

**PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES**

Date of report: 01-19-17

Auditor Information			
Auditor name: Candy Snyder			
Address: PO Box 405, Custer SD 57730			
Email: Snyder@gwtc.net			
Telephone number: (605) 517-1747			
Date of facility visit: June 17 to June 18, 2016			
Facility Information			
Facility Name: Grand Forks County Juvenile Detention Center			
Facility physical address: 125 South 5 th Street, Grand Forks, ND 58201			
Facility mailing address: <i>(If different from above)</i>			
Facility telephone number: (701) 780-8254			
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"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Bridgie Hansen			
Number of staff assigned to the facility in the last 12 months: 20			
Designed facility capacity: 14			
Current population of facility: 3			
Facility security levels/inmate custody levels: pre- and post-adjudicated juveniles			
Age range of the population: 8 to 17			
Name of PREA Compliance Manager: Lt. Larry Ahles			
Email address: larry.ahles@gfcounty.org			
Agency Information			
Name of agency: (same as above)			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address:			
Mailing address: <i>(if different from above)</i>			
Telephone Number:			
Agency Chief Executive Officer			
Name: Bridgie Hansen		Title: Administrator	
Email address: bridgie.hansen@gfcounty.org		Telephone number: (701) 780-8254	
Agency-Wide PREA Coordinator			
Name: (same as Compliance Manager)		Title:	
Email address:		Telephone number:	

AUDIT FINDINGS

NARRATIVE:

An audit of the Grand Forks County Juvenile Detention (GFCJDC) facility in Grand Forks, North Dakota was conducted on June 17-18, 2015 by Candy Snyder, a certified PREA auditor, and assisted by Mark Snyder, an auditing assistant.

An entrance meeting began with facility staff, Administrator Bridgie Hanson and the PREA Coordinator, Lt. Larry Ahles. Following the entrance meeting the group conducted a facility tour. The auditor then began interviewing specialized staff. Suitable and private accommodations were made for the auditor to conduct interviews. The auditor was not limited in any way from speaking with staff or youth or inspecting any area of the facility. The auditor was given access to the facility at all hours of the day in order to conduct interviews with staff on all shifts. The GFCJDC is a rather small facility and key staff hold multiple positions. The Administrator and her staff were extremely polite and accommodating throughout the audit.

The auditor conducted a review of the application and hiring process and employee background checks. There were no sexual assault or sexual harassment allegations made over the past review period and thus, no investigative files to review.

The Administrator provided a copy of the staff schedule. As the facility is small, the auditor interviewed all staff on shift and returned to interview staff coming off the overnight shift. The staff interviews represented staff covering all shifts and varying degrees of longevity. The auditor asked specialized questions of staff regarding screenings, searches, first response and the intake process.

The auditor completed interviews of the three youth present at the facility. There were no residents who were disabled or who were limited English speaking to be interviewed and there were no residents who identified as LGBTI. The facility has not implemented a screening process and therefore there were no youth who were screened and had identified previous sexual abuse prior to placement. The facility does not use isolation and this was confirmed through direct observation and through interviews.

An exit briefing was held with the facility Administrator and the PREA Coordinator. The auditor provided a preliminary finding of each standard with the caveat that this was subject to change as the auditor continued to review documents, may have questions to be answered and prepares the interim report. The auditor thanked the GFCJDC staff for their hard work, their hard work yet to come, their commitment to follow the Prison Rape Elimination Act and most importantly, their dedication to and caring for the youth under their charge.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The facility is located in Grand Forks, North Dakota. The facility was remodeled in 2004 to its existing structure. It is located on the second floor. The jail was previously housed in the same building, but a new jail was constructed and those spaces that adjoin the detention center are now vacant. The detention center is small. Upon entering there is a multi-purpose room that is used to conduct the initial interview with youth. The intake area consists of two initial holding cells with combination sink/toilet units and a private shower. There is a large indoor recreation room, a staff office, a control room and a small classroom. The youth housing area has six (6) single rooms each with a combination unit toilet/sink. There is a private shower where youth shower singly and a small laundry room.

Throughout the tour of the facility, the auditor noted PREA posters and the required posted audit notice.

SUMMARY OF AUDIT FINDINGS:

The facility staff have been working on implementation of PREA compliance measures over the past year for the Grand Forks Juvenile Detention Center. Although not all standards were initially met at the time of the on-site portion of the audit, staff and youth were aware of PREA and staff were committed to youth safety. Most importantly when asked, all youth stated that they felt safe at GFCJDC.

Following the on-site portion of the audit, the facility was provided an interim audit report on July 15, 2016. The GFCJDC then entered a corrective action period for six months. The facility staff were committed to addressing every standard and ensuring that the facility not only enacts the processes required by the standards, but devotes themselves to meeting the standards with the intent behind them – making improvements to ensure sexual safety for their residents and creating a culture and open dialog with the youth about sexual safety.

Number of standards exceeded: **0**

Number of standards met: **39**

Number of standards not met: **0**

Number of standards not applicable: **2**

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

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

The GFCJDC has a well-written PREA policy for GFCJDC with an effective date of May 24, 2016 and a signed revision as of December 14, 2016. The PREA policy mandates zero-tolerance and outlines the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The auditor observed that the procedures for following the standards were being met through directive and standard operating procedure and staff have been following them for some time – even before the policy went into effect.

The facility PREA Coordinator has been working diligently to address every standard in both policy and procedure. He has the authority to develop, implement and oversee the efforts and has the complete support of the Administrator. The auditor recommends that the PREA Coordinator complete the National Institute of Corrections course *PREA Coordinators' Roles and Responsibilities*

Standard 115.312 Contracting with other entities for confinement of residents

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

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

Standard 115.313 Supervision and monitoring

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

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At the time of the on-site review the GFJDC did not have a documented staffing plan or annual review. The annual review must outline the camera surveillance systems, staff coverage, adequacy of supervision and prevailing staffing patterns over the past year. They maintain a 1:8 staff to resident ratio during waking hours and a 1:16 staff to resident ratio during sleeping hours and they have no documented incidents of falling below this ratio. Procedure for the facility is that even when the numbers are low, there is always one male and one female staff member on duty. The PREA policy requires upper-level staff to conduct and document unannounced rounds by intermediate- and higher-level

staff. The Administrator informally drops by unannounced occasionally. However, these rounds were not documented in the past.

The facility conducts strip searches upon intake with a single staff member alone with the youth. Although the staff member stands outside of the shower room, there is no camera to verify that the staff member does not go into the shower room. The auditor recommended that a camera be installed immediately or in absence of that, a second staff member is present that solely has view of the staff member conducting the search, but does not have view of the youth. This procedure will allow for both protection of the youth and protection of the staff from false allegations while still maintaining the youth's privacy.

CORRECTIVE ACTION: The auditor required a documented staffing plan. The auditor required the implementation of and documented unannounced rounds. The facility incorporated their documented staffing plan within their PREA policy. In discussions with the Administrator and PREA Coordinator, they began implementation of unannounced rounds immediately following the on-site portion of the audit. Later during the corrective action period they provided the logbook entries as verification of their unannounced rounds. In regard to the initial entry and strip search of a youth, they took immediate action by temporarily altering their practice to have a second staff member observing the staff member conducting the strip search until a camera could be ordered and installed. Later during the corrective action period the camera equipment arrived and was installed. Electronic images of this area were provided to the auditor to verify there is coverage of the staff member standing outside of the shower room conducting the strip search.

Standard 115.315 Limits to cross gender viewing and searches

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

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The facility does not conduct cross-gender strip searches, cross-gender pat-down searches or cross-gender visual body cavity searches. This was verified through interviews with both staff and youth. At the time of the on-site portion of the facility did not have an exigent circumstance log in the event of an emergency in which to document a cross-gender search.

The facility has good procedures in place that enable residents to shower, toilet and change clothing without staff of the opposite gender viewing them naked. All youth are housed in individual rooms. The only time a youth would be in a state of undress is while either using the toilet or in the shower. Youth shower individually and privately in a single shower. There have been no instances of transgendered or intersex residents admitted to the facility. However, the GFCJDC staff were aware of the responsibility of determining sex solely through professional conversation or through medical records or through part of a broader medical examination by a medical practitioner.

The facility prohibits cross-gender searches, but still must provide cross-gender search training in the event an exigent circumstance occurs. In addition, there was no documented training of how to properly conduct a search of a transgender or intersex resident.

CORRECTIVE ACTION: The auditor required that the GFCJDC provide all staff with cross-gender search training, when to conduct such searches and to document these searches on an exigent log if they take place. The auditor requested the training records to verify the cross-gender search training as well as a sample of an exigent circumstance log that will be used. The facility provided both the requested training records and verification of their exigent circumstance log (although there were no exigent circumstances recorded in the logbook). The training consists of viewing several videos to include "Guidance in Cross-Gender and Transgender Pat Searches". In addition each new employee is taught clothed and unclothed search techniques along with hands on practice to include the cross-gender and transgender search training. All full-time and part-time employees sign a verification form once the training is complete.

Standard 115.316 Residents with disabilities and residents who are limited English proficient.

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

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

This standard requires that the facility administrator think ahead of how to effectively handle situations involving a youth who is limited English proficient or may have disabilities so that they may fully participate in protection efforts. Typically youth who do not speak English are brought to the facility by a border patrol agent who has a translator accompanying the agent. The facility does not use residents to interpret for other residents. The facility has an active contract with the Southern Wisconsin Interpreting & Translation Services. They have instructed all staff in the use of these procedures and posted the numbers for this 24-7 service in easily accessible areas for staff. The interpretive services can assist in the intake process, screening process, education on how to report and if need be, translate during the investigative process.

Standard 115.317 Hiring and promotion decisions

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

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The facility has performed background checks at the time of employment of new hires. The auditor reviewed personnel files to confirm the background check and a few of the employees that were hired many years ago did not have background checks within their personnel file. GFCJDC has not been performing Child Abuse and Neglect Background Inquiry at the time of employment. They also had no requirement to run the background check again every five years or at the time of promotion. They have recently implemented the required three questions at the end of their application and require new hires to affirm that they have a continuing duty to report. They have gone back to all existing employees and required them this newly implemented form.

CORRECTIVE ACTION: The auditor required the GFCJDC to run a criminal background check and a Child Abuse and Neglect Background Inquiry for all existing employees. Child Abuse and Neglect Background Inquiries must be ran for all employees that were hired after August 20, 2013. They must also develop a process for ensuring that the criminal background check is completed again every five years or if an employee is promoted into a new position. During the corrective action period the GFCJDC ran a criminal background check and an abuse and Neglect Background Inquiry for all employees with the last ones completed in December. The Administrator provided verification with dates of all backgrounds to the auditor. The new process will be to run the criminal background checks again in 2022 so that the five-year requirement is met. The Administrator provided the new GFCJDC application that included these questions as well as a signed acknowledgement by the applicant that if hired they understood they have a continuing duty to report sexual misconduct or any adverse contact with law enforcement.

Standard 115.318 Upgrades to facilities and technology

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

There have been no major expansions or modifications at this facility since 2012. The administrators consider the ways in which to enhance their efforts and abilities to protect residents from sexual abuse through the use of electronic monitoring and video monitoring. They have camera systems in all key areas. Additionally, they have electronic monitoring in which they can hear the conversations within rooms from the control room.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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As soon as the administrator is notified of a sexual abuse the protocol is to call the Grand Forks Sheriff Department, and transport the youth to the Altru Hospital for a SANE Forensic exam.

The facility has a Memorandum of Understanding (MOU) with a local advocate from a rape crisis center, the Grand Forks Community Violence Intervention Center (CVIC). CVIC is the local advocacy agency in Grand Forks. They have trained advocates that provide counseling to survivors. They also provide accompaniments to Altru Hospital.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

The policy and procedures are in place to always notify the Grand Forks Sheriff's office for every incident of sexual abuse. The investigative policy must be posted on the Grand Forks County Juvenile Detention Center website.

CORRECTIVE ACTION: The auditor required the investigative policy be placed on the GFCJDC website. The facility complied and this was verified by the auditor by accessing http://gfccounty.nd.gov/Juvenile_Detention

Standard 115.331 Employee training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The GFCJDC provides PREA training to all staff. The auditor verified the training provided through their Relias training system. The Relias training has an exam process to verify understanding and if the staff do not pass a particular training module with a pre-determined score then they must re-take that training module.

Standard 115.332 Volunteer and contractor training

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

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The GFCJDC has two volunteers who work with the youth under the supervision of GFCJDC staff. However, the facility does not have documented training through volunteer signature that they understand the training they have received and list the components of the training. There are no contractors who work within the facility.

CORRECTIVE ACTION: The auditor required the facility outline specifically what was taught and volunteers must attest that they understand the training that they have received through their signature. The GFCJDC provided both the material covered and the acknowledgment forms.

Standard 115. 333 Resident education

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

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The facility provides residents information on GFCJDC’s zero tolerance culture regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. This was evident through the interviews with youth. The facility verbally goes over written orientation information with the youth and then has the youth sign the form when complete. They also provide additional comprehensive education during an in-person session within ten days of intake. This more comprehensive training includes their right to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting such incidents, and regarding the GFCJDC’s policies and procedures for responding to such incidents. This information is continuously and readily available through posters throughout the facility as well as in the Youth Safety Guide. The facility had verification of the initial training, but not the second, more comprehensive training. However, they immediately rectified that by putting in place the verification form for the second training session.

Standard 115.334 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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The Grand Forks Sherriff's office conducts sexual abuse investigations. A specific detective who has experience and training with sexual assault cases has been assigned to specifically investigate criminal sexual abuse allegations within the detention center. The Administrator and PREA Coordinator conduct internal administrative, non-criminal investigations. In addition, all abuse allegations are turned over to the Department of Human Services Children and Family Services on a Form 960 – Report of Suspected Child Abuse or Neglect. The auditor recommended that all investigators complete the NIC course *PREA: Investigation Sexual Abuse in a Confinement Setting*. Staff have completed the training module *PREA: Investigation protocols*.

Standard 115.335 Specialized training: Medical and mental health care

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

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Through interviews with the nurse it is apparent she is knowledgeable in how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The nurse provided certificates for her participation in the National Institute of Corrections (NIC) courses *PREA: Your Role Responding to Sexual Abuse*; *PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting*; and *Communicating effectively and professionally with LDBTI Offenders*.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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The GFCJDC has implemented a screening process. The auditor reviewed the screening tool that the GFCJDC uses. The standard requires that usually within 24 hours but no later than 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the facility maintains and uses information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The screening tool asked a few basic questions relating to sexual victimization and perpetration. There were no questions regarding a gender nonconforming appearance/behavior and the screener did not ask the youth if they identify as lesbian, gay, straight, bisexual or transgendered. The facility immediately implemented a more comprehensive screening. The questions relating to current charges and offenses history, age, level of emotional and cognitive development, physical size and stature, mental illness and mental disabilities, intellectual or developmental disabilities or physical disabilities are also asked on the medical/mental health screening questionnaire.

Standard 115.342 Use of screening information

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

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All youth are housed within individual rooms at GFCJDC. The facility has had no transgender or intersex residents, but interviews indicate that a transgender or intersex resident's own views with respect to his or her own safety would be given serious consideration on how they are placed. All residents shower separately. The facility does not place lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed or other assignments solely on the basis of such identification or status, nor does the facility consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Standard 115.351 Resident reporting

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

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GFCJDC provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, or retaliation. They can report to staff, write a grievance, put in a sick call slip and report to medical staff. They also can speak with the Administrator or the PREA Coordinator by making a request at any time. They can call externally to the North Dakota Department of Human Services. This number is available on posters posted in the dayroom and near the telephone.

Youth reported feeling very comfortable reporting directly to staff and that there is a grievance process. The staff accepts reports made verbally, in writing, anonymously, and from third parties and promptly documents any verbal reports. The facility provides residents with access to tools necessary to make a written report.

Standard 115.352 Exhaustion of administrative remedies

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

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Residents may submit a grievance alleging sexual abuse or harassment without submitting it to a staff member that is subject of the allegation. The youth does not have to complete any other prior steps in order to submit a grievance for

an allegation of sexual abuse. There is no time limit on when a youth can submit a grievance regarding an allegation of sexual abuse. Staff and youth interviews confirmed their knowledge of how the grievance process can be used to report sexual abuse and sexual harassment, but it does not have to be reported by that method.

Standard 115.353 Resident access to outside confidential support services.

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

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GFCJDC has an MOU with the Grand Forks Community Violence Intervention Center (CVIC) for crisis support services. The CVIC contact information is posted throughout the facility. The GFCJDC provides youth with reasonable and confidential access to their attorneys and parents. In addition, youth reported that they had contact with their families regularly.

Standard 115.354 Third-party reporting

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

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The agency has not distributed the information publicly on how to report sexual abuse and sexual harassment on behalf of a resident.

CORRECTIVE ACTION: The auditor required the agency post on their website how to report sexual abuse and sexual harassment on behalf of a resident. The auditor verified compliance by viewing the website at http://gfccounty.nd.gov/Juvenile_Detention

Standard 115.361 Staff and agency reporting duties

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

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GFCJDC requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Apart from reporting to designated supervisors or officials and designated State agency, staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Medical staff are required to report sexual abuse to designated supervisors and officials as well as to the designated State service agencies. Such practitioners are required to inform the residents at the initiation of services of their duty to report and the limitation of confidentiality. The nurse states this is done verbally.

The staff reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to designated investigators. Upon receiving any allegation of sexual abuse, the Administrator or designee promptly reports the allegation to the Department of Human Services, the Sheriff's office and to parents or the legal guardian.

Standard 115.362 Agency protection duties

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

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Through interviews with the Administrator and random staff there is evidence to support that the facility requires all staff to take immediate action to protect the resident from imminent sexual abuse. There have been no instances that a resident was subject to risk of imminent sexual abuse.

Standard 115.363 Reporting to other confinement facilities

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

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

Through interviews with the Administrator, the PREA Coordinator, then nurse and random staff there are procedures in place to appropriately act upon receiving an allegation of sexual abuse of a resident while at another facility with such action initiated no later than 72 hours and actions documented. Many staff, but not all, stated the notification must be from Administrator to Administrator. The auditor recommends that this training to staff be reinforced. There was a few staff that were unaware of this requirement. There have been no instances of these allegations received regarding abuse at other facilities.

Standard 115.364 Staff first responder duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard.

These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GFCJDC staff seemed to be well versed in these procedures and were aware of all elements of this standard (separate alleged victim/abuser, preservation and protection of crime scene, to include collection of physical evidence as soon as possible by law enforcement or the SANE nurse, including the request of the victim not to take any actions which could destroy any physical evidence). Interviews with random staff confirmed knowledge of these procedures.

Standard 115.365 Coordinated responses

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

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

The facility has a coordinated response plan in their PREA policy. The policy outlines the coordinated actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. In addition, the CVIC has a Coordinated Community Response Coordinator that ensures that at the onset of any report of sexual assault the SART team members respond. Staff interviews and interviews with the Administrator and the PREA Coordinator indicate staff are aware of their responsibilities to coordinate responses within the facility.

Standard 115.366 Preservation of ability to protect residents from contact with abusers

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

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

There are no barriers preventing the Administrator from removing alleged staff, volunteer, or contractor sexual abusers from contact with residents pending the outcome of the investigation and a determination of discipline.

Standard 115.367 Agency protection against retaliation

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

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

The facility has a PREA policy that includes measures to protect against retaliation. The Administrator and the PREA Coordinator are charged with monitoring for retaliation. Should any other person who cooperates with a sexual

misconduct investigation express fear of retaliation appropriate protective measures will be taken. Retaliation monitoring will be discontinued should the allegation be unfounded. Measures include housing changes, removing contact of alleged staff/resident abusers and emotional support services for those who fear retaliation. There have been no instances of alleged sexual harassment or abuse and hence no incidents of retaliation. The auditor recommended that a logbook be kept of each time contact is made with a resident or staff to follow-up that there has been no retaliation.

Standard 115.368 Post-allegation protective custody

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

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

This standard is not applicable. The facility does not use segregated housing of residents as a means to keep them safe from sexual misconduct. Interviews confirmed the prohibition of segregated housing for this purpose. Youth have individual sleeping rooms and when they are out of their room they are in the direct supervision of staff. Adequate precautions can be taken such as keeping the youth in more close proximity of staff to keep them safe.

Standard 115.371 Criminal and administrative agency investigations

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

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

The facility has had no reports of sexual abuse or sexual harassment. Administrative investigations will include efforts to determine whether staff actions/failures contributed to the abuse documented through written reports that will include physical/testimonial evidence, credibility reasoning assessments and investigative facts and findings. All written reports will be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The Administrator and the PREA Coordinator are designated as the facility administrative investigators. The Grand Forks Sheriff's office conducts all criminal investigations.

Standard 115.372 Evidentiary standards for administrative investigations

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

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

The GFCJDC will use no standard higher than a preponderance of evidence in making a determination of alleged sexual abuse/harassment. Through interviews with the Administrator it was stated they use no standard higher than the preponderance of evidence in making final determinations of sexual abuse/harassment.

Standard 115.373 Reporting to residents

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

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

The facility had no method for documenting how they inform residents as to whether the allegation was substantiated, unsubstantiated or unfounded. There were no reported incidents. However, there were no identifiable method of completing this in the event there is an investigation.

CORRECTIVE ACTION: The auditor recommended that the facility develop a form that can document notice to a resident of the outcome of a sexual abuse or sexual harassment investigation. They completed this and provided the form to the auditor. There have been no reported cases to report back on.

Standard 115.376 Disciplinary sanctions for staff

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

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

All staff members who violate sexual abuse, sexual harassment and retaliation policies are subject to disciplinary sanctions. No staff has violated agency sexual abuse, harassment or retaliation policies. Interviews conducted with the Administrator verified that there have been no substantiated allegations at the facility. Interviews also confirmed that this standard would be followed should disciplinary measures be required including a report to law enforcement and relevant licensing authorities should termination and/or resignation of staff occur.

Standard 115.377 Corrective actions for contractors and volunteers

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

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

Any contractor or volunteer who violate sexual abuse, sexual harassment and retaliation policies are subject to disciplinary sanctions including termination of service. There have been no contractors or volunteers who have been accused of sexual misconduct.

Standard 115.378 Disciplinary sanctions for residents

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

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

For incidents of youth-on-youth sexual abuse, sexual harassment or retaliation, administrative sanctions will be handed out following the formal disciplinary processes and applied commensurate with the level of infraction. A youth's access to general programming or education is not conditional on receiving interventions designed to address/correct underlying reasons or motivations for abuse.

Standard 115.381 Medical and mental health screenings; history of sexual abuse.

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

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

The nurse confirmed that if the screening tool indicates there was previous sexual abuse victimization or perpetration, they will offer a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. This offer for follow-up care will be documented within the medical record.

Standard 115.382 Access to emergency medical and mental health services

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

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

The facility provides access to emergency medical and mental health services. In the event services after hours are not available by the facility medical health staff, residents would be taken to Altru Hospital. These services have not been used during the audit review period.

Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

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

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

The facility will require that medical and mental health evaluations and treatment will be offered at no cost to sexual abuse victims and abusers. The nurse stated that in many instances services are accessed through Northeast Human Services Center. If a youth is taken to the hospital, tests for sexually transmitted infections and pregnancy will be offered there.

Standard 115.386 Sexual abuse incident reviews

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

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

The facility has a plan for incident reviews outlined within their PREA policy. They will conduct formal sexual abuse incident reviews following each sexual abuse investigation specifically answering the questions posed within the standard. The auditor recommended a consistent date each month is set for the review of any incidents from the previous month and a specific form created to document any reviews. This review will include upper-level staff, supervisors, investigators, and medical staff.

Standard 115.387 Data collection

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

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

There were no allegations of sexual abuse at the facility. However, they did not have documentation to reflect this. The standard requires documented reports.

CORRECTIVE ACTION: The auditor required documentation of their aggregate data. The facility provided a chart with zeroes in all columns for the past three years which reflects no allegations of sexual abuse at the facility.

Standard 115.388 Data review for corrective action

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

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

The facility had not held an annual review of data or prepared an annual report. This review should be attended by all upper level managers and should report findings and corrective actions as well as the progress made through the previous year in addressing sexual abuse.

CORRECTIVE ACTION: The auditor required the facility to prepare an annual report assessing the facility’s progress in addressing sexual abuse and post this annual report on the agencies website. The facility had no incidents to review for corrective action, but they understand the requirement to hold an annual review that looks at both their previous years activities in addressing sexual abuse, and corrective actions they have taken and a review of any incidents should they occur. The auditor verified compliance by viewing the website at http://gfcounty.nd.gov/Juvenile_Detention

Standard 115.389 Data storage, publication and destruction

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

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

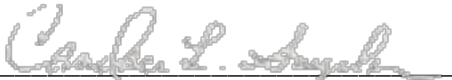
The facility had not posted data to their website. Data collected is retained via limited access and through a secure server for at least ten (10) years.

CORRECTIVE ACTION: The auditor required that the facility post PREA aggregate data on the detention center’s website even if that data is to reflect no incidents. The facility created links to the data on their website. The auditor verified compliance by viewing the website at http://gfcounty.nd.gov/Juvenile_Detention

AUDITOR CERTIFICATION

I certify that:

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


Auditor Signature

January 19, 2017
Date