuser's employment/volunteer/contractor status; and as appropriate of an indictment/conviction. Interviews with the Jail Administrator confirmed practices involving all standard components were in place. Information regarding the status of investigations is readily available and was provided to the

auditor. The inmate will be made aware of the outcome. The auditor verified this by viewing written documentation of the report to inmates. This report contained the inmate's signature.

Standard 115.76 Disciplinary sanctions for staff

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

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

HACTC policy requires that staff members who have violated sexual abuse, sexual harassment and retaliation policies are subject to disciplinary sanctions. No staff has violated agency sexual abuse, harassment or retaliation policies. Interviews conducted with the Jail Administrator verified that there had been no substantiated allegations at the facility during this audit period review. Interviews also confirmed that agency policy would be followed should disciplinary measures be required including a report to law enforcement should termination and/or resignation of staff occur.

Standard 115.77 Corrective actions for contractors and volunteers

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

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

HACTC policy states contractors and volunteers are subject to disciplinary actions including termination for violation of sexual abuse policy. There was incident of sexual misconduct in the audit review period and the contractor was immediately released from service. The misconduct was not criminal in nature. According to the Jail Administrator, should any violation of this type be substantiated, the facility has complete authority to administer remedial measures including prohibiting further contact with inmates by prohibiting entrance into the facility for violation of the facility's sexual abuse/harassment policies. In the event of criminal conduct, reports will be made to Pierce County Sheriff's office.

Standard 115.78 Disciplinary sanctions for inmates

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

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

For incidents of inmate-on-inmate sexual abuse, sexual harassment or retaliation, administrative sanctions will be handed out following the formal disciplinary processes and applied commensurate with the level of infraction. HACTC prohibits all sexual activity among offenders and does not deem such activity to be sexual abuse if the activity is consensual. However, consensual activity is thoroughly investigated to ensure that it is truly consensual and not coerced.

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

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

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

Through the PREA screening completed by intake staff any inmate that has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, will be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Interviews confirmed agency policy expectations and staff were aware of their responsibilities including limiting information strictly to medical and other staff, as necessary. Medical staff are aware of mandatory reporting laws for inmates. The auditor recommends that inmates are more clearly notified the limits of confidentiality if they disclose sexual abuse to medical providers by perhaps posting a sign in the medical offices and the exam room. The auditor recommends that the inmate provide an informed consent in writing if medical reports information about prior sexual victimization that did not occur in an institutional setting.

Standard 115.82 Access to emergency medical and mental health services

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

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

A review of facility policy documented PREA requirements are met for access to emergency medical and mental health services. In the event services after hours are not available by the facility medical staff, inmates would be taken to either Heart of America Medical Center or Trinity Hospital in Minot.

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

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

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

The HACTC policy requires that medical and mental health evaluations and treatment are offered at no cost to sexual abuse victims and abusers. Medical staff verified this as a consistent practice. Tests for sexually transmitted infections and pregnancy are offered. If mental health services are required a referral is made to the regional Human Service Center operated by the North Dakota Department of Human Services. In some instances a referral for mental health services would be made by the agency placing the inmate at HACTC.

Standard 115.86 Sexual abuse incident reviews

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

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

The facility conducts formal sexual abuse incident reviews following each sexual abuse investigation specifically answering the questions posed within the standard. The auditor recommended a consistent date each month is set for the review of any incidents from the previous month. The review includes upper-level staff, supervisors, investigators, and medical staff.

Standard 115.87 Data collection

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

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

The facility collects uniform data for all allegations of sexual abuse based on incident reports and investigation files. Aggregate annual data is available and was provided to the auditor.

Standard 115.88 Data review for corrective action

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

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

The facility conducted an annual review of data and prepared an annual report. This review was attended by all upper level managers and reported on findings and corrective actions as well as the progress made through their previous year in addressing sexual abuse.

Standard 115.89 Data storage, publication and destruction

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

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

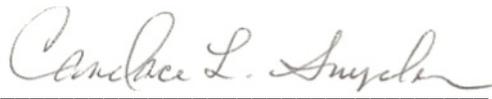
The Agency posts PREA related data on the Agency’s website as listed below. Data collected is retained in a secure manner and for at least ten (10) years.

http://www.piercecountynynd.gov/?id=48&form_data_id=325

AUDITOR CERTIFICATION

I certify that:

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



Auditor Signature

August 31, 2015

Date