

COMMUNITY CONFINEMENT FACILITIES

Date of report: June 8, 2017

Auditor Information	
Auditor Name:	Shannon McReynolds, JMC Associates
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Telephone Number:	505-977-7607
Date of Facility Visit:	August 10-12, 2015
Facility Information	
Facility name:	Lake Region Residential Re-Entry Center
Facility physical address:	225 W. Walnut St. Devils Lake, NMD 58301
Facility mailing address:	SAA
Facility telephone number:	701-662-0735
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"/> Community treatment center <input checked="" type="checkbox"/> Community-based confinement facility <input type="checkbox"/> Halfway house <input type="checkbox"/> Mental health facility <input type="checkbox"/> Alcohol or drug rehabilitation center <input type="checkbox"/> Other
Name of facility's Chief Executive Officer:	Dan Kraft
Number of staff assigned to the facility in the past 12 months:	10
Designed facility capacity:	28
Current population of facility:	23
Facility security levels/client custody levels:	Community Corrections
Age range of population:	18 and above
Name of PREA Compliance Manager:	Dan Kraft
Email address:	dak@LRRRC.org
Title:	Operations Manager
Telephone number:	701-662-0701
Agency Information	
Name of Agency:	Lake Region Law Enforcement Center
Governing authority or parent agency:	(If applicable)
Physical address:	222 Walnut St. W. Devils Lake, ND 58301
Mailing address:	(If different from above) SAA
Telephone number:	701-662-0700
Agency Chief Executive Officer	
Name:	Rob Johnson
Title:	Director
Email address:	rgj@LRRRC.org
Telephone Number:	701-662-0701
Agency-Wide PREA Coordinator	
Name:	Cole Schwab
Title:	PREA Coordinator
Email address:	CMS@LRRRC.org
Telephone Number:	7014-662-0727

AUDIT FINDINGS

NARRATIVE: On June 8, 2017 Shannon McReynolds, a USDOJ certified PREA auditor, conducted an on-site visit as part of PREA audit of the Lake Region Residential Re-Entry Center in Devils Lake, North Dakota. The facility point of contact was Cole Schwab, PREA Coordinator for the Lake Region Law Enforcement Center. The pre-audit activities included a review of facility policy, and documentation reflecting that processes were actually employed to prevent, detect, and respond to sexual victimization. Mr. Schwab supplied the documentation provided for pre-audit reviews and activities, and subsequently provided additional documentation necessary to make conclusive findings for the audit. The on-site visit consisted of an inspection of every housing unit, all critical service areas, program areas, maintenance buildings, and administrative offices.

In addition to document reviews and facility inspection, thirteen staff members were interviewed, including senior management, a case manager, human resources staff, members of the sexual abuse incident review team, an investigator, and four randomly selected facility security staff from all shifts. Additionally, ten residents were interviewed as part of the audit, including one client identified as part of the LGBTI community at the facility. No residents were identified as being LEP or disabled residents, or residents who have reported sexual victimization. Further, Molly McDonald of Safe Alternatives for Abused Families (SAAF), Debby Hodous of Mercy Hospital, and Detective Schwab of the Devils Lake Police Department were interviewed. The mission of the Lake Region Residential Re-Entry Center is as a community re-integration effort and has no more than 28 residents in the population.

Unique features of the Lake Region Residential Re-Entry Center include:

1. This facility houses 20 male and 8 female offenders;
2. Acceptance of residents from multiple jurisdictions;
3. This is the second PREA audit for the Lake Region Residential Re-Entry Center

Dan Kraft, Operations Manager and PREA compliance Manager for the Lake Region Residential Re-Entry Center reports that there have been no reports of sexual abuse by residents at the facility within the past 12 months.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Lake Region Residential Re-Entry Center is a facility with two housing units comprised of fourteen rooms, with two beds each for a total capacity of 28 beds. The building is equipped with video monitoring cameras to supplement rounds by security staff at the entrances to each building as well as in the corridors of each building. The physical plant also includes a food service facility, maintenance storage buildings, and administrative offices.

The Lake Region Residential Re-Entry Center has an average daily population of 23 minimum custody residents. The Lake Region Residential Re-Entry Center has an outside employment placement program and shares staffing resources with the Lake Region Law Enforcement Center.

SUMMARY OF AUDIT FINDINGS:

Residents who were interviewed all cooperated with the interview process and none made any allegations of sexual abuse on Lake Region Residential Re-Entry Center property. Most residents who were formally interviewed, as well as those who were interviewed during the facility tour, indicated that they had received training on PREA at intake. A review of client files produced documentation in the form of signed and dated acknowledgment forms that residents received initial information about PREA upon arrival and comprehensive information on PREA related topics. All residents who were formally interviewed, as well as those who were interviewed during the facility tour, indicated that they had been through the PREA screening process, which was confirmed by a random review of a random sample of completed screening forms. The facility also produced documentation showing the dates all residents had received their initial screening and their 30-day re-screen. All residents who were formally interviewed, as well as those who were interviewed during the facility tour, indicated that they knew the various mechanisms for reporting sexual abuse, the services available to victims of sexual abuse, and had been advised of prevention strategies.

Lake Region Residential Re-Entry Center staff cooperated with the interviews and all expressed support for the goals of PREA. All staff indicated that they had received training on PREA, which was corroborated by acknowledgement forms, and training logs. The Lake Region Residential Re-Entry Center relies on medical services provided by Mercy Hospital and has a memorandum of understanding with the Safe Alternatives for Abused Families (SAAF) to provide advocacy and behavioral health services to victims of sexual abuse. Both Debbie Hodous of Mercy Hospital and Molly McDonald of SAAF indicated that their protocol for SANE exams and victim advocacy are based on the National Protocol for Sexual Assault Medical Forensic Exams, Adults/Adolescents.

The Lake Region Residential Re-Entry Center policies in general reflected the requirements of PREA, though some policies need corrective action to more expressly reflect the requirements of PREA.

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 0

Standard**Number here: 115.211**, Zero Tolerance of sexual abuse and sexual harassment; Prison Rape Elimination Act (PREA) coordinator

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

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

Standard 115.211 has two elements that the facility must meet for a finding of "meets standard".

The first element requires a written policy mandating zero tolerance towards all forms of sexual abuse and harassment and an outline of the agency's approach to preventing, detecting, and responding to such conduct. The LRRRC PREA Policy establishes the zero-tolerance policy for all forms of sexual abuse and harassment. Pages 2-3 outlined the facility's approach to preventing, detecting, and responding to such conduct by mandating training for staff (including first-responder training) and residents, screening staff and residents, and providing a multi-route reporting mechanism. Further, the LRRRC has a written MOU with a local sexual assault advocacy group.

The second element requires that the agency employ an upper-level agency-wide PREA coordinator with sufficient time and authority to oversee agency efforts to comply with PREA standards in all of its facilities. Lake Region Residential Re-Entry Center produced documentation showing Cole Schwab as the facility's PREA coordinator, who reports directly to the director of the Lake Region Law Enforcement Center. Mr. Schwab reported in his interview that he has sufficient time to develop, implement, and oversee efforts to comply with PREA.

RECOMMENDATION: None

Standard**Number here: 115.212** Contracting with other entities for the confinement of residents.

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

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

Standard 115.212 has three elements that a facility must meet for a finding of "meets standard".

The first element requires that contracts with private agencies or other entities include the entities obligation to adopt and comply with the PREA standards. Information provided in interviews with the Mr. Schwab and a memo provided by Mr. Schwab indicate that Lake Region Residential Re-Entry Center does not contract with any private facilities or other entities to house residents, so the audit tool shows "N/A". Thus the facility is compliant with this element.

The second element requires that new contracts or contract renewals provide for agency contract monitoring to ensure the contractor is complying with the PREA standards. As previously noted, the interview with the Mr. Schwab and the memo provided by Mr. Schwab indicate that the Lake Region Residential Re-Entry Center does not contract with any private facilities or other entities to house residents, so the audit too, shows "N/A". Thus the facility is compliant with this element.

The third element requires that only in emergency circumstances in which the all reasonable attempts to find a private agency or other entity in compliance with the PREA standard have failed, may the agency enter into a contract with an entity that fails to comply with these standards. In such a case, the public agency shall document its unsuccessful attempts to find an entity in compliance with the standards. The Lake Region Residential Re-Entry Center has not sought to mitigate emergency circumstances by housing residents in a facility that fails to meet the standards. Thus the facility meets this element.

RECOMMENDATION: None

Standard

Number here: 115.213 Supervision and monitoring

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

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

Standard 115.213 has three elements that a facility must meet for a finding of "meets standard".

The first element requires that the facility develop, document, and make best efforts to comply on a regular basis with a staff plan that provides for adequate staffing and video monitoring, and take into consideration 4 conditions. The facility produced a staffing schedule, but did not provide a plan that specifically addressed each of the 4 conditions consistent with the facility's mission and population size. The tour of the facility confirmed that assigned staff and supervisors were actually on site during their scheduled work times. Finally, a review of PREA investigation reports showed that no PREA reports were made by residents at Lake Region Residential Re-Entry Center, thus there were no substantiated allegations. As corrective actions, a staffing plan that addressed the 4 conditions was developed. Thus, the facility meets this element of the standard.

The second element requires that where the staffing plan is not complied with, the facility documents and justifies the deviation. Interviews with senior staff indicated that there were no occasions when there was a deviation from the staffing plan within the past 12 months. The documentation provided by Lake Region Residential Re-Entry Center policies require that deviations are documented and justified. Thus the facility meets this element.

The third element requires that at least once each year, the agency, in consultation with the PREA Coordinator, assess, determine, and document where adjustments are needed to the staffing plan, technology assets, and resources to ensure adherence to the staffing plan. The annual review has taken place and was provided to the auditor for review. Thus the facility meets this element of the standard.

RECOMMENDATION: None.

Standard**Number here: 115.215** Limits to cross-gender viewing and searches.

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

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

Standard 115.215 has six elements that a facility must meet for a finding of "meets standard".

The first element requires that the facility shall not conduct cross-gender strip searches or cross gender body cavity searches except in exigent circumstances or when performed by medical practitioners. The LRRRC PREA policy has explicit language prohibiting cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or by medical practitioners. Thus the facility meets this element of the standard.

The second element in the standard has a date parameter starting August 20, 2015 and it requires that the facility shall not permit cross-gender pat-down searches of female residents, absent exigent circumstances and shall not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision. LRELC PREA policy has a statement that supports this element of the standard. Interviews with staff and residents indicate that no cross-gender pat-searches of female residents have occurred in the past 12 months. Thus the facility meets this element of the standard.

The third element in the standards requires that the facility document all cross-gender strip searches and cross-gender visual body cavity searches. The LRRRC PREA policy has language requiring the documentation of all cross-gender strip searches and visual body cavity searches, thus the facility meets this element of the standard.

The fourth element requires that the facility have policies and procedures that enable residents to shower, perform bodily functions and change clothes without non-medical staff of the opposite gender viewing them except in exigent circumstances, and that opposite gender staff announce themselves when entering the housing unit. The LRELC PREA policy prohibits cross-gender viewing and requires opposite gender staff to announce their presence when entering a client's living area. A tour of the shower and toilet areas in the housing units indicates that there are adequate visual barriers to prevent opposite gender viewing. The tour of the facility also evidenced that when the opposite-gender staff enter the unit, they announce their entrance. Interviews with residents confirm that opposite-gender staff announce their presence when entering, thus the facility meets this element.

The fifth element in the standard requires that the facility shall not perform strip-searches or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. The LRRRC PREA policy prohibits such searches. The interviews with the intake staff indicate that they do not perform such searches. No transgender or intersex residents were identified during the site visit, so no interviews with any transgender or intersex residents could be held. Based on the policy statement and the interviews of staff, the facility is determined to be meeting the intent of the standard.

The sixth element requires that security staff receive training in conducting cross-gender pat down searches and searches of transgender and intersex residents in the least intrusive manner possible, consistent with security needs. The lesson plan on searches includes training on cross gender searches and searches of transgender and intersex residents. Interviews of staff establish that staff have received this training. Thus the facility meets this element of the standard.

RECOMMENDATION: None.

Standard

Number here: 115.216 Residents with disabilities and residents who are limited English proficient.

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

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

Standard 115.216 has three elements that a facility must meet for a finding of "meets standard".

The first element requires that the agency shall take *appropriate* steps to ensure residents with disabilities have equal opportunity to participate in or benefit from efforts to prevent, detect, and respond to sexual abuse, including the use of written materials, interpreters, etc. The facility provided written materials available for hearing impaired residents and a DVD for those residents who are visually impaired. The Lake Region Residential Re-Entry Center also contracts with Language Link and provided a contract in support of this requirement, and uses staff from the North Dakota School for the Deaf to provide translation services for deaf residents. The facility also provided documents showing that those with developmental disabilities received information on preventing, detecting, and responding to sexual abuse. Thus, the facility meets this element of the standard.

The second element of the standard requires that the agency shall take *appropriate* steps to ensure meaningful access to the facility's efforts for residents who are limited English proficient, including the use of interpreters. Cole Schwab provided PREA materials in Spanish. The facility also contracts with Language Link for interpreter services. A review of the contract confirmed that interpreter services for Lake Region Residential Re-Entry Center. Additionally, there is a staff member who is fluent in Spanish and can provide translation services. Thus, the facility meets this element of the standard.

The third element of the standard requires that the facility shall not rely on client interpreters except in limited circumstances. The LRRRC PREA policy has a statement that supports this element of the standard. The use of Language Link for interpreter services meets this element, as does a designated staff member who speaks Spanish. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard

Number here: 115.217 Hiring and promotion decisions.

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

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

Standard 115.217 has eight elements that a facility must meet for a finding of "meets standard".

The first element of the standard requires that the agency shall not hire or promote anyone who may have contact with residents and shall not enlist the services of any contractor who may have contact with

residents, who have engaged in certain prohibited behaviors. The LRRRC PREA policy has language prohibiting the hiring or promotion of those who have engaged in those prohibited behaviors. A review of personnel files shows that the facility runs a background check on new applicants. A review of the applicant packet for the Lake Region Residential Re-Entry Center indicates that the center acquires applicant authorization to contact previous employers and ask questions regarding past conduct. The facility meets this element of the standard.

The second element requires that the agency consider incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents. The LRRRC PREA policy includes language that requires considering incidents of sexual harassment in the hiring or promotion of anyone who may have contact with residents. Additionally, the facility provided a copy of the application form that requires applicants to disclose incidents of sexual harassment when hiring or promoting anyone who has contact with residents. The facility meets this element of the standard.

The third element requires that the agency conduct a criminal background check on new employees and make best efforts to contact prior institutional employers for information of substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation. The LRRRC PREA policy requires such reviews, and a review documentation provided and of personnel files indicated that criminal background checks are being conducted on new employees, and demonstrated that prospective employees signed authorizations allowing the Department to contact former employers, as well as making best efforts to contact all prior institutional employers. Thus the facility meets this element.

The fourth element requires that criminal background checks are conducted on contractors. The documentation provided did not require background checks on contractors. The Lake Region Residential Re-Entry Center indicates that they do not employ contractors who may have contact with residents to provide services in the facility, such as food service or medical services. Based on the information that the Lake Region Residential Reentry Center does not use contractors, the facility is determined to be meeting the intent of this element of the standard.

The fifth element requires that the facility conduct criminal background checks on employees at least every five years, or have some other system of capturing such information. An interview with Director Johnson indicated that there is a system for identifying those staff who need to have their 5-year background check completed. The LRRRC PREA policy has language requiring background checks on employees at least every five years. Because this standard has not yet been in place for 5 years there have been no 5-year criminal background checks yet. However, due to the policy statement, the facility is determined to be meeting the intent of the standard.

The sixth element requires that the agency ask all applicants and employees about misconduct in written applications or interviews or self-evaluations, and that employees have an affirmative duty to disclose misconduct. The application data form provided by Lake Region Residential Re-Entry Center requires this inquiry for applicants and disclosure during self-evaluations as part of the performance evaluation process. The LRRRC policy also requires this disclosure. Thus the facility meets this element of the standard.

The seventh element requires that material omissions or false information are grounds for termination. A review of the LRRRC PREA policy reveals a policy statement that material omissions or false information are grounds for termination. Thus the facility meets this element of the standard.

The eighth element requires that unless prohibited by law, the agency shall provide information on substantiated allegations involving former employees upon receiving a request from an institutional employer for whom the employee has applied to work. The LRRRC PREA policy has a statement supporting this requirement, and the personnel files include a release authorization form. Thus the facility meets this element of the standard.

RECOMMENDATION: None.

Standard

Number here: 115.218 Upgrades to facilities and technologies.

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

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

Standard 115.218 has two elements that a facility must meet for a finding of "meets standard".

The first element requires that when designing or acquiring any new facility, and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect on the agency's ability to protect residents. The audit tool has a finding of N/A if the agency has not acquired a new facility or made a substantial expansion since August 20, 2012. Lake Region Residential Re-Entry Center has not had a substantial expansion or modification since August 20, 2012. Thus, the facility meets this element.

The second element requires that when installing or updating a video monitoring system or other monitoring technology, the agency must consider how it will enhance the agency's ability to protect residents from sexual abuse. Lake Region Residential Re-Entry Center has enhanced its video monitoring capability and provided documentation showing that consideration was given to how the upgrade would enhance the protection of residents. Additionally, Director Johnson, Mr. Kraft, and Mr. Schwab indicated in their interviews how the upgrade would enhance the protection of residents. Thus, the facility meets this element.

RECOMMENDATION: None

Standard

Number here: 115.221 Evidence protocol and forensic medical exams.

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

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

Standard 115.221 has eight elements that a facility must meet for a finding of "meets standard".

The first element requires the facility follow a uniform evidence protocol. The LRRRC PREA policy contains the facility's evidence collection protocol. Interviews with Molly McDonald of SAAF and Debbie Hodous of Mercy Hospital indicated that the evidence protocol they use is based on "A National Protocol for Sexual Assault Medical Forensic Exams, Adult/Adolescent. Thus the facility meets this element.

The second element requires that the protocol be based on or adapted from the *National Protocol for Sexual Assault Medical Forensic examinations, Adults/Adolescents*. An interview with Molly McDonald of SAAF and Debbie Hodous of Mercy Hospital indicated that the evidence protocol they use is based on "A National Protocol for Sexual Assault Medical Forensic Exams, Adult/Adolescent. Thus the facility meets this element.

The third element requires that the agency shall offer all victims access to forensic medical exams without cost where medically or evidentially appropriate performed by a SANE or SAFE and that the facility shall document efforts to provide SANEs or SAFEs. The LRRRC PREA policy requires that victims be transported to the local medical clinic for the SANE exams, though the facility reports that they have had no reports of sexual abuse in the past 12 months. Detective Schwab of the Devils Lake Police Department reports that they are responsible for performing criminal investigations at Lake Region Residential Re-Entry Center. The facility meets this element of the standard.

The fourth element requires that the facility attempt to make available to the victim a victim advocate from a rape crisis center and if unavailable, the facility shall document its attempts to make one available. The Lake Region Residential Re-Entry Center provided a copy of an MOU with County Social Services providing service in Devils Lake. A telephonic interview with Molly McDonald of SAAF confirmed that they provide victim advocates to the facility. The Lake Region Residential Re-Entry Center has no behavioral health staff on site and relies on SAAF to provide advocacy services. Thus the facility meets this element.

The fifth element requires that, as requested by the victim, the victim advocate shall accompany and support the victim through the exam process and the investigatory process and provide emotional support, crisis intervention, information and referrals. The MOU with SAAF requires the facility to allow the victim advocate to support the victim throughout the exam and investigation, and a telephonic interview with Molly McDonald confirms that a victim advocate with accompany the victim through the exam process and investigatory process if the victim requests. However, the facility reports no sexual assaults in the past 12 months at the facility. In view of the policy requirement, the MOU and the interview with Molly McDonald, the facility is meeting the intent of this element.

The sixth element requires the agency request that outside investigating agencies follow the requirements enumerated thus far. The LRRRC PREA policy and the MOU with Devils Lake Police Department meets this element. Interviews with Molly McDonald of SAAF and with Detective Schwab of the Devils Lake Police Department confirms that the event of a sexual abuse investigation they comply with elements a through e. However, because there have been no allegations of sexual abuse at the facility to investigate in the past 12 months, there is no documentation showing that this has actually happened. In view of the policy requirement, the facility is meeting the intent of this element.

The seventh element requires that outside state agencies or DOJ component that conduct investigations comply with all the elements of this standard. However, guidance from the PRC indicates that this element is to be counted as N/A.

The eighth element requires that those persons providing advocacy services be screened for appropriateness and received education concerning sexual assault and forensic exams. However, guidance from the PRC indicates that this element is to be counted as N/A.

RECOMMENDATIONS: None

Standard

Number here: 115.222 Policies to ensure referrals for investigations.

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

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

Standard 115.222 has five elements that a facility must meet for a finding of "meets standard".

The first element requires that an administrative or criminal investigation be completed for all allegations. The MOU between LRRRC and the Devils Lake PD requires that outside investigators from the Devils Lake Police Department be called in for criminal investigations. The facility has received no allegations of sexual abuse at the facility in the 12 months. Based on the policy statement, the MOU, and the interviews with Dan Kraft and Cole Schwab, the facility is determined to be meeting the intent of this element.

The second element requires that the agency shall have a policy that all allegations rising to the level of criminal violations are referred for investigation by an agency with legal authority to conduct criminal investigations and that the referral is documented, and that policy is on the website. The LRRRC PREA policy addresses referrals for criminal investigations to the Devils Lake Police Department and is available on the Lake Region Residential Re-Entry Center web page. Thus the facility meets this element.

The third element requires that if a separate entity is responsible for criminal investigations, that the policy describes the responsibilities of the agency and the investigating entity. The policy statement and the MOU provided describes the role of the investigating entity and meets for this element of the standard.

The fourth element requires that any state entity responsible for investigations in a prison or jail shall have a policy governing the conduct of investigations. The audit tool designates this element as N/A.

The fifth element requires that any DOJ component responsible for conducting criminal investigations or administrative investigations have in place a policy governing the conduct of such investigations. The audit tool designates this element as N/A.

RECOMMENDATIONS: None.

Standard

Number here: 115.231 Employee Training

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

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

Standard 115.231 has four elements that a facility must meet for a finding of "meets standard".

The first element requires that the agency train all employees on 10 different topics related to PREA. The LRRRC PREA policy requires employees to receive training. A review of the lesson plan developed by the Moss Group determined that the topics are covered. A review of training logs determined that staff are receiving the training. Interviews with staff confirm that they and received and understand the training. Thus the facility meets this element

The second element requires that training is tailored to the gender of the residents at the employee's facility and that if an employee is re-assigned to a facility that houses a different gender then they will receive additional training. The Lake Region Residential Re-Entry Center houses male and female residents and a review of the lesson plan shows that it is consistent for the population. Management reports that no new staff have been transferred from any other facility in the past 12 months so no additional training has been required. Thus the facility meets this element.

The third element requires that all current employees who have not received training shall be trained within one year of the effective date of PREA and shall receive refresher training every two years, and the facility provides refresher information in years when refresher training is not given. The LRRRC PREA policy requires this refresher training. An interview with the PREA Compliance Manager and with random facility

staff indicates that all staff have received the training and are scheduled for refresher training. Additionally refresher information on sexual abuse and sexual harassment policies is available for staff. The fourth element requires that the agency document through employee signature or electronic verification that employees understand the training they have received. A review of personnel files provided documentation that employees signed documents acknowledging that they understood the training they received. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.232 Volunteer and contractor training.

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

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

Standard 115.232 has three elements that a facility must meet for a finding of "meets standard". The first element requires that all volunteers and contractors receive training on their responsibility under the agency's PREA policy. The Lake Region Residential Re-Entry Center does not use any contractors to provide services, and currently has six volunteers providing services. The LRRRC PREA policy requires contractors and volunteers to participate in PREA training and the facility produced training logs and signed acknowledgments of training. The facility is meeting this element of the standard. The second element requires that the level and type of training received by volunteers and contractors is based on the level of contact they have with residents and includes the agency's zero-tolerance policy and how to report sexual abuse. As previously noted, LRRRC does not use contractors but does allow volunteers to provide services. The lesson plan provided by the LRRRC includes the zero-tolerance policy and information on how to report incidents of sexual abuse. Thus the facility is meeting this element of the standard. The third element requires that the facility maintain documentation confirming that volunteers understand the training they have received. The facility provided acknowledgement forms signed by volunteers. The facility is meeting this element of the standard.

RECOMMENDATION: None.

Standard

Number here: 115.233 Client Education

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

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

Standard 115.233 has five elements that a facility must meet for a finding of "meets standard".

The first element requires that residents are informed at intake of the agency's zero tolerance policy and how to report. Residents receive and this information at intake and sign documentation acknowledging their understanding of it. Interviews with residents confirmed that they are aware of the zero-tolerance policy and that they know how to report. The facility also reported that since the inception of PREA training, 130 residents have received PREA training.

The second element requires that residents receive refresher information whenever a resident is transferred to a different facility. The Lake Region Residential Re-Entry Center operates only one facility and does not do intra-agency transfers. Based on this limitation, the facility meets this element of the standard.

The third element requires that current residents who have not received the training receive it within one year of the effective date of the standards and upon transfer to a new facility. The facility produced a roster showing the names of the client population and the date when they received the training, consistent with the documentation of the residents' participation in the training. Interviews with a sample of residents confirmed that they had received the training. Formats included DVD presentations and written materials. Copies of materials for LEP residents and for residents who were developmentally disabled were provided. Thus, the facility meets this element of the standard.

The fifth element of the standard requires the facility to maintain documentation of client participation in these education sessions. The facility produced documents signed by residents showing that they received the training. This was further substantiated by client interviews in which they unanimously indicated that they had signed documents acknowledging that they had received training. Thus the facility meets this element.

The sixth element requires that the facility shall ensure that key information is continuously available to residents through posters, client handbooks, and other written formats. The facility produced tri-fold flyers available to residents, and a tour of the facility confirmed that posters are posted in the units. Residents stated that they had received PREA pamphlets and handbooks the facility has provided to them.

RECOMMENDATION: None.

Standard

Number here: 115.234 Specialized training: investigations.

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

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

Standard 115.234 has four elements that the facility must meet for a finding of "meets standard".

The first element requires that investigators received training in conducting sexual abuse investigations in confinement settings. The facility uses a lesson plan developed by NIC, and produced training certificates. The MOU with the Devils Lake Police Department establishes that outside investigators conducted criminal investigations. Thus the facility is meeting this element of the standard.

The second element requires that the training include techniques for interviewing, Miranda/Garrity warnings, evidence collection and the criteria and evidence required to substantiate a case. The facility uses a lesson plan developed by NIC, and produced training certificates. Thus, the facility meets this element of the standard.

The third element requires that the facility maintain documentation that the investigators have completed the training. The facility provided a training certificate from the NIC.

The fourth element requires that any state entity that investigates sexual abuse in confinement settings provides training to its agents and investigators. However, under interpretive guidelines promulgated by the PRC, the facility cannot be held accountable for agents not under its direct control. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard

Number here: 115.235 Specialized training: medical and mental health care

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

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

Standard 115.235 has four elements that the facility must meet for a finding of "meets standard".

The first element requires that medical and mental health staff received training in detecting and assessing signs of sexual abuse, preserving evidence, responding to victims, and how to report allegations or suspicions of sexual abuse. The staffing documentation provided by the Lake Region Residential Re-Entry Center indicates that there are no mental health staff employed by the facility. Additionally, interviews with the Director confirm that there are no mental health staff at the facility. However, the on-site medical staff indicated that they have received the training and the facility provided signed acknowledgements of this training. Thus the facility is meeting this element of the standard.

The second element requires that *if* medical staff conduct forensic exams, that they shall receive the training referenced in this standard. Forensic exams are performed at Memorial Hospital by SANE nurses employed there. The audit tool indicates that if this is the case, the element is N/A.

The third element requires that the agency maintain documentation that medical and mental health staff received the training. The LRRRC produced documentation showing that the medical staff person has received this training. The facility is meeting this element of the standard.

The fourth element requires that medical and mental health staff also receive the training mandated for employees. The facility produced signed acknowledgement forms from the medical staff person. The facility is meeting this element of the standard.

RECOMMENDATIONS: None.

Standard

Number here: 115.241 Screening for risk of victimization and abusiveness.

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

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

Standard 115.241 has nine elements that a facility must meet for a finding of "meets standard".

The first element requires that all residents are screened during the intake process. The LRRRC PREA Policy requires screening during the intake process. The facility also produced documents showing that residents were screened during the intake process. In interviews, residents all affirmed that they participated in the screening process. Thus the facility meets this element.

The second element requires that the screening take place within 72 hours of arrival. The LRRRC PREA Policy requires screening within 72 hours and the facility produced completed dated screening documentation confirming that the screening was taking place within 72 hours of arrival. In interviews, residents all affirmed that they participated in the screening process within 24 hours of intake. Thus, the facility meets this element of the standard.

The third element requires that the assessments shall be conducted using an objective screening instrument. A review of the screening instrument confirms that it uses objective criteria for screening residents developed by the state agency that provides oversight to community corrections facilities. Thus the facility meets this element.

The fourth element requires that the screening consider 10 criteria for the risk of sexual victimization. A review of the screening instrument shows that it uses the 10 criteria. Thus the facility meets this element.

The fifth element requires that the screening consider three criteria to measure a client's the risk of sexual abusiveness. A review of the screening instrument shows that it uses four criteria. Thus the facility meets this element.

The sixth element requires that residents are re-screened within 30 days. The LRRRC PREA Policy requires that residents are re-screened within 30 days. The facility produced documentation of the initial screening and the date of the 30-day screening. A review of a random sample of client file documentation showed that residents were being re-screened within 30 days of the initial screening. Thus the facility meets this element.

The seventh element requires that a client's risk level will be re-assessed when warranted, requested, or additional information is received. The policy governing PREA Victim/Predator Screening included language that supported this element. Policy needs to be revised to include language that supports this element.

The eighth element mandates that residents may not be disciplined for refusal to answer questions or disclose information during screening. The LRRRC PREA policy prohibits disciplining residents for refusing to disclose or answer questions. No evidence was produced that residents had been disciplined for refusing to answer or disclose, and no residents indicated in their interviews that they had received such disciplinary action. Thus the facility meets this element.

The ninth element requires that the agency implement controls on the dissemination within the facility to ensure sensitive information is not exploited to the client's detriment. The LRRRC PREA policy requires that the screening tool and information is kept confidential in the client files and restricts access to areas where files are stored. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard**Number here 115.242:** Use of screening information.

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

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

Standard 115.242 has six elements that the facility must meet for a finding of "meets standard".

The first element requires that the agency shall use screening information to inform housing and program decisions with regard to residents' safety. The LRRRC PREA policy includes language that the information is to be used to inform housing and program decisions with regard to the residents' safety. Thus the facility meets this element.

The second element requires that the agency makes individualized determinations to ensure the safety of each client. A review of the LRRRC PREA policy and the classification tool used to residents evaluate residents demonstrates that decisions are made on an individualized basis. Thus the facility meets this element.

The third element requires that decisions are made on a case-by-case basis regarding the placement of transgendered residents in male or female facilities. The LRRRC PREA Policy includes language that supports this element. The screening tool and classification tool are specific to individual residents. No residents were identified as transgender. The facility is meeting this element of the standard.

The fourth element requires that a transgender or intersex client's views are given consideration. The LRRRC PREA policy requires that transgender and intersex residents' views with respect to their own safety is given serious consideration. No transgender or intersex residents were identified in the facility so no interviews could be conducted. In view of the policy requirement and the absence of any transgender or intersex residents to review, the facility is determined to be meeting the intent of this element of the standard

The fifth element requires that transgender and intersex residents can shower separately from other residents. No transgender or intersex residents were identified at the Lake Region Residential Re-Entry Center, and a physical inspection of the shower facilities confirmed that they have single stall showers that can only be used by one client at a time, providing the ability for transgender and intersex residents to shower separately from the rest of the client population. The LRRRC PREA policy has a statement that supports this element. Thus the facility is meeting this element of the standard.

The sixth element requires that the agency does not place LGTBI residents in dedicated facilities, wings, or units based solely on such identification or status. The Director indicated in his interview that no such units exist in the facility. No residents were identified as LGTBI are none were confined in a dedicated unit. Thus the facility meets this element of the standard.

RECOMMENDATION: None.

Standard**Number here: 115.251** Resident reporting

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

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

Standard 115.251 has four elements that a facility must meet for a finding of "meets standard".

The first element requires that the agency provide multiple ways for residents to privately report sexual abuse and harassment, retaliation, or staff neglect. The residents at Lake Region Residential Re-Entry Center have multiple ways to report sexual victimization, including writing directly to the Facility Director, the PREA Coordinator, investigators, SAAF, and the Devils Lake PD. The client information form also include addresses and phone number for making reports of sexual abuse, and posters with contact information are posted in the facility. Thus, the facility meets this element.

The second element requires that the facility provide at least one way for residents to report to a private entity or office that is not part of the agency and that is able to immediately forward reports to agency officials, allowing the client to remain anonymous. The North Dakota Department of Corrections and Rehabilitation, along with the Devils Lake PD are designated as outside agencies to which residents may report sexual victimization. Thus the facility meets this element.

The third element requires that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The LRRRC PREA policy requires staff to accept verbal, written, and anonymous reports, document verbal reports, and that third-party reports will be accepted. Thus the facility meets this element.

The fourth element requires that the agency provide a method for staff to privately report sexual abuse and harassment of residents. Interviews with facility staff indicate that they have several options for reporting incidents of sexual misconduct in a confidential manner that do not require following the chain of command, and include reporting directly to the Director. Thus the facility meets this element.

RECOMMENDATION: None

Standard**Number here: 115.252** Exhaustion of administrative remedies.

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

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

Standard 115.252 has six elements that a facility must meet for a finding of "meets standard" but that a facility that does not have an administrative procedure to address resident grievances regarding sexual assault are exempt from this standard. The LRRRC PREA policy has language that residents are not

required to exhaust administrative remedies prior to pursuing a cause of action against the LRRRC. Thus the facility is exempt from this standard.

RECOMMENDATION: None.

Standard

Number here: 115.253 Resident access to outside confidential support services.

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

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

Standard 115.253 has three elements that a facility must meet for a finding of "meets standard". The first element requires that the facility shall give residents access to outside victim advocates by providing mailing addresses and telephone numbers of local, state, or national advocacy programs and that the facility shall enable reasonable communication in as confidential manner as possible. The printed material given to residents lists the phone number and mailing address to SAAF, a local rape crisis center, and provides unmonitored phone access to the rape crisis center. Thus the facility meets this element of the standard.

The second element requires that facility inform the residents the extent to which their communication will be monitored and the extent to which the report will be forwarded to authorities in accordance with mandatory reporting laws. The printed material distributed to residents provides this information. Additionally, residents indicated that they received this information, thus the facility meets this element of the standard.

The third element requires that the facility enter into or attempt to enter into MOUs with community service providers who can provide residents with confidential emotional support services. The facility produced an MOU with SAAF, a local service provider. Thus the facility meets this element of the standard.

RECOMMENDATION: None.

Standard

Number here: 115.254 Third-party reporting.

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

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

Standard 115.254 has one element that a facility must meet for a finding of "meets standard". The standard requires that the facility shall establish a method to receive third-party reports of sexual abuse and harassment and publicly distribute information on how to report on behalf of a client. The LRRRC PREA policy authorizes third party reports. During interviews, residents also indicated that they

were informed about third-party reports. The facility's web page included information on making a third-party report. Thus the facility meets this standard.

RECOMMENDATION: None.

Standard

Number here: 115.261 Staff and agency reporting duties

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

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

Standard 115.261 has five elements that a facility must meet for a finding of "meets standard".

The first element requires that staff are required to immediately report knowledge, suspicion, or information regarding an incident of sexual abuse or harassment, retaliation, or staff neglect of duties. The LRRRC PREA Policy has language requiring the reporting of retaliation or staff neglect or violation of responsibilities as a requirement. Interviews with staff confirm that this is practice at the facility. Thus the facility is meeting this element of the standard.

The second element requires that staff shall not reveal information to anyone other than make treatment, investigation, and other security/management decisions. The LRRRC PREA policy establishes this requirement. Interviews with staff confirm that this is practice at the facility. Thus the facility meets this element of the standard.

The third element requires that medical and mental health practitioners are required to report sexual abuse pursuant to this standard and that they are required to inform the client of this duty. The Lake Region Residential Re-Entry Center does not have any mental health staff. However, the on-site medical staff reported in her interview that she is required to report disclosures of sexual abuse and that she is required to inform residents of this obligation. Thus the facility is meeting this element of the standard.

The fourth element requires that if a victim is under the age of 18 or is considered a vulnerable person under statute, the agency shall report the allegation to the designated state or local services agency. The LRRRC PREA Policy has a statement that supports this element of the standard. However, the Lake Region Residential Re-Entry Center does not house residents age 18 or under and has no statutorily designated vulnerable adults. Thus the facility meets this element.

The fifth element requires that all third-party reports are reported to the designated investigators. The LRRRC PREA policy contains this requirement and interviews with investigators confirm that this is the practice at the facility. Thus the facility meets this standard.

RECOMMENDATION: None.

Standard**Number here: 115.262** Agency protection duties

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

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

Standard 115.262 has one element that a facility needs to meet for a finding of "meets standard". The standard requires that when an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. The LRRRC PREA policy has this requirement. Interviews with facility staff indicate that this is the established practice at the Lake Region Residential Re-Entry Center that the client is separated from the potential threat. Thus the facility meets this standard.

RECOMMENDATION: None**Standard****Number here: 115.263** Reporting to other confinement facilities.

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

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

Standard 115.263 has four elements that a facility must meet for a finding of "meets standard". The first element requires that upon receiving an allegation that a client was sexually abused at another facility, the head of the facility shall notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred. The LRRRC PREA Policy contains this requirement, thus the facility meets this element of the standard.

The second element requires that such notification is provided as soon as possible but no later than 72 hours after receiving the allegation. The LRRRC PREA policy contains this requirement, thus the facility meets this element of the standard.

The third element requires that the agency shall document that it has provided such notification. The LRRRC PREA policy has this requirement. The facility has not received any reports of a client being victimized at another facility in the past 12 months, so there is no documentation to show that the other facility was notified. In view of the policy statement and the fact that the Lake Region Residential Re-Entry Center has not received any reports of a client being victimized at another facility, it is determined that the facility is meeting the intent of this element of this standard.

The fourth element requires that the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. The LRRRC PREA policy contains this requirement. Thus the facility meets this element of the standard.

RECOMMENDATION: None.

Standard**Number here: 115.264** Staff first responder duties.

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

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

Standard 115.264 has two elements that a facility must meet for a finding of "meets standard".

The first element requires that upon learning that a client was sexually abused the victim and the abuser are separated, the crime scene is preserved, and that the victim is requested to take no actions that could destroy evidence. The LRRRC PREA policy includes the requirement to preserve the crime scene, and the check list has this requirement. The staff training lesson plan confirms that staff are trained to do this. Interviews with staff show that this is the practice at the facility. The facility is meeting this element of the standard.

The second element requires that if the first staff responder is not a security staff member, the responder is required to request that the victim not take any action that could destroy evidence and then notify security staff. A review of the LRRRC PREA policy and the lesson plan given to staff shows that staff are informed of this requirement. Interviews with non-security employees confirm that this is the practice at this facility. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard**Number here: 115.265** Coordinated response.

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

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

Standard 115.265 has one element that a facility must meet for a finding of "meets standard".

This standard requires that the facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The LRRRC PREA policy documents a plan, and interviews with facility staff confirms that they are familiar with this plan. Thus the facility meets this standard.

RECOMMENDATION: None.

Standard

Number here: 115.266 Preservation of ability to protect residents from contact with abusers.

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

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

Standard 115.266 has two elements that a facility must meet for a finding of "meets standard".

The first element requires that agency not enter into any collective bargaining agreement that limits the agency's ability to remove alleged staff abusers from contact with residents pending the outcome of an investigation. The Lake Region Residential Re-Entry Center does not have a collective bargaining agreement with employees that would prevent the agency from removing alleged staff abusers from contact with residents. Thus the facility meets this element.

The audit tool marks the second element as non-applicable.

RECOMMENDATION: None.

Standard

Number here 115.267 Agency protection against retaliation.

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

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

Standard 115.267 has six elements that a facility must meet for a finding of "meets standard".

The first element requires the agency to establish a policy to protect all residents and staff who report sexual abuse or harassment or cooperate with investigations from retaliation by other residents or staff, and designates staff members or departments with monitoring retaliation. The LRRRC PREA policy protects residents and staff from retaliation and Dan Kraft is identified as the to monitor for retaliation. The facility is meeting this element of the standard.

The second element requires the agency to employ multiple protection measures for residents or staff who fear retaliation for reporting or cooperating. The LRRRC PREA policy expressly prohibits retaliation and includes instructions for the protection of those who fear retaliation, including housing changes and transfers to another facility. Director Johnson outlined in his interview the multiple measures used at Lake Region Residential Re-Entry Center to protect residents and staff who fear retaliation, including reassignment and monitoring. Interviews with staff and residents confirms that they know what these steps are. Thus the facility meets this element.

The third element requires monitoring those staff or residents who make reports or cooperate with investigations for retaliation for 90 days. The LRRRC PREA policy includes language to support this element. Thus the facility is meeting this element of the standard.

The fourth element requires that monitoring includes periodic status checks. The LRRRC PREA policy contains language that establishes periodic status checks. Interviews with Mr. Kraft confirm that this is the practice at LRRRC. Thus the facility is meeting this element of the standard.

The fifth element requires that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The LRRRC PREA policy contains language that includes "other individuals". Thus the facility is meeting this element of the standard.

RECOMMENDATIONS: None.

Standard

Number here: 115.271 Criminal and administrative agency investigations

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

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

Standard 115.271 has twelve elements that a facility must meet for a finding of "meets standards".

The first element requires that when an agency conducts its own investigations, it does so promptly. The LRRRC PREA policy requires that investigations are initiated promptly for all allegations, including third-party and anonymous reports. However, Director Johnson reports that there have been no allegations of sexual abuse at the facility in the past 12 months. Considering that there are no actual investigations reports to review and based on the policy statement, it is determined that the facility is meeting the intent of this element.

The second element requires that the facility uses investigators that have received the specialized training required by 115.34. Lake Region Residential Re-Entry Center provided a training certificate showing that Mr. Schwab has completed this training. Thus the facility is meeting this element of the standard.

The third element requires that investigators collect evidence, interview those named in the investigation, and review prior complaints against the suspected perpetrator. The LRRRC PREA policy contains the investigative protocol with these requirements. An interview with Cole Schwab indicated that he is familiar with the protocols that are generally used in investigations. The facility meets this element of the standard.

The fourth element requires that when the quality of evidence supports criminal prosecution, the investigators conduct interviews only after consulting with prosecutors. The LRRRC PREA policy has this requirement. Director Johnson stated in his interview that if the evidence supports a criminal investigation, that interviews for administrative investigations are suspended. However, because there had been no reports of sexual abuse in the past 12 months, there are no investigation files that show it actually happens. Based on the information provided in Director Johnson's interview and the policy statement, the facility is meeting the intent of this element.

The fifth element requires that the credibility of a person is not determined by their status as a resident or staff member and that there is no requirement that a person submit to a truth telling device as a condition for proceeding with the investigation. The LRRRC PREA policy has language that supports this element of the standard. Cole Schwab indicated in his interview that there is no requirement that a person submit to a truth-telling device as a condition of proceeding with the investigation. Thus the facility is meeting this element of the standard.

The sixth element requires that administrative investigations shall include an effort to determine whether staff actions or failures contributed to the abuse, and that administrative investigations shall be documented with a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and the facts and findings. Director Johnson and the members of the incident review panel indicated that these factors are considered in the investigation of an incident. The LRRRC PREA policy has a statement to support this element. A review of the one PREA investigation shows that staff actions or inactions are documented in the reports. Based on the policy statement, the interview with Director Johnson, and review of the investigation, the facility is meeting this element of the standard.

The seventh element requires that criminal investigations shall be documented in a written report with thorough descriptions of evidence. The LRRRC PREA policy has a statement to support this element. Director Johnson indicated in his interview that criminal investigations are documented by the Devils Lake Police Department investigators. No criminal investigations have been conducted in the past 12 months, so no reports were available for review. Based on the policy statement, the interview with Director Johnson, and the lack of criminal investigation reports, the facility is meeting this element of the standard.

The eighth element requires that substantiated allegations of conduct that appear to be criminal are referred for prosecution. The LRRRC PREA policy has this requirement. A review of investigation documentation shows that no criminal investigations were conducted within the past 12 months. In view of the policy statement and the lack of the criminal investigations, it is determined that the facility meets the intent of this element.

The ninth element requires that case files are kept for as long as the abuser is incarcerated or employed plus 5 years. The LRRRC PREA policy has a statement to support this element, and the audit cycle has not yet gone far enough to unequivocally say that records are kept for five years beyond the subject's exit date. Based on the policy statement, the facility is meeting the intent of the standard.

The tenth element requires that the departure of accused employees from employment does not provide a basis for terminating the investigation. The LRRRC PREA policy has a statement to support this element. The facility meets this element of the standard.

The eleventh element requires that any State component that conducts investigations shall do so pursuant to the above requirements. Pursuant to the interpretive guidelines promulgated by DOJ, The facility is not held accountable for other State investigation components.

The twelfth element requires that when outside agencies investigate, the facility cooperates with outside investigators and remain informed of the progress of the investigations. The LRRRC PREA policy has a statement to support this element and the facility provided an MOU with the Devils Lake PD to support this element of the standard. Based on the policy statement and the MOU, the facility is meeting this element of the standard.

RECOMMENDATIONS: None.

Standard

Number here: 115.272 Evidentiary standard for administrative investigations.

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

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

Standard 115.272 has one element that the facility must meet for a finding of "substantial compliance". The standard requires that the agency impose no higher standard than a preponderance of evidence in determining whether allegations of sexual abuse or harassment are substantiated. The LRRRC PREA policy establishes preponderance of evidence as the standard of evidence in administrative investigations. The interview with Mr. Schwab confirms that this is the standard of evidence used to make a finding of substantiated. Thus the facility is meeting this element of the standard.

RECOMMENDATIONS: None.

Standard

Number here: 115.273 Reporting to residents.

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

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

Standard 115.273 has six elements a facility must meet for a finding of "meets standard".

The first element requires that at the completion of an investigation, the facility must inform the resident whether the allegations were substantiated, unsubstantiated, or unfounded. The LRRRC PREA policy has a statement to support this element. However, no allegations have been made and forwarded for investigation, so there were no letters to residents available for review. Based on the policy statement, the facility is determined to be meeting the intent of the standard.

The second element requires that if the agency did not conduct the investigation, it will request relevant information in order to inform the client. The LRRRC PREA policy has a statement to support this element. Thus the facility is meeting this element of the standard.

The third element requires that residents must be informed when an accused staff member is no longer posted in the client's unit, no longer employed, has been indicted, and has been convicted. The policy has a statement to support this element. During the past 12 months, no employees have had any of the above actions taken, so there is no supporting documentation for this element. Thus the facility meets this element of the standard.

The fourth element requires that when another resident is indicted or convicted on a charge of sexual abuse, the facility will inform the victim. The LRRRC PREA policy has a statement to support this element. Even though during the past 12 months, no residents have had been indicted or convicted on a charge of sexual abuse, the policy statement supports a finding of meets for this element of the standard.

The fifth element requires that all such notifications are documented. The LRRRC PREA policy has a statement to support this element. As no employees or residents have had any of the above adverse actions taken against them, there is no supporting documentation for this element. Thus the facility is meeting this element of the standard.

The sixth element requires that an agency's obligation to report the above is terminated if the client is released from the agency's custody. No finding is required for this element.

RECOMMENDATION: None.

Standard**Number here: 115.276** Disciplinary sanctions for staff.

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

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

Standard 115.276 has four elements that a facility must meet for a finding of "meets standard".

The first element requires that staff who engage in sexual abuse or harassment are subject to discipline up to and including termination. The LRRRC PREA policy has this requirement. As no employees have had any of the above adverse actions taken against them in the past twelve months, there is no supporting documentation for this element. Based on the available documentation and in the absence of any evidence that the facility is not doing this, the facility is determined to have met the intent of this element.

The second element requires that termination is the presumptive disciplinary sanction for staff who have engaged in sexual touching. The LRRRC PREA policy includes this requirement. However, as no employees have had a finding against them substantiated for sexual touching in the past twelve months, there is no supporting documentation for this element. Based on the policy statement, and in the absence of any evidence that the facility is not doing this, the facility is determined to have met the intent of this element.

The third element requires disciplinary sanctions for violations of agency policy shall be commensurate with the nature and circumstances of the acts committed, disciplinary history, and sanctions imposed for comparable offenses by other staff. The LRRRC PREA policy has language that reflects the requirements of this element. However, as no employees have received a finding of substantiated for violations of policies against sexual abuse and harassment in the past twelve months, there is no supporting documentation for this element. Based on the available policy documentation and in the absence of any evidence that the facility is not doing this, the facility is determined to have met the intent of this element.

The fourth element requires that all terminations or resignations for violations of the agency's policies are reported to law enforcement agencies and relevant licensing bodies unless the activity was not criminal. The LRRRC PREA policy has a statement to support this element. Because no employees have received a finding of substantiated for violations of policies against sexual abuse and harassment in the past twelve months, there is no supporting documentation for this element showing that this reporting has taken place. Based on the need for a policy statement to support this element and in the absence of any evidence that the facility is doing this, the facility is meeting this element of the policy.

RECOMMENDATIONS: None.

Standard**Number here: 115.277** Corrective actions for contractors and volunteers.

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

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

Standard 115.77 has two elements that a facility must meet for a finding of "meets standard".

The first element requires that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies unless the activity was not criminal, and to relevant licensing bodies. The LRRRC PREA policy has a statement to support this element. However, because of the decision of Lake Region Residential Re-Entry Center not to use contractors for services, and because no volunteers have engaged in prohibited behavior at Lake Region Residential Re-Entry Center in the past twelve months, no contractors or volunteers have received a finding of substantiated for violations of policies against sexual abuse and harassment in the past twelve months and there is no supporting documentation to review. Thus the facility is meeting the intent of this element.

The second element requires that facilities take remedial measures and consider whether to prohibit further contact with residents when contractors or volunteers violate sexual abuse or harassment policies. The LRRRC PREA policy has a statement to support this element. However, because of the decision by Lake Region Residential Re-Entry Center not to use contractors for services, and because no contractors or volunteers have engaged in prohibited behavior at Lake Region Residential Re-Entry Center in the past twelve months, no contractors or volunteers have received a finding of substantiated for violations of policies against sexual abuse and harassment in the past twelve months. Thus the facility is meeting the intent of this element.

RECOMMENDATIONS: None.

Standard

Number here: 115.278 Disciplinary sanctions for residents

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

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

Standard 115.278 has seven elements that a facility must meet for a finding of "meets standard".

The first element requires a formal disciplinary process for residents who engage in sexual abuse. The LRRRC PREA policy has the formal disciplinary process used by Lake Region Residential Re-Entry Center for disciplinary actions for residents. Thus the facility meets this element.

The second element requires that sanctions are commensurate with the nature and circumstances of the abuse committed, the client's disciplinary history, and sanctions imposed for comparable offenses by other residents. The LRRRC PREA policy contains the list of sanctions, and Director Johnson stated in his interview that this is the practice. Thus the facility meets this element.

The third element requires that the disciplinary process consider a client's mental disabilities or mental illness when determining what type of sanction is imposed. Director Schwab indicated in his interview that this is the practice at Lake Region Residential Re-Entry Center. The LRRRC PREA policy also has this requirement. Thus the facility meets this element.

The fourth element requires that if the facility offers interventions to address the abuse, the facility shall consider requiring the client to participate in such interventions as a condition of access to programming

or other benefits. The facility does not offer interventions, so based on the conditional nature of this element of the standard, thus the facility meets this element.

The fifth element requires that residents are sanctioned for contact with staff only if staff did not consent to it. The LRRRC PREA policy has this requirement. An interview with the Director Johnson confirmed that this is also the practice at this facility. Thus the facility meets this element.

The sixth element requires that a report made in good faith shall not constitute false reporting or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation. The LRRRC PREA policy has this requirement and Director Johnson indicates that no residents have been charged with filing a false report. Thus the facility meets this element.

The seventh element requires that a facility may prohibit all sexual activity between residents, but that non-coerced activity does not constitute sexual abuse. The LRRRC PREA policy has language that supports this requirement. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard

Number here: 115.282 Access to emergency medical and mental health services.

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

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

Standard 115.282 has four elements a facility must meet for a finding of "meets standard".

The first element requires that victims shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as determined appropriate by practitioners according to their professional judgment. Interviews with medical and mental health staff from Mercy Hospital and SAAF indicate that residents at Lake Region Residential Re-Entry Center have unimpeded and timely access to medical and mental health services. Thus the facility meets this element.

The second element requires that if no qualified medical or mental health staff are on duty, first responders take steps to protect the victim and notify medical and mental health staff. The LRRRC PREA policy has this requirement. Thus the facility meets this element.

The third element requires that residents are offered timely information about pregnancy related medical services and sexually transmitted infections prophylaxis. An interview with Molly McDonald from SAAF indicates that this is the practice for victim advocates. Thus, the facility meets this element.

The fourth element requires that treatment services are provided to victims without cost regardless of whether they name the abuser. The LRRRC PREA policy has a statement to support this element, and Molly McDonald of SAAF and Debbie Hodous for Mercy Hospital state that victims from LRRRC are not charged for services.. The facility meets this element of the standard.

RECOMMENDATION: None.

Standard**Number here: 115.283** Ongoing medical and mental health care for sexual abuse victims and abusers.

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

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

Standard 115.283 has eight elements that the facility must meet for a finding of "meets standard".

The first element requires that ongoing medical and mental health evaluations and treatment are offered to victims who, during the time of their current incarceration have been victimized. The LRRRC PREA policy has a statement to support this element. The interviews with Jennifer Ekern and Molly McDonald also indicates that medical and mental health treatment are provided to residents who have been victimized during their current incarceration. Thus the facility meets this element of the standard.

The second element requires that evaluation and treatment include follow up services, treatment plans, and referrals for continued care following transfer, placement in, or release from custody. The LRRRC PREA Policy has a statement that supports this requirement. An interview with Jennifer Ekern confirmed that evaluations, treatment, and referrals are made by SANE nurses at Mercy Hospital. No investigations into allegations of sexual abuse in the past 12 months have been substantiated, so there are no medical records showing that this is the practice at this facility. In the absence of documentation showing non-compliance with this element, and based on the policy statement and interviews, it is determined that the facility meets this element.

The third element requires that the level of care provided is consistent with community levels of care. The interviews with Jennifer Ekern, Molly McDonald, and Debbie Hodous establishes that this is their practice. Thus the facility meets this element.

The fourth element requires that victims of vaginal penetration are offered pregnancy tests. The LRRRC PREA policy has a statement to support this element. Debbie Hodous and Molly McDonald stated that pregnancy tests are provided to victims of vaginal penetration. Policy needs to be revised to require that victims of vaginal penetration are offered pregnancy tests.

The fifth element requires that if pregnancy results from the conduct described in paragraph (d) of this section, such victims will receive timely and comprehensive information about, and timely access to, all lawful pregnancy related services. The LRRRC PREA policy has a statement to support this element. Molly McDonald of SAAF states that victims receive timely and comprehensive information about, and timely access to all lawful pregnancy related services. The facility is meeting this element of the standard.

The sixth element requires that victims are offered tests for STIs as medically appropriate. The LRRRC PREA policy has a statement to support this element. The interviews with Molly McDonald and Debbie Hodous indicates that this is the practice. Thus the facility is meeting this element of the standard.

The seventh element requires that on-going treatment is provided without cost. The LRRRC PREA Policy has this requirement. Interviews with client also indicate that this is the information they received at this facility. Thus the facility meets this element.

The eighth element requires that known client abusers have a mental health evaluation within 60 days of learning of such abuse history and are offered treatment. The LRRRC PREA policy has a statement to support this element and the facility is meeting this element of the standard.

RECOMMENDATIONS: None.

Standard**Number here: 115.286** Sexual abuse incident reviews.

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

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

Standard 115.286 has five elements a facility must meet for a finding of "meets standard".

The first element requires that the facility conducts an incident review at the conclusion of every investigation, including where the finding is unsubstantiated, unless the finding is unfounded. The LRRRC PREA policy has a statement to support this element. Because there have been no findings of substantiated or unsubstantiated on allegations of sexual abuse, there have been no sexual abuse incident reviews in the past 12 months. Director Johnson indicated in his interview that this is the practice at LRRRC. Based on the policy statement and the staff interviews, the facility is meeting this element of the standard.

The second element requires that such reviews occur within 30 days of the conclusion of the investigation. The LRRRC PREA policy has a statement to support this element. Because there have been no findings of substantiated or unsubstantiated on allegations of sexual abuse, there have been no sexual abuse incident reviews in the past 12 months. Based on the policy review and staff interviews, the facility is determined to be meeting this element of the standard.

The third element requires that the review team include upper management officials with input from line supervisors, investigators, and medical or mental health practitioners. The LRRRC PREA policy has a statement to support this element. Thus the facility is meeting this element of the standard.

The fourth element requires the incident review team to include six specific requirements in the incident review. The LRRRC PREA policy requires the six elements and supports this element. The facility is meeting this element of the standard.

The fifth element requires that the facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. The LRRRC PREA policy has a statement to support this element. Thus the facility is meeting this element of the standard.

RECOMMENDATION: None.

Standard**Number here: 115.287** Data Collection

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

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

Standard 115.287 has five elements a facility must meet for a finding of "meets standard".

The first element requires that the agency collect accurate uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions, and that it shall include at a minimum all the data necessary to answer all the questions from the most recent version of the Survey of Sexual Victimization (SSV). The LRRRC PREA policy requires the facility to collect data to answer all the questions from the most recent version of the Survey of Sexual Victimization (SSV). The facility also produced the SSV in support of this element. Thus the facility is meeting this element of the standard.

The second element requires that the agency shall aggregate incident based data annually. The LRRRC PREA policy supports this element and because there were no allegations of sexual abuse in the past 12 months, no reports were provided showing that the data had been aggregated. Thus the facility is meeting this element of the standard.

The third element requires that the agency maintains, reviews, and collects data from all incident based documents including reports, investigation files, and sexual abuse incident reviews. The LRRRC PREA policy has a statement to support this element and an annual report provided by the facility included aggregated data. Thus the facility is meeting this element of the standard.

The fourth element requires that the agency collect information from every privately operated facility with which it contracts to hold residents. Lake Region Residential Re-Entry Center does not contract with privately operated facilities, so this element is N/A.

The sixth element requires that the agency provides upon request all such data to the DOJ no later than June 30. The DOJ has not made this request and the instructions from the audit tool indicate, that in the case where the DOJ has not made the request, this element is to be considered N/A.

RECOMMENDATIONS: None.

Standard

Number here: 115.288 Data review for corrective action.

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

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

Standard 115.288 has four elements a facility must meet for a finding of "meets standard".

The first element requires that the agency review aggregated data to identify problem areas, take corrective action, and prepare a report of its findings and corrective action. The LRRRC PREA policy has a statement to support this element and provided a report showing that the agency reviewed aggregated data to identify problem areas, took corrective action, and prepared a report of its findings and corrective action. Thus the facility is meeting this element of the standard.

The second element requires that the report contain a comparison to the data of the previous year and provide an assessment of the agency's progress in addressing sexual abuse. The report provided by the facility provided a comparison of 2015 data to 2016. Thus the facility is meeting this element of the standard.

The third element requires that the report be approved by the agency's head and that it is made readily available to the public through its website. The facility provided a report to support this element which is also on the agency webpage. Thus, the facility meets this element of the standard.

The fourth element requires that the agency redact information that, if published, would present a clear and specific threat to the safety and security of the facility and that the nature of the redacted material is indicated. The report contained no victim or perpetrator identifiers or other information that, if released, would present a clear and specific threat to the safety and security of the facility that needed to be redacted from the report, thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.89 Data storage, publication, and destruction.

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

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

Standard 115.89 has four elements that a facility must meet for a finding of "meets standard".

The first element requires that the agency ensure that the data collected is securely retained. The LRRRC PREA policy requires that data is securely retained in a designated area with restricted access. Thus the facility meets this element.

The second element requires that the agency makes aggregated data available to the public at least annually through its website. The Lake Region Residential Re-Entry Center webpage included the aggregated data in its annual report. Thus the facility meets this element of the standard.

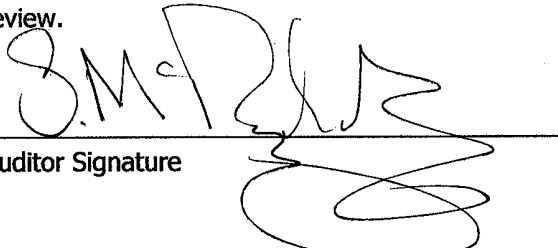
The third element requires the agency to remove all personal identifiers before making the data publicly available. The report removed all personal identifiers and the facility meets this element of the standard.

The fourth element requires that the agency maintain the data for at least 10 years after the date of its initial collection unless Federal, State, or local law require otherwise. The data collected by the agency only goes back to 2014, so the ten-year threshold has not yet been met. Having determined that the date goes back to at least 2014, the date when the facility began gathering data, the Lake Region Residential Re-Entry Center meets the intent of this element.

RECOMMENDATION: None.

AUDITOR CERTIFICATION:

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



Auditor Signature

June 8, 2017

Date