PREA AUDIT REPORT ○INTERIM ●FINAL
ADULT PRISONS & JAILS

<table>
<tr><td colspan="4">Auditor Information</td></tr>
<tr><td colspan="4">Auditor Name: Candy Snyder</td></tr>
<tr><td colspan="4">Address: PO Box 405, Custer, SD 57730</td></tr>
<tr><td colspan="4">Email: Snyder@gwtc.net</td></tr>
<tr><td colspan="4">Telephone number: (605) 517-1747</td></tr>
<tr><td colspan="4">Date of facility visit: December 15 to December 17, 2014</td></tr>
<tr><td colspan="4">Facility Information</td></tr>
<tr><td colspan="4">Facility Name: Lake Region Correctional Facility</td></tr>
<tr><td colspan="4">Facility physical address: 222 West Walnut Street, Devils Lake, ND 58301</td></tr>
<tr><td colspan="4">Facility mailing address: (If different from above)</td></tr>
<tr><td colspan="4">Facility telephone number: (701) 662-0700</td></tr>
<tr><td rowspan="3">The facility is:</td><td>○ Federal</td><td>○ State</td><td>● County</td></tr>
<tr><td>○ Military</td><td>○ Municipal</td><td>○ Private for profit</td></tr>
<tr><td colspan="3">○ Private not for profit</td></tr>
<tr><td>Facility Type:</td><td>○ Prison</td><td colspan="2">● Jail</td></tr>
<tr><td colspan="4">Name of facility's Chief Executive Officer: Tom Rime</td></tr>
<tr><td colspan="4">Number of staff assigned to the facility in the last 12 months: 21</td></tr>
<tr><td colspan="4">Designed facility capacity: 108</td></tr>
<tr><td colspan="4">Current population of facility: 93</td></tr>
<tr><td colspan="4">Facility security levels/inmate custody levels: Minimum to Maximum</td></tr>
<tr><td colspan="4">Age range of the population: 18 plus</td></tr>
<tr><td colspan="4">Name of PREA Compliance Manager: Cole Schwab</td></tr>
<tr><td colspan="4">Email address: cms@lrlec.org</td></tr>
<tr><td colspan="4">Agency Information</td></tr>
<tr><td colspan="4">Name of agency: Lake Region Law Enforcement Center</td></tr>
<tr><td colspan="4">Governing authority or parent agency: (if applicable)</td></tr>
<tr><td colspan="4">Physical address: 222 West Walnut Street, Devils Lake ND 58301</td></tr>
<tr><td colspan="4">Mailing address:(if different from above)</td></tr>
<tr><td colspan="4">Telephone Number: (701) 662-0700</td></tr>
<tr><td colspan="4">Agency Chief Executive Officer</td></tr>
<tr><td colspan="2">Name: Tom Rime</td><td colspan="2">Title: Director</td></tr>
<tr><td colspan="2">Email address: tpr@lrlec.org</td><td colspan="2">Telephone number: (701) 662-0700</td></tr>
<tr><td colspan="4">Agency Wide PREA Coordinator</td></tr>
<tr><td colspan="2">Name: Cole Schwab</td><td colspan="2">Title: PREA Coordinator</td></tr>
<tr><td colspan="2">Email address: cms@lrlec.org</td><td colspan="2">Telephone number: (701) 662-0727</td></tr>
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AUDIT FINDINGS

NARRATIVE:

The audit of the Lake Region Correctional Facility (LRCF) was conducted on December 15 to December 17, 2014 by Candy Snyder, a certified PREA Auditor and Mark Snyder, auditing assistant. The LRCF is a 108-bed facility that houses both male and female incarcerated adults. At the start of the audit the population was 92 inmates – 79 males and 13 females. The facility maintains active contractual agreements with the Federal Bureau of Prisons, the US Marshall's and the North Dakota Department of Corrections and Rehabilitation. Those agencies also inspect the LRCF on a continuous basis. The LRCF is one of six justice organizations operating under the shared resources of the Lake Region Law Enforcement Center (LRLEC). In addition to the LRCF, the same building houses the 911 dispatch center, the Ramsey County Sheriff's office, the North Dakota State Bureau of Investigation and the Devils Lake Police Department. Another building within close proximity houses the Lake Region Residential Reentry Centre (RRC).

Prior to arrival at the LRCF the auditor reviewed pertinent policies, procedures, and related documentation used to demonstrate compliance with PREA standards. The on-site portion of the audit began with an entrance briefing with the purpose of organizing the audit schedule. The meeting was attended by the following staff: Steve Nelson, Sheriff and Interim Operations Administrator; Rob Johnson, RRC Operations Manager; Kurt Weaver, PREA Coordinator; and Captain Duane Armstrong, LRCF supervisor. Captain Armstrong provided the auditor with a roster of staff and a roster of inmates.

Lt. Berg led a tour of the LRCF. The areas toured were a total of 17 housing units to include both male and female units, administrative areas and any inmate work areas such as the laundry and kitchen. During the tour the auditor informally questioned staff to gain better understanding of the facilities standard operating procedures.

The interview portion of the audit then began. The auditor interviewed the sheriff who was the interim administrator, Captain Armstrong who is the senior administrator of the correctional facility, the PREA Coordinator, the nurse, the outside criminal investigator from the Devils Lake Police Department, and one volunteer. Four random staff were interviewed and have been with the LRCF from several months to several years. Ten inmates were selected randomly from a roster with specific characteristics in mind to include all housing areas and varying lengths of stay. There were no inmates who identified as lesbian, gay or bisexual; no inmates that identified as transgender or intersex; there were no inmates who needed translation services or other disability related services; and there were no inmates who had been involved in a facility investigation. There were no inmates who requested to speak with the auditor.

There were nine sexual abuse allegation cases reported within the last year. Three were turned over to law enforcement for criminal investigation. Of the three cases turned over to law enforcement, in one case prosecution was declined; one case was unfounded by the criminal investigator and one case is still an open investigation. Four cases were investigated by the administrative investigator. Two cases were unfounded, one case was unsubstantiated and one case initially had no finding. There were two cases reported that had occurred at other facilities. Those cases were reported immediately to the PREA Coordinator for the other facilities. There were eight sexual harassment allegation cases reported within the last year. One case was substantiated, two cases were unsubstantiated, one case was unfounded and four cases initially had no finding documented. The cases with no finding were later completed and were assigned a finding by the investigator.

Finally, the auditor completed a review of all pertinent policies, records, and documents. The auditor randomly selected personnel files for review of criminal records checks, applications and reference checks with previous institutional employers. The auditor reviewed signed staff training records, inmate records acknowledging receipt of PREA training, and investigative files.

The Lake Region Law Enforcement Center policy closely mirrors the written language of the Prison Rape Elimination Act standards. The audit team held an exit meeting with Steve Nelson, Interim Operations Administrator; Rob Johnson, RCC Operations Manager; Kurt Weaver, PREA Coordinator; James Sayler, Program Administrator from North Dakota Department of Corrections and Rehabilitation; and Captain Duane Armstrong, LRCF supervisor.

On January 15, 2015 the auditor provided the LRCF with the interim audit report. Within this report the auditor provided corrective actions necessary for compliance and the corrective action period began. Over the next several months the auditor worked with facility staff to address each corrective action.

The primary concern of the auditor was the change in senior level staff throughout the audit process. At the beginning of the audit process the Sheriff was the appointed active administrator and the jail captain and the PREA Coordinator had only assumed their positions within a few months prior. In addition, many of the staff were newly employed at the facility. Within a few days following the on-site portion of the audit the PREA Coordinator resigned. A new coordinator was hired, but only served in the position for a little over a month. Since March a new Administrator and a new PREA Coordinator assumed duties and have played an extremely active role in ensuring compliance with all PREA standards and providing a positive, zero-tolerance culture within the jail. Even though there were changes of key staff during the audit process, all staff were very cooperative, engaged and were looking to build a positive culture within the facility. It was immediately evident to the auditor the professionalism, commitment and stability that the new administrator brought to the facility. The administrator brought in or scheduled to bring in a jail administrator, a North Dakota Department of Corrections facility administrator and an NIC technical assistance review team to assist in evaluating the jail and improving the operations of the facility for the betterment of the inmates and the staff.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The LRCF was constructed in 1972 and has 17 units consisting of 4 female units (J1, J2, J3 and J4); 3 male segregation units, 3 male general population units (South unit, J5 unit, MF unit); 1 male work release unit; 2 male medium security units; 1 male maximum security unit; and 3 receiving and holding cells. There are two inmate work areas -- the kitchen and the laundry. Administrative areas include one senior staff office, the PREA Coordinator's office/training classroom, the nurse's office, the booking area, the visit area and both the indoor and outdoor recreation areas.

The Lake Region Correctional Facility's purpose is to provide appropriate supervision of persons incarcerated in the correctional facility and to meet their basic human needs. The facility is operated under a joint powers agreement between five counties and overseen by a Board of Directors. Inmates are sent to the facility from the Bureau of Prisons, the U.S. Marshall's, the North Dakota Department of Corrections and Rehabilitation, the five counties of Ramsey, Benson, Eddy, Towner, Nelson and the city of Devils Lake.

At the LRCF the inmates are housed based upon needs and their respective level of classification. The staff structure includes one Captain, one Lieutenant, one Senior Sergeant, three Sergeants and 12 Full-time Corrections Officers and one part-time Corrections Officer. The LRCF houses minimum, medium and maximum-security inmates, serving federal, state, county and city sentences and holds.

SUMMARY OF AUDIT FINDINGS:
Inmates reported for the most part that they feel safe at LRCF. The main issue they reported was that sometimes there is not a quick response if an inmate is calling on the call system or beating on the door for a correctional officer. All inmates reported at least two methods of reporting. The facility had posters placed throughout the facility. The inmates stated they had a handbook provided upon intake to refer to throughout their stay.

Staff were familiar with how to perform their responsibilities in prevention, detecting and responding to incidents of sexual abuse and sexual harassment. Staff were able to relay to the auditor signs to watch for in inmates who may have experienced sexual abuse or harassment. 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 and had received specialized training in their areas of expertise with a few exceptions.

The interviews of inmates reflected all were aware of PREA, had received written material and acknowledged their familiarity with how to report allegations of sexual abuse and sexual harassment. Staff (including specialized staff, and one volunteer) during the interview indicated they were knowledgeable about PREA and their responsibilities related to reporting requirements. They were also aware of the proper procedures to follow if they are the first responders to any PREA related allegation.

Through the pre-audit and on-site audit processes, the auditor determined that several standards were not met. A corrective action plan for compliance was developed and agreed upon. Over the next five months the facility worked in conjunction with the auditor on their corrective action plan. Details of corrective actions 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

- ○ 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.

At the time of the audit the PREA policy was in draft form. The policy states the facility's zero-tolerance for sexual abuse and sexual harassment. The policy outlines the facility's efforts in preventing, detecting and responding to sexual abuse and harassment. The policy includes all necessary and related defined terms.

There have been four separate persons assigned as the PREA Coordinator throughout the audit period. All of the LRLEC PREA Coordinators have been committed to implementing PREA standards into the facilities. Although the standard does not outline that PREA responsibilities be the sole responsibility placed upon a staff member, it does state that the designated staff member has sufficient time and authority to develop, implement, and oversee agency efforts. One of the largest obstacles in implementing PREA is maintaining a culture of zero tolerance. This takes a firm commitment on the part of the coordinator and significant amount of time and energy.

CORRECTIVE ACTIONS: In order to become compliant the auditor required the LRCF provide the auditor with the signed PREA policy with an effective date. The signed policy was provided to the auditor with an effective date of February 18, 2015. The auditor stressed that the coordinator position must be maintained and have the time and authority to devote to both the jail and the reentry facility's compliance measures. The auditor continued to monitor throughout the corrective action period to ensure that the PREA Coordinator had sufficient time to oversee the agency's efforts. At the conclusion of the corrective action period the auditor was satisfied that the coordinator has sufficient time to oversee efforts as was evident by the quick response in providing the auditor with everything requested, continuous communication, and continuing efforts in educating staff and inmates in PREA compliance.

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, as the LRCF does not contract with other facilities for the confinement of its inmates.

Standard 115.13 Supervision and monitoring

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

Auditor 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.

At the time of the on-site portion of the audit there was no Annual Staffing Plan. The auditor stressed the importance of stability in staffing. The LRCF underwent immense upheaval during 2014. During the latter part of the year they were just struggling to fill each shift. LRCF recognized the need for strong, consistent leadership, a good training program, and a positive culture. They needed to begin with attracting and retaining quality line staff. They hired a consultant to complete a salary analysis. Following recommendations of this consultant, wages were raised and a diligent effort was made to hire quality staff to fill their vacancies.

LRCF has one Captain, one Lieutenant, one Senior Sergeant, three Sergeants and 14 Corrections Officers. There are always, at a minimum, three direct care staff on duty 24 hours each day. At the time of the on-site portion of the audit there was no evidence of unannounced rounds conducted by intermediate and higher level supervisors.

Through interviews and discussions with staff it appeared there was no policy mandating that the booking desk be continually manned. The camera monitors and the call system from the housing units are located at the booking desk. It is possible for certain periods of time in which no one is visually monitoring the cameras or listening for a duress call on the call system. This is a critical component. If an inmate requires immediate aid, it is possible that no one would hear or see his or her distress.

CORRECTIVE ACTIONS: In order to meet this standard the auditor required the LRCF implement unannounced rounds by higher-level staff and document those rounds. The LRCF was required to provide the auditor with at least three documented entries of rounds that have been conducted. The rounds log book detailing unannounced rounds was discovered in the records of the previous administration and the practice was continued by the current administration. It was provided to the auditor on February 11, 2015 and contained documented unannounced rounds from June 2014 to February 2015. The auditor requested a written policy, standard operating procedure (SOP), or memorandum that implements the unannounced round outlining when the rounds are to occur, how they are to be completed and how they are to be documented.

In addition, the auditor required an annual staffing plan be completed. The annual staffing plan was provided to the auditor on March 31, 2015. A new Administrator was hired and began on March 2, 2105. Also in March a new PREA Coordinator was selected. To address the upheaval, especially in higher-level staff, the auditor requested that the LRCF operate for at least two months of performance under the direction of the new administrator and the new PREA Coordinator with continuous communication with the auditor. Both have performed exceptionally well in their new roles and were in continuous contact with the auditor on changes and improvements made at the LRCF. The administrator reported to the auditor on almost a weekly basis on actions being implemented to provide strong and consistent leadership, a good training program, and a positive culture. He mandated staff follow policy to keep the booking desk manned in order to respond to emergencies.

Standard 115.14 Youthful Inmates

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

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, as the LRCF does not house inmates less than 18 years of age.

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.

LRCF prohibits male staff from conducting cross gender searches of female inmates. Female inmates' access to regularly available programming or other out-of-cell opportunities is not restricted in order to comply with this provision. All interviews with both inmates and staff confirmed the practice. The facility has not had transgender or intersex inmates but the draft policy prohibits examination for the sole purpose of determining gender and staff are knowledgeable of correct search procedures. Staff are adequately trained in searches of lesbian, gay and bi-sexual inmates, and such training is required by their policy.

Inmates shower in private shower stalls with shower curtains to provide privacy and to prevent observation by staff of the opposite gender or casual observers. However, many of the curtains were in disrepair and need replaced. Some sleeping rooms have toilets within the room and the room is viewable by camera. In the female units, the inmates had covered the cameras with Band-Aids or sanitary panty liners for privacy. The auditor requested that this practice be remedied immediately as covering a camera violates facility rules. The auditor suggested blurring out the toilet area for privacy. The inmate handbook should clearly state that an inmate is prohibited from being in any state of undress unless in the shower areas.

Based on agency staff and inmate interviews, staff members of the opposing gender announce their presence when entering units where the probability exists that the inmate may be changing clothes. The auditor witnessed the announcement and it appeared to be a standard practice.

CORRECTIVE ACTIONS: In order to meet this standard the auditor required the signed PREA policy with an effective date. The signed policy was provided to the auditor with an effective date of February 18, 2015. The LRCF's PREA policy addresses properly the limits to cross-gender viewing and searches. The auditor required that either the policy or other written documentation state how to document cross-gender searches or viewing due to exigent circumstances and where to document those instances. This was provided to the auditor on 5/21/15 with log book entries dated 7/17/14 to 4/21/15.

The auditor required the LRCF provide an updated handbook outlining the expectation of dressing and undressing only in the shower area. This was provided to the auditor on February 19, 2015. The auditor required the LRCF provide a still image of every camera in a room with a toilet to ensure that the toilet area has been adequately blurred so to allow for privacy while toileting and prevent cross-gender viewing. On February 19, 2015 the discs containing the camera images for all cameras was provided and it adequately obscured the toilet area for the sake of privacy while toileting.

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.

The LRCF has not experienced any inmates who do not speak English or have learning disabilities prohibiting them from understanding written materials or verbal training on PREA requirements. However, they still need to be prepared for when this may occur. There is a Spanish poster posted in the facility, but there was no language translating service available for those inmates that may arrive who do not speak or understand English proficiently. The draft policy prohibits using inmates as interpreters. However, a few staff stated that they might use another inmate to interpret. Although there were no documented inmates with disabilities, staff were aware of the expectations of providing necessary services.

CORRECTIVE ACTIONS: In order to comply with this standard the auditor required the LRCF provide the name and contact information for the translating services it can use in the event they have a inmate that does not speak, read or understand English or a copy of a contract with a translating service. On February 11, 2015 the LRCF provided their contracted translating service information with CTS Languagelink.

The auditor required further training to staff reiterating to staff that inmates are not allowed to be used as translators. The LRCF has continuously provided updated training staff to throughout the corrective action period.

Standard 115.17 Hiring and promotion decisions

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

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

The auditor reviewed personnel records and staff hired over the reporting period had the required background checks. They were not aware that the background check needed to be run again when an employee is promoted within the facility. They will be running all background checks again so that it is easier to manage the every five-year requirement from a logistical standpoint. They stated they were asking recent interviewees the three questions required by the standard regarding any previous misconduct. However, the auditor suggested that they add these questions in written form to their application process so that there is consistent written documentation. Also, the prospective applicant can sign acknowledging that they have a continuing duty to report. The facility conducts checks with all previous institutional employers regarding substantiated allegations of sexual abuse. The employees' records that were checked by the auditor indicated that the employees were not employed in an institution, but staff were completing inquiries to other types of previous employers. The policy states that material omissions in applications regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

CORRECTIVE ACTIONS: In order to comply with this standard the auditor required the LRCF to include the three questions regarding disclosure of previous sexual misconduct and a statement acknowledging they have a continuing duty to disclose sexual misconduct. On January 27, 2015 the auditor was provided the document that they are now using to record that the required questions are asked of prospective employees.

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)

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 considers protection of inmates and the standards when contemplating upgrades to the facility or in the application of technology such as cameras. They have added specially filtered screens to camera monitors so that they cannot be viewed from the side by the casual observer in the area. The viewer must be directly in front of the monitor screen. The auditor recommends that all inmate work areas such as the kitchen, the laundry, and the recreation area be updated with doors containing windows with safety glass versus solid doors. Best practice is to alleviate any area where an inmate can be in a one-on-one situation with another inmate or with a staff member. Doors with windows add protections because potential perpetrators would risk being viewed by staff or other inmates walking by the area.

The auditor recommends LRCF document any changes they have implemented and any future plans within their annual report and in an annual facility assessment. The LRCF provided documentation of an annual review conducted on March 15, 2015. In addition, their annual report was posted on their website. On May 1, 2015 the facility installed windows in the solid doors as recommended by the auditor.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

The facility had a trained facility investigator to conduct administrative investigations at the time of the on-site portion of the audit. However, the investigator resigned on January 2, 2015. All criminal allegations are turned over to the Devils Lake Police Department for investigation. The staff supervisor completed the NIC PREA investigator training on December 31. The Residential Reentry Center Operations Manager and a LRCF staff member participated in a PREA Investigator Training course on February 19, 2015.

Victims of sexual abuse have access to forensic medical exams through Mercy Hospital. The facility has spoken with staff at Mercy Hospital in an attempt to set up provisions for only using SANE nurses for forensic exams at the hospital. However, there is only one recently trained SANE nurse at the Mercy Hospital and the hospital staff stated that she may not always be available. However, the hospital staff has communicated that they anticipate training more SANE nurses in the near future. The facility has an MOU with Safe Alternatives for Abused Families (SAAF) in Devils Lake for advocacy services. Devils Lake Police Department is contacted to investigate criminal allegations – both sexual abuse and sexual misconduct allegations. When they respond, evidence protocol including offering a victim advocate is followed.

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 LRCF investigations were completed by qualified investigators and required documentation and reporting occurred. The Devils Lake Police Department investigator that has received specialized training conducts criminal investigations. These steps are properly documented in the PREA policy.

CORRECTIVE ACTIONS: In order to become compliant the auditor required the LRCF provide the auditor with the signed PREA policy with an effective date. The signed policy was provided to the auditor with an effective date of February 18, 2015.

Standard 115.31 Employee training

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

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

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. Some staff were knowledgeable in how to recognize signs of sexual abuse and how to communicate effectively with LGBTI inmates. Others were a little weak in this area. Further training, especially in the areas of LGBTI inmates, is recommended. Staff had signed attendance rosters for multiple four-hour block trainings, but the forms did not specifically acknowledge what was taught. Future rosters must outline specifically what is being taught and should include a statement that they acknowledge their understanding by their signature.

CORRECTIVE ACTIONS: The auditor required the three correctional officers lacking PREA training be trained and the LRCF must provided the auditor with signed training forms for all LRCF staff that specifically acknowledge understanding of the required components as stated in the standard. On March 4, 2105 the required documentation was provided to the auditor.

Standard 115.32 Volunteer and contractor training

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

Auditor 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 has a plan to provide PREA training to their religious volunteers. The auditor viewed and verified documentation of training that has been provided to contractors. The auditor spoke with a religious volunteer who was able to state that facility's zero-tolerance policy and the appropriate actions to take if an inmate indicated sexual abuse. The volunteer had previous training and experience outside of the facility that has well prepared him to respond to inmates that may have been sexually abused. However, the facility will need to provide and document formal PREA training to its two religious volunteers and any future volunteers who may serve the LRCF.

CORRECTIVE ACTIONS: In order to meet this standard the auditor required the LRCF provide signed acknowledgement forms from the two religious volunteers that they have received the required training. This documentation was provided to the auditor on March 4, 2015.

Standard 115. 33 Inmate education

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

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

The inmates receive a handbook on the day of arrival that outlines important PREA information. The handbooks are in every unit. There are posters posted throughout the facility. The interviews confirmed that inmates were well aware of how to report and were familiar with multiple ways to report. The auditor provided a form to better document inmate education. The current process meets the standard. However, a signature sheet acknowledging the specific points as outlined in the standards would improve the process.

Standard 115.34 Specialized training: Investigations

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

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

LRLEC staff members who conduct investigations receive training and the curriculum meets the specialized training requirements. There is documentation of when and who received the training.

The PREA Coordinator for the LRLEC was a trained facility investigator to conduct administrative investigations at the time of the on-site portion of the audit. However, the investigator resigned on January 2, 2015. The RRC staff supervisor completed the NIC PREA investigator training on December 31. The Residential Reentry Center Operations Manager and a LRCF staff member participated in a PREA administrative Investigator Training on February 19, 2015.

All criminal allegations are turned over to the Devils Lake Police Department for investigation. The auditor interviewed the criminal investigator and found her experience and skills were superb in addressing criminal sexual abuse investigations for the LRLEC.

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 nurse for the LRLEC has completed the specialized training through NIC and was very knowledgeable during the interview. The LRCF 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.

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.

At the time of the on-site portion of the audit the facility had only recently initiated their screening process. Some of the inmates were screened, but not all. The nurse had a good plan for completing screenings for all inmates and for following up with a second screening within the first 30 days of arrival.

CORRECTIVE ACTIONS: In order to meet this standard the auditor required a roster of inmates on the date that they are caught up with all screenings and verification from the nurse that all screenings for all inmates including any follow-up screenings completed within 30 days following an inmate's arrival. This was provided to the auditor on February 19, 2015.

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.

LRCF staff use the screening information to determine placement within their housing unit – ensuring that known aggressors are not placed with potential victims. LRCF staff state there have been no transgender or intersex inmates placed at the facility. However, in the future if there are, housing assignment would be done on a case-by-case basis considering the inmates own views of safety. During the interviews staff were knowledgeable of this PREA standard. All inmates at the facility shower separately.

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.

LRCF staff typically find alternative housing units that provide protection for the inmate without segregating or isolating them. If they use protective custody, it is for very limited duration only until they can find appropriate housing. This was confirmed through staff and inmate interviews.

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.

The agency has established procedures allowing for multiple ways for inmates to report privately to facility staff about: sexual abuse or sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents**.** Inmates can report allegations to someone outside of the facility by contacting Safe Alternatives for Abused Families (SAAF) in Devils Lake. All inmates were very aware of the how to contact SAAF. Inmates reported feeling comfortable reporting to staff.

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.

The LRCF does not have formal administrative procedures to address inmate grievances regarding sexual abuse. Inmates are encouraged to report at any time. There are no set time frames for reporting sexual abuse and an inmate may report at any time, to any person via multiple ways. Inmates are encouraged to report directly to staff members, but that if they do not feel comfortable in doing this they may report to SAAF, the local abuse advocacy center in Devils Lake. An inmate does not have to exhaust one method of reporting before being allowed to employ another method in order to obtain action.

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.

Inmates have access to outside confidential support services. The facility has an agreement with the Safe Alternatives for Abused Families in Devils Lake for advocacy services. The inmates interviewed stated that they also might contact an attorney and/or family members. The nurse stated she recommends they speak with the mental health professional at the Lake Region Human Services Center.

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 facility did not have any publically distributed information on how to report sexual abuse and sexual harassment on behalf of an inmate. The auditor recommends that they post notices on how to report for the benefit of facility visitors whom may report on behalf of the inmates. In addition, third party reporting instructions should be posted on the facility's website.

CORRECTIVE ACTIONS: In order to meet this standard the auditor required the LRCF provide a copy of a poster for their visit area advising visitors how they may report sexual abuse on behalf of an inmate. Also, they must notify the auditor when this information is available on their website. This was provided to the auditor on March 2, 2015. In addition, they also posted this information in their main lobby near the front desk.

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.

The facility requires all staff to immediately report any knowledge, suspicion or information received related to sexual abuse/harassment incidents, retaliation and staff negligence that may have contributed to such incidents. Staff are required to make such reports to the staff supervisor and a report is submitted to the investigator. Random staff interviews confirmed their responsibility to report and to maintain that information in confidence. The PREA policy requires that outside investigators be informed when there is suspected criminal activity. It was evident policy was followed through the investigative reports as well.

Standard 115.262 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.

The facility requires all staff to take immediate action to protect the inmate from imminent sexual abuse. The facility has had no reported incidents over the past reporting period in which an inmate was subject to risk of imminent sexual abuse. Interviews confirmed compliance with expected practices. Administrators and direct care staff understood and agreed that "immediate" means when the response is needed – that could mean within minutes if the abuse was recent or it could mean before the end of the shift for incidents in which an abuse was reported that occurred in the distant past.

Standard 115.263 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.

Interviews with the senior-level staff confirm actions that will be taken upon receiving an allegation of sexual abuse while an inmate was at another facility. Such action will be initiated no later than 72 hours and actions will be documented. These steps were also noted in the review of policies and procedures.

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.

Interviews with staff verified their process to provide assistance, separate alleged victim/abuser, preservation and protection of evidence by securing the scene including the request of the victim not to take any actions that could destroy any physical evidence.

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.

The LRCF has coordinated actions to be taken when an incident occurs that are very well outlined within their PREA policy. This policy was in draft form at the time of the on-site portion of the audit. This plan coordinates actions among staff, first responders, medical/mental health staff, investigators and facility administrators. Staff interviews and interviews with the PREA Coordinator indicate that staff are aware of their responsibilities to coordinate responses within the facility.

CORRECTIVE ACTIONS: In order to become compliant the auditor required the LRCF provide the auditor with the signed PREA policy with an effective date. The signed policy was provided to the auditor with an effective date of February 18, 2015.

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.

The administrators will remove alleged staff sexual abusers from contact with inmates pending the outcome of the investigation. The facility does not employ represented (union) employees. The facility is not restricted in any way from protecting inmates from contact with abusers.

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 PREA Coordinator, the Captain and the Lieutenant are charged with monitoring for retaliation. Should any person who cooperates with a sexual misconduct investigation express fear of retaliation; appropriate protective measures will be taken. Retaliation monitoring will be discontinued should the allegation be unfounded. Measures include housing changes, removing contact of alleged staff/inmate abusers and emotional support services for those who fear retaliation. Interviews with the PREA Coordinator confirmed his duties and responsibilities. These steps are properly documented in the policy that was in draft form at the time of the on-site portion of the audit. The auditor recommends that the LRCF has a stated method of documenting follow-up with inmates when they check-in to ensure that there is no retaliation.

CORRECTIVE ACTIONS: In order to become compliant the auditor required the LRCF provide the auditor with the signed PREA policy with an effective date. The signed policy was provided to the auditor with an effective date of February 18, 2015.

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.

LRCF staff typically finds alternative housing units that provide protection for the inmate without segregating or isolating them. If they use protective custody, it is for very limited duration only until they can find appropriate 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 the documented investigations at the LRCF and determined all standards are being properly followed for both administrative and criminal investigations with the exception of several cases that the investigative report was turned over to higher level staff for a final determination and that determination has yet to be made. A documented outcome must be reported back to the inmate. Through interviews with the investigator it was determined that investigations are not terminated should the source of the allegation recant. Should criminal prosecution be considered, the investigator coordinates with the prosecutor. Polygraph tests are not used in the course of their investigations. Administrative investigations will include efforts to determine whether staff actions/failures contributed to the abuse documented through written reports, which will include physical/testimonial evidence, credibility assessments and investigative facts and findings. All written reports will be retained for as long as the alleged abuser is incarcerated or employed by the facility plus five years. Investigations will not be terminated due to the departure of an alleged abuser or victim. These steps are properly documented in the PREA policy.

CORRECTIVE ACTIONS: In order to meet this standard the auditor required the LRCF provide the outcomes of the administrative investigations yet to have an assigned outcome – Substantiated, Unsubstantiated or Unfounded. The requested documentation was provided to the auditor on February 24, 2015.

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.

The facility uses no standard higher than a preponderance of evidence in making a determination of alleged sexual abuse/harassment. This was confirmed through the interviews with the investigator.

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.

The LRCF did not have a method for documenting that inmates are informed of the outcome of an investigation. There are several administrative investigations that have no documented outcome. The standard requires that "All such notifications or attempted notifications shall be documented." The PREA policy states that they will report the outcome in writing, but does not specifically state how to accomplish this. The auditor provided a sample for the facility to use in reporting back to inmates.

CORRECTIVE ACTIONS: In order to meet this standard the auditor required the LRCF provide the form that they will use in reporting the outcome of an investigation back to inmates. The auditor recommends referencing their form in their PREA Policy and possibly including it as an attachment to the PREA policy. In addition, a determination must be made in all cases at the conclusion of the investigation so that it can be reported back to the inmate. The form was provided to the auditor on February 11, 2015 and a determination of all cases was provided to the auditor on February 24, 2015.

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.

There were two cases regarding sexual abuse against an inmate. Interviews confirmed that the facility followed the standards in taking appropriate action against the employees. The employees were terminated and the cases were turned over to law enforcement.

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.

Contractors and volunteers are subject to disciplinary actions including termination for violation of facility sexual abuse/harassment policies. According to the PREA Coordinator, should any violation of this type be substantiated, the facility has complete authority to administer remedial measures including prohibiting further contact with inmates. They also verified that if disciplinary measures are required it could also include a report to the Devils Lake Police Department. Through the interview with a volunteer it was confirmed that they are informed that they could be prohibited from entering the facility for violation of the facility's sexual abuse/harassment policies.

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.

The facility prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred. The LRCF would work with the Lake Region Human Services Center or the referring agency (BOP, NDDOCR) to provide counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If findings of inmate-on inmate sexual abuse, administrative sanctions will be administered following the formal disciplinary processes and applied commensurate with the level of infractions.

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.

The LRCF had not screened all inmates pursuant to § 115.41. They were also not aware of the standard requiring that they offer a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening for sexual abuse victims, even if the victimization occurred in the community. The nurse stated that they will make the necessary changes to comply with this standard.

CORRECTIVE ACTION: On February 19, 2015 verification for compliance with this standard was provided to the auditor by the nurse.

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.

Emergency medical response was not needed during the review period. The PREA policy documents PREA requirements for access to emergency medical and mental health services. Emergency services would be provided by Mercy Hospital. The LRCF would coordinate with the Lake Region Human Services Center or the referring agency (BOP, NDDOCR) to provide mental health services. Emergency medical and mental health services are provided without charge to inmates.

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 PREA policy requires on-going treatment be provided. A review of facility practices strongly indicates that on-going treatment, and the timeliness of responses are consistent to the level of community care.

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 LRCF was not conducting sexual abuse incident reviews following each sexual abuse investigation regardless of final determination of findings, unless unfounded. Inmates may be assigned to another living unit to increase supervision capabilities. The auditor has provided samples of how to conduct such reviews and to document them.

CORRECTIVE ACTIONS: In order to meet this standard the auditor required the LRCF provide documented incident reviews. These were provided to the auditor on March 17, 2015.

Standard 115.287 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. However, they were unable to find the past year's Survey of Sexual Violence. They have experienced unexpected staff turnover and during this turmoil some files were misplaced.

CORRECTIVE ACTIONS: In order to be compliant the facility must complete the annual review process, and post their 2013 and 2014 aggregate data on their website http://www.lrlec.org. Due to the change in senior level administrators the LRCF was unable to locate the data for 2013. The auditor verified that the data for 2014 was posted to the website and the annual review was completed on March 17, 2015.

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.

At the time of the on-site portion of the audit the incidents that occurred in the LRCF had not been reviewed and therefore corrective actions were not documented.

CORRECTIVE ACTIONS: In order to comply with this standard the auditor required the LRCF provide documentation that they have completed an annual review of all incidents that occurred in the LRCF. A typical review team consists of upper level managers, medical and mental health professionals, investigators and staff that had direct knowledge of the incident. This was provided to the auditor on March 17, 2015.

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)

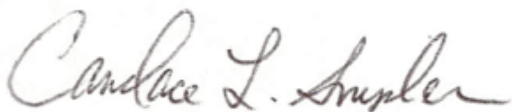
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations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

Data collected is retained via limited access and beginning 2014, it is retained for at least ten (10) years as outlined in the policy. However, there is no way to recover the missing files for 2013 as the senior administrators responsible for that data are no longer with the facility.

CORRECTIVE ACTION: The auditor required the annual report be posted on their website. The facility posted their annual report on the facility's website http://www.lrlec.org on March 17, 2015. The signed policy was provided to the auditor with an effective date of February 18, 2015. This policy addresses data storage, publication and destruction requirements.

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.



June 12, 2015

Auditor Signature ____________________ Date ____________________