

**PREA AUDIT REPORT**     Interim     Final  
**ADULT PRISONS & JAILS**

**Date of report:** July 11, 2016

<b>Auditor Information</b>			
<b>Auditor name:</b> Darnel Carlson			
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<b>Telephone number:</b> 218-822-7007			
<b>Date of facility visit:</b> June 20-22, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Grand Forks County Correctional Center			
<b>Facility physical address:</b> 1701 North Washington Street, Grand Forks, ND. 58203			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 701-780-8224			
<b>The facility is:</b>	<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		
<b>Facility type:</b>	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Bret Burkholder			
<b>Number of staff assigned to the facility in the last 12 months:</b> 68			
<b>Designed facility capacity:</b> 242			
<b>Current population of facility:</b> 206			
<b>Facility security levels/inmate custody levels:</b> Minimum, Medium, Maximum			
<b>Age range of the population:</b> 18-73			
<b>Name of PREA Compliance Manager:</b> Jodi Hilde		<b>Title:</b> Sergeant	
<b>Email address:</b> <a href="mailto:jodi.hilde@gfcounty.org">jodi.hilde@gfcounty.org</a>		<b>Telephone number:</b> 701-738-2799	
<b>Agency Information</b>			
<b>Name of agency:</b> Grand Forks County Correctional Center			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 1701 North Washington Street, Grand Forks, ND. 58203			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 701-780-8224			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Bret Burkholder		<b>Title:</b> Administrator	
<b>Email address:</b> <a href="mailto:bret.burkholder@gfcounty.org">bret.burkholder@gfcounty.org</a>		<b>Telephone number:</b> 701-780-8228	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Kenny Nelson		<b>Title:</b> Lieutenant	
<b>Email address:</b> <a href="mailto:Kenny.nelson@gfcounty.org">Kenny.nelson@gfcounty.org</a>		<b>Telephone number:</b> 701-738-2795	

## AUDIT FINDINGS

### NARRATIVE

The Grand Forks County Correctional Facility was audited on June 20-22, 2016. A review of the pre-audit documents had been conducted prior to the on-site visit. The initial meeting began at approximately 8:30 AM and was attended by Administrator Bret Burkholder. The Audit process was discussed, the staff schedule, inmate roster, and a list of additional documents were requested for review as part of the audit. An additional meeting was attended by Lieutenant Kenny Nelson, PREA Coordinator and Sergeant Jodi Hilde, PREA Compliance Manager.

The facility tour was conducted by Lt. Kenny Nelson and Sgt. Jodi Hilde. During the initial tour, all areas of the facility were toured, including master control, intake/booking, kitchen and laundry areas, education/programming areas, recreation areas, inmate housing units, administrative offices, and health services. During the facility tour, this Auditor noted that PREA related material was posted in the facility. The PREA Audit notice was visibly posted throughout the facility. The facility has a CCTV system that covers all areas of the jail with video retention. During the twelve month period prior to the audit, there were zero instances of substantiated; 10 unsubstantiated; and 2 unfounded incidents of sexual abuse or harassment.

During the onsite audit, this auditor reviewed and requested copies of specific documentation and information for compliance with PREA. This included review of staff backgrounds, staff orientation and training records, contractor and volunteer training and orientation documents, inmate PREA education documents, screening tools, and investigative reports. Interviews were conducted with the Administrator, Captain, PREA Coordinator, PREA Compliance Manager, Investigative staff, Medical staff, Volunteers and Contractors who may have contact with the inmates, Staff who perform screening for risk of victimization and abusiveness, Incident review team member, Intake staff, Designated staff member charged with monitoring retaliation, Intermediate-or-Higher- Level facility staff, random staff, and inmates.

Grand Forks County Correctional Center Mission Statement:

The goal of the Grand Forks County Correctional Center is to provide the highest degree of security for its citizens, people detained or incarcerated and the Grand Forks County Correctional Center staff. This security shall be provided in the most cost effective manner to ensure positive utilization of Grand Forks County monies. The implementation of this philosophy is predicated upon six identifiable positions:

1. Any and/or all human resources will be used to ensure the retention in custody of all persons detained or incarcerated;
2. Any and/or all human resources will be used to control the people detained or incarcerated;
3. All people detained or incarcerated shall be held accountable for their actions;
4. Personal care will be provided to ensure that physical and psychological needs are met during detention or incarceration;
5. All persons detained or incarcerated shall leave the GFCCC in as good as, or better, physical, emotional, or psychological condition than when they entered the facility.
6. People are separated from society as punishment, not for punishment.

The Grand Forks County Correctional Center will provide a positive atmosphere which shall be maintained for the people detained or incarcerated and the facility staff through the provisions of:

1. Effective use of bricks, mortar, and security equipment to ensure security on an individual basis;
2. Required and ongoing Correctional Officer in-service training to ensure a professional approach to the ultimate goal;

3. A variety of programs, counseling, education, and recreation and three levels of security that may benefit the individuals incarcerated when they are again released into a less restrictive environment to assist in reducing recidivism;
4. Positive incentives for those detained or incarcerated through a classification system based on their personal behavior.

The Grand Forks County Correctional Center personnel are committed to the preservation of basic human rights and dignity of the people detained or incarcerated, as prescribed by the Constitution of the United States, the mandates of applicable courts, the North Dakota Century Codes, North Dakota Jail Rules and Grand Forks County Correctional Center Administrative policies and procedures.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Grand Forks County Correctional Center as defined by North Dakota Rules is a Grade One Facility, which is a correctional facility for confining inmates not more than a year. The Grand Forks County Correctional Center has a facility capacity of 242 inmates and houses adult male and female inmates. The Grand Forks County Correctional Center has contracts with the U.S. Marshals, the Federal Bureau of Prisons, ICE, USAF, BP, NDSP, and county jails in North Dakota. The Grand Forks County Correctional Center utilizes podular remote supervision.

The Grand Forks County Correctional Center is a one level building that consists of a vehicle sally port, booking area, master control, administrative offices for the Administrator, Captain, Lieutenant, and Sergeants, kitchen, laundry, medical area, program room in each housing area. The booking area has twelve (12) individual holding cells and one (1) group holding and three (3) housing areas. There is one (1) ninety-six (96) bed two (2) tier unit; two (2) forty-eight (48) bed one (1) tier units; each of these units are separated into six (6) sections. There is a raised officer desk in the center of each of the three (3) housing units that view all six (6) sections. A dayroom/recreation area is located in the center of the housing unit and there is a classroom in each of the housing units. There is one (1) 36 bed one (1) tier dorm style unit and one (1) three (3) bed one tier unit next to the laundry and kitchen areas for in-house inmate workers.

The Grand Forks County Correctional Center contracts with A'viands LLC as their food service provider. A'viands provides essential personnel required to prepare meals and perform all necessary functions of a kitchen. A'viands personnel supervise inmate labor used in the kitchen to help prepare meals, wash dishes, and clean the kitchen. Meals are prepared on-site and delivered to the housing units and served to the inmates. Inmate workers are assigned to the facility's laundry. Laundry services is responsible for cleaning the bedding, linens, and clothing for the facility.

The Grand Forks County Correctional Center contracts with Grand Forks Public Health Department for health services. Registered Nurses provide health care services within the facility. Inmates are transported to the nearest clinic or hospital for further medical assessment and treatment when necessary.

The Grand Forks County Correctional Center offers programs to inmates on various set schedules. The Lieutenant facilitates and oversees the inmate programs that are scheduled throughout the week.

## **SUMMARY OF AUDIT FINDINGS**

On June 20-22, 2016 three site visits were completed at the Grand Forks County Correctional Center in Grand Forks County, North Dakota. The Grand Forks County Correctional Center exceeded 2 standards; met 38 standards; 0 standards were not met; 3 standard not applicable.

Number of standards exceeded: 2

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 3

### Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

- (a) Policy C.18 – Prison Rape Elimination Act of 2003 outlines the Grand Forks County Correctional Center’s (GFCCC) zero tolerance policy with regard to sexual abuse and sexual assault, and outlines the Agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Policy C.18 (G.1.a-d); (G.2.a-b); (G.3.a-g) and policy D.03 – GFCCC Employee Disciplinary Procedures outline sanctions that will be imposed on staff, contractors, volunteers, and inmates for violating GFCCC’s PREA policy.
- (b) Policy C.18 - (A.1.d.(i.a-o) outlines the appointment of a PREA Coordinator and includes what duties the PREA Coordinator is responsible to oversee in the development and implementation for compliance with the PREA Standards. The Lieutenant has been designated as the Agency’s PREA Coordinator who reports to have sufficient time and authorization to oversee development and implementation of processes for compliance with the PREA Standards. The Agency also designated a Sergeant to act as the PREA Compliance Manager who also reports to have sufficient time to manage all her PREA related responsibilities. Grand Forks County operates one facility but has chosen to designate a PREA Coordinator and PREA Compliance Manager who report they work well together on all PREA related matters. Designating a PREA Coordinator and Compliance Manager for 1 facility which exceeds this standard.  
Interviews with the Administrator and Captain affirm the Agency’s commitment to enforcing their zero tolerance policy for sexual abuse and sexual harassment.

### Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

This standard is not applicable. The GFCCC does not contract with outside agencies for boarding their inmates. Policy C.18 – Prison Rape Elimination Act of 2003 - (A.2.a) states that “GFCCC does not contract with other entities to house inmates/detainees.” The Administrator verified they do not house inmates/detainees with other entities.

### Standard 115.13 Supervision and monitoring

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

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

- (a) Policy C.18 – Prison Rape Elimination Act of 2003 – (A.3.a & c-i.a.1-10) states that GFCCC will develop, and make the best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, when applicable, video monitoring, to protect inmates/detainees against sexual abuse. The staffing plan is supplemented with the use of video monitoring and digital recording of the cameras. The staffing plan is predicated on the designed facility capacity of 242 inmates and meets the requirements of 115.13 (a) 1-11 of this standard. All cameras are working and replaced when needed.
- (b) Policy C.18 – Prison Rape Elimination Act of 2003 – (A.a & b.i-iii) states that the security shift supervisors are responsible for updating the duty rosters and ensure staff is assigned to each fixed post. There have not been any deviations from the staffing plan; if needed mandated overtime is used to maintain minimum staffing requirements based on the Agency's staffing plan.
- (c) Interviews with the Captain and PREA Coordinator verified the staffing plan is reviewed on an annual basis.
- (d) Policy C-18 – Prison Rape Elimination Act of 2003 – (A.3.d.i-ii) addresses this standard. Interviews with staff verified unannounced rounds are conducted on all shifts. Review of the Supervisor Rounds Log, show staggered unannounced rounds on all shifts daily. Random dates and times were selected to review video monitor recordings that matched dates and times entered on the logs.

### Standard 115.14 Youthful inmates

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

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

This standard is not applicable. Policy C.18 – Prison Rape Elimination Act of 2003 (A.4.a) states that Youthful inmates are not housed at GFCCC. During the interview, this standard was discussed with the Administrator who informed this auditor that they have not housed a juvenile or youthful inmate which is dictated by North Dakota law.

### Standard 115.15 Limits to cross-gender viewing and searches

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

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

- (a) Policy C.18 – Prison Rape Elimination Act of 2003 (A.5.a) states that GFCCC staff will not conduct cross-gender unclothed searches or cross-gender visual body cavity searches (anal or genital opening) except in exigent circumstances or when performed by medical practitioners. Policy F.03 – Searches (III.A-K & VI) also addresses (a) of this standard. In the twelve months prior to the audit, there have been zero cross-gender strip searches and visual body cavity searches of inmates.
- (b) Policy C.18 – Prison Rape Elimination Act of 2003 (A.5.b.) which states GFCCC staff shall not permit cross-gender pat-down searches of female inmates/detainees, absent exigent circumstances. GFCCC will not restrict female inmate/detainees’ access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. In the twelve months prior to the audit, there have been zero pat-down searches of female inmates conducted by male staff. Interviews with staff verified that male staff do not pat search female inmates/detainees and that there is always at least one female officer on duty. Interviews with female inmates/detainees confirm that they have not been restricted access to programming or out of cell opportunities and that there is always a female officer on duty.
- (c) Policy C.18 – Prison Rape Elimination Act of 2003 (A.5.c) and F.03 – Searches require staff to document all cross-gender searches (pat-down, unclothed, and visual body cavity) along with the exigent circumstances for the search.
- (d) Policy C.18 – Prison Rape Elimination Act of 2003 (A.5.e.i-iii) addresses (d) of this standard. The shower and bathroom areas allow inmates/detainees their privacy. Staff of the opposite gender announce their presence to inmates/detainees in the housing areas. Interviews with staff and inmates/detainees and first-hand observation demonstrated compliance with this standard.
- (e) Policy C.18 – Prison Rape Elimination Act of 2003 (A.5.f.i) prohibits staff from searching or physically examining transgender or intersex inmates/detainees for the sole purpose of determining the inmate’s genital status. Compliance with this standard was verified through staff interviews.
- (f) Policy C.18 – Prison Rape Elimination Act of 2003 (A.5.g) requires staff to be trained to conduct cross-gender pat-down searches and searches of transgender and intersex inmates/detainees in a professional and respectful manner. Staff interviews and training records verify staff has been trained and provided refresher training on how to conduct Cross-Gender/Transgender Pat Searches.  
On the dates of the on-site audit, there were zero transgender or intersex inmates housed at the facility.

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion**



**must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy C.18 – Prison Rape Elimination Act of 2003 (6.a-e) The Agency has a policy in place to assist inmates/detainees who are limited English proficient, are deaf or hard of hearing and those who are blind or have low vision on the Agency’s zero tolerance policy and how to report allegations of sexual abuse or sexual harassment. The Agency has a contract with Telelanguage Interpreter Services and a local contact to provide sign language for the deaf and hard of hearing. PREA related materials are available in Spanish when needed. Staff interviews confirm inmate/detainee interpreters or readers have not been used and in the twelve months prior to the audit, there were zero instances of inmate interpreters, readers, or other types of assistants used.

On the dates of the on-site audit, there were zero inmates/detainees with disabilities or inmates who were limited English proficient in custody.

### **Standard 115.17 Hiring and promotion decisions**

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

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

Policy C.18 – Prison Rape Elimination Act of 2003 (7.a-h) outlines the hiring and promotion practices for the GFCCC which prohibits hiring or promoting of anyone who may have contact with inmates/detainees, and will not enlist the services of any contractor or volunteer who may have contact with inmates who:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C 1997);
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse;
3. Has been civilly or administratively adjudicated to have engaged in the activity described in (a) 1-2 of this standard.

GFCCC conducts criminal record background checks and employment history checks, including information on incidents of prior sexual abuse before hiring or promoting an individual, and enlisting the services of any contractor or volunteer. Criminal records background checks are conducted every five years; the Agency initially fingerprints the applicant or contractor and the State of North Dakota automatically conducts a background check every five years on all employees and contractors then sends the agency confirmation via email which was verified by this auditor.

North Dakota is a right to work State and staff annual reviews or appraisals are not completed. Administration verified that unless prohibited by law, the Agency would provide information on substantiated allegations of sexual abuse or harassment that involve a former employee upon receiving a request from an institutional employer. Agency policy include discipline up to and including termination of employees who provide false information.

### Standard 115.18 Upgrades to facilities and technologies

- 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.**

Policy C.18 – Prison Rape Elimination Act of 2003 (A.8.a-b) addresses this standard. In 2013 GFCCC completed a remodel of the facility and added a new group holding area with cameras. In 2016 the facility upgraded the video monitoring system to include sound in designated areas and additional cameras to cover blind spots. PREA was a major consideration when adding sound and cameras. This information was discussed and verified during the interview with the Administrator.

### Standard 115.21 Evidence protocol and forensic medical examinations

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

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

Policy C.18 – Prison Rape Elimination Act of 2003 (B.1.a-g) addresses this standard. GFCCC has trained investigators to conduct administrative investigations using the 5<sup>th</sup> Edition (2015) of the North Dakota Sexual Assault Evidence Collection Protocol. GFCCC has a signed memorandum of understanding with the Grand Forks County Sheriff’s Office to conduct criminal investigations. The MOU states that the Grand Forks County Sheriff’s Office will use a protocol based on the most recent edition of the DOJ’s Office on Violence Against Women Publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011. All victims of sexual abuse will be offered access to forensic medical examinations where medically or evidentiarily appropriate without financial cost to the victim. Forensic medical examinations are conducted by SAFE or SANE within 120 hours of the incident. If a SAFE or SANE is not available, the examination may be performed by other qualified medical practitioners. Forensic medical examinations will not be performed at GFCCC; victims of sexual abuse will be transported to Altru Health System in Grand Forks, ND. <http://www.altru.org/services/emergency/sexual-assault-care/> who have a SANE nurse available 24 hours a day. GFCCC has a signed MOU with Community Violence Intervention Center (CVIC) <http://cviconline.org/> who will provide advocacy services to inmates/detainees. CVIC’s phone number is posted in the brochure each inmate/detainee is given and in the recreation areas of each housing unit. There have been zero substantiated claims of sexual abuse and zero forensic medical examinations performed in the twelve months prior to the audit.

### **Standard 115.22 Policies to ensure referrals of allegations for investigations**

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

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

Policy C.18 – Prison Rape Elimination Act of 2003 (B.2.a-c) states that the GFCCC will ensure an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Trained investigators from the GFCCC will conduct all administrative investigations and criminal investigations will be referred to the Grand Forks County Sheriff’s Office. In the twelve months prior to the audit, there were twenty allegations of sexual abuse and sexual harassment received. There were twenty administrative investigations completed and zero that were referred for criminal investigation. The GFCCC publishes their policy on their website: <http://gfcountry.nd.gov/node/138>

### **Standard 115.31 Employee training**

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

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

Policy C.18 – Prison Rape Elimination Act of 2003 (C.1.a-d) addresses this standard. GFCCC uses training curriculum through Relias Learning and NIC Learning Center. GFCCC has provided training for current staff and provides training for new hires. PREA Training is completed through Relias Learning, this curriculum is set as a fixed – recurring annually training. The Relias Training Program maintains electronic verification, that employees understand the training they have received. Interviews with staff confirm they have received and are receiving PREA training on a regular basis.

### **Standard 115.32 Volunteer and contractor training**

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

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

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

Policy C.18 – Prison Rape Elimination Act of 2003 (C.2.a-c) addresses this standard. GFCCC requires that all volunteers, as part of the orientation receive PREA training and sign the GFCCC Volunteer Program Form. The GFCCC contracts for food service with A’viands who provides PREA Training for their employees. Interviews with kitchen staff verify they have received PREA Training and understand GFCCC’s zero tolerance policy and who and how to report any incidents. The GFCCC contracts for nursing services with Grand Forks County Public Health Department. Interviews with nursing staff verify they have been trained on the Agency’s PREA policies and how to report any incidents. Documentation and acknowledgment of training are maintained by facility Administration.

### **Standard 115.33 Inmate education**

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

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Policy C.18 – Prison Rape Elimination Act of 2003 (C.3.a-f) addresses this standard. Inmates/detainees receive an Orientation Information Form during intake that explains GFCCC’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Inmates/detainees are issued a PREA Brochure, Inmate Handbook prior to being placed in general population and a PREA Information fact sheet is provided in the property bin provided to the inmate/detainee. Within 30 days of intake, comprehensive education is provided in either group or individual sessions. Inmates/detainees sign a PREA Inmate Education Acknowledgment verifying receipt and understanding of the education which is retained by facility Administration. There are posters in the recreation areas of the housing units. Inmate/detainee interviews verify receipt of training and being provided PREA information during booking and prior to being placed in general population.

### **Standard 115.34 Specialized training: Investigations**

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

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Policy C.18 – Prison Rape Elimination Act of 2003 – (C.4.a-b) states that to the extent GFCCC itself conducts sexual abuse investigations, its PREA Investigators who investigate allegations of sexual abuse are trained in conducting sexual abuse investigations in confinement settings. GFCCC has seventeen corrections staff who have received specialized training for investigating allegations of sexual abuse in a confinement setting through the NIC Learning Center. GFCCC has a memorandum of understanding with the Grand Forks County Sheriff’s Office to conduct criminal investigations. An interview with a GFCCC investigator corroborated compliance with this standard.

**Standard 115.35 Specialized training: Medical and mental health care**

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

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

Policy C.18 – Prison Rape Elimination Act of 2003 (C.5.a-d) states that GFCCC will ensure that all full and part-time medical and mental health care practitioners who work regularly in the facility have been trained on:

1. How to detect and assess signs of sexual abuse and sexual harassment;
2. How to preserve physical evidence of sexual abuse;
3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Contracted nursing staff have received their specialized training through the NIC Learning Center. Forensic medical examinations are not conducted at GFCCC; victims are transported to Altru Health Systems in Grand Forks, ND; who have SANE Nurses available 24/7.

Interviews with nursing staff verify receiving specialized training for medical and mental health care and how and whom to report allegations or suspicions of sexual abuse or sexual harassment. During the interviews, nursing staff also confirmed that they do not conduct medical forensic examinations at GFCCC and that appointments are made with medical and mental health providers in the community for additional medical and mental services.

**Standard 115.41 Screening for risk of victimization and abusiveness**

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

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

Policy C.18 – Prison Rape Elimination Act of 2003 (D.1.a-i) states that all inmates/detainees shall be assessed during an

intake screening for their risk of being sexually abused by other inmates/detainees or sexually abusive toward other inmates/detainees. During the booking process, which is usually within 24 hours of intake into GFCCC, or upon reasonable stabilization, an inmate/detainee will receive an initial assessment for risk of being sexually abused by other inmates/detainees or being sexually abusive toward other inmates/detainees, prior to placement in general population. Housing assignments are made accordingly. The PREA Intake and Initial Assessment considers (d) 1-10 & (e) of this standard. Interviews with staff verify completing PREA Intake and Initial Assessment Tool within 24 hours of the inmate/detainee's arrival at the facility. Interviews with inmates/detainees confirm being asked questions from a questionnaire upon arrival at the facility. GFCCC exceeds this standard by completing the Assessment Tool within 24 hours of inmate's/detainee's arrival. Interviews with staff and inmates/detainees confirm the inmates are asked the screening questions privately.

Policy states that within 30 days of an inmates/detainees arrival at GFCCC, the inmate will be reassessed for risk of victimization or abusiveness based upon any additional relevant information received since the intake screening. Inmate's/detainee's will be reassessed due to a referral, request, incident of sexual abuse, or receipt of information that bears on the inmate/detainee's risk of sexual victimization or abusiveness. Staff interviews confirm an inmate/detainee would be reassessed if the facility receives additional information pertinent to the victimization or abusiveness of an inmate/detainee. Inmates will not be disciplined for refusing to answer or not disclosing complete information asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this standard. Staff and inmate/detainee interviews confirm inmate/detainees are not or have not been disciplined for refusing or not disclosing questions pursuant to the above listed paragraphs. PREA Intake and Initial Assessments are reviewed by the PREA Coordinator and PREA Compliance Manager and stored securely in the PREA Coordinator's office.

#### **Standard 115.42 Use of screening information**

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

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

Policy C.18 – Prison Rape Elimination Act (D.2.a-g) requires GFCCC to use information gathered in the GFCCC PREA Intake and Initial Assessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates/detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. Staff interviews verify Intake and Initial Assessments are used to determine housing through classification and program eligibility based on where the inmate/detainee is housed and classification determinations are made on each individual inmate/detainee. Transgender and intersex inmate/detainees will be assigned male or female housing on a case-by-case basis; based on the health and safety of the inmate and the management and/or security needs of the facility with serious consideration given to an inmate/detainee's own views with respect to his/her own safety. GFCCC does not place lesbian, gay, bisexual, transgender, or intersex inmates/detainees in dedicated housing units based solely on their identification status. Transgender and intersex inmates are given the opportunity to shower separately from other inmates. Interviews with staff and the PREA Compliance Manager verify the facility would follow established Agency policies for housing transgender and intersex inmates on a case-by-case basis. At the time of the on-site audit and the twelve months prior to the audit, there were zero transgender or intersex inmates admitted to the facility.

### Standard 115.43 Protective custody

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

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

Policy C.18 – Prison Rape Elimination Act of 2003 (D.3.a-e) addresses this standard. The Captain verified during an interview that protective custody would only be used as an alternative means of separation from likely abusers until an alternate means of separation could be arranged. Inmates/detainees at high risk for sexual victimization or who have alleged sexual abuse who are placed in involuntary segregation would be moved out of involuntary segregation as quickly as possible. In the twelve months prior to the audit, there have been zero inmates/detainees placed in involuntary segregated housing for one to twenty-four hours awaiting completion of their assessment; and there have been zero inmates/detainees placed in involuntary segregated housing for longer than thirty days while awaiting alternative placement.

### Standard 115.51 Inmate reporting

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

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

Policy C.18 – Prison Rape Elimination Act of 2003 (E.1.a-d) outlines multiple internal ways inmates/detainees can privately report sexual abuse and sexual harassment which include: verbal reports to staff members, third party reporting, inmate request forms, inmate grievance forms, and medical complaint forms. GFCCC has a memorandum of understanding with the Grand Forks County Sheriff’s Office for inmates/detainees to make a third-party report of sexual abuse and sexual harassment. Inmates/detainees are able to contact the Grand Forks County Sheriff’s Office via an internal confidential toll free local number (701-780-8280). The PREA Brochure provided to the inmates/detainees explains the options inmates/detainees have to report sexual abuse and sexual harassment that include verbally reporting, written reporting, contacting the Grand Forks County Sheriff’s Office or the Grand Forks Police Department. Staff interviews confirm they will accept reports made verbally, in writing, anonymously, and from third parties and would promptly document any verbal reports. Staff can privately report sexual abuse and sexual harassment of inmates by sending an email to: [preareport@gfcounty.org](mailto:preareport@gfcounty.org). This auditor noted phone numbers to contact consular officials are posted in the recreation areas of each housing unit. Staff expressed confidence that their Administration takes all reports of sexual abuse and sexual harassment seriously and will investigate all reported claims without fear of retaliation or discipline for making a report.

### Standard 115.52 Exhaustion of administrative remedies

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

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

Policy C.18 – Prison Rape Elimination Act of 2003 (E.2.a-g) does not impose a time limit on when an inmate/detainee may submit a grievance regarding an allegation of sexual abuse. Inmates/detainees are not required to use any informal grievance process or to otherwise attempt to resolve with staff an alleged incident of sexual abuse. Upon an inmates/detainees request for a grievance form; GFCCC staff will provide the inmate/detainee with a copy of a grievance form. Every attempt will be made to resolve a grievance at the first level, if the grievance can not be handled at the officer level, the grievance will be forwarded to a higher level for resolution. Third parties will be permitted to assist inmates/detainees in filing requests for administrative remedies relating to allegations of sexual abuse and file such requests on behalf of the inmate/detainee. All emergency grievances alleging an inmate/detainee is subject to a substantial risk of imminent sexual abuse will immediately be forwarded to the Administrator or designee and an initial response made within forty-eight hours and a final decision within five days. Interviews with Administration verify there is no time limit imposed for an inmate/detainee to submit a grievance related to allegations of sexual abuse. There were zero emergency grievances filed alleging sexual abuse or harassment or substantiated risk of imminent sexual abuse in the twelve months prior to the audit.

### Standard 115.53 Inmate access to outside confidential support services

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

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

Policy C.18 – Prison Rape Elimination Act of 2003 (E.3.a-c) addresses this standard. GFCCC has a signed memorandum of understanding with Community Violence Intervention Center (CVIC) <http://cviconline.org/> who will provide outside advocacy services for emotional support to inmates/detainees. CVIC’s phone number is posted in the brochure each inmate/detainee is given and in the recreation areas of each housing unit. Inmates/detainees are able to speak to advocates from CVIC confidentially through the inmate telephone system located in each housing area.



### Standard 115.54 Third-party reporting

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

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

Policy C.18 – Prison Rape Elimination Act of 2003 (E.4.a-b) addresses this standard. GFCCC has a signed memorandum of understanding with the Grand Forks County Sheriff's Office to receive third-party reports of sexual abuse and sexual harassment. Contact information for the Grand Forks County Sheriff's Office is provided in the Inmate PREA Brochure and posted on the website: <http://gfcountry.nd.gov/node/138>.

### Standard 115.61 Staff and agency reporting duties

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

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

Policy C.18 – Prison Rape Elimination Act of 2003 (E.5.a-e) requires all GFCCC staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of GFCCC; retaliation against inmates/detainees or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. North Dakota law requires mandated reporting to the ND Department of Human Services if the victim is considered a vulnerable adult under a state or local vulnerable person's statute. Staff interviews verify they would report any information to their Sergeant or Administration and are trained on dissemination of confidential information. Interviews with medical staff confirm they would report sexual abuse or harassment to Administration and explain to the inmate/detainee their limitations of confidentiality.

### Standard 115.62 Agency protection duties

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

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

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

Policy C.18 – Prison Rape Elimination Act of 2003 (E.6.a) addresses this standard. Interviews with Administration and staff revealed that an inmate’s/detainee’s safety is of highest importance and immediate action would be taken to protect an inmate/detainee who is subject to a substantial risk of imminent sexual abuse. In the twelve months prior to the audit, there has been zero instances the facility has concluded that an inmate/detainee was subject to a substantial risk of imminent sexual abuse.

### **Standard 115.63 Reporting to other confinement facilities**

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

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

Policy C.18 – Prison Rape Elimination Act of 2003 (E.7.a-d) addresses this standard. Interviews with the Administrator and Captain confirm that they would notify the facility head of the agency where the alleged abuse occurred. Interviews with the Administrator and Captain verify they would investigate any reports of sexual abuse alleged to have occurred at GFCCC from another agency. In the twelve months prior to the audit, GFCCC received zero allegations that an inmate/detainee was abused in another facility. In the twelve months prior to the audit, there was one allegation of sexual abuse GFCCC received from another agency. GFCCC had documentation of conducting an investigation of the allegation before the inmate/detainee was released from GFCCC.

### **Standard 115.64 Staff first responder duties**

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

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

Policy C.18 – Prison Rape Elimination Act of 2003 (E.8.a-g) outlines the first responder duties for staff to follow after a report of a sexual assault. Staff interviews showed they have been trained on their first responder duties following all alleged sexual assault which includes separating the victim from the perpetrator; secure the scene; asking and ensuring the alleged victim and perpetrator do not wash, brush teeth, or shower. Policy requires if the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take

any actions that could destroy physical evidence and then notify security staff. In the twelve months prior to the audit, there were 3 allegations that an inmate had been sexually abused.

#### **Standard 115.65 Coordinated response**

- 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.**

Policy C.18 – Prison Rape Elimination Act of 2003 (E.8.a-b; c.i.a-g; c.ii.a-j; c.iii.a-b; .c.iv.a-g; c.v.a-e; c.vi.a-b; d.i.a-c; d.ii.a-d; d.iii.a-b; d.iv.a; d.v.a-e; e.i-vii) outlines a detailed, comprehensive plan for responses to an incident of sexual abuse. The plan outlines the responsibilities for first responders, shift supervisor, PREA coordinator, medical staff, and PREA investigator. GFCCC has developed a flow chart that provides a general outline as a quick reference guide to staff.

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

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

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

This standard is not applicable to North Dakota. North Dakota is a right to work state so there are no collective bargaining agreements. This information was verified by the Administrator who confirmed that an employee would be reassigned or disciplined up to termination if a claim of sexual abuse or harassment has determined to be a founded complaint.

#### **Standard 115.67 Agency protection against retaliation**

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

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

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

Policy C.18 – Prison Rape Elimination Act of 2003 (E.10.a-f) states the GFCCC PREA Coordinator shall ensure protection of all inmates/detainees and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates/detainees or staff. GFCCC has a Protection Against Retaliation Form for inmates/detainees and a Protection Against Retaliation Form for staff to assist supervisors charged with monitoring staff and inmates/detainees for retaliation. Interviews with the PREA Coordinator and the PREA Compliance Manager verify that staff are trained on how to monitor and detect retaliation and would make necessary changes to where an inmate/detainee is housed if they found the inmate/detainee being retaliated against. In the twelve months prior to the audit, there has been zero incidents of retaliation that occurred.

### **Standard 115.68 Post-allegation protective custody**

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

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

Policy C.18 – Prison Rape Elimination Act of 2003 (E.11.a) addresses this standard. The Captain verified during an interview that protective custody would only be used as an alternative means of separation from likely abusers until an alternate means of separation could be arranged. Inmates/detainees at high risk for sexual victimization or who have alleged sexual abuse who are placed in involuntary segregation would be moved out of involuntary segregation as quickly as possible. In the twelve months prior to the audit, there have been zero inmates/detainees placed in involuntary segregated housing for one to twenty-four hours awaiting completion of their assessment; and there have been zero inmates/detainees placed in involuntary segregated housing for longer than thirty days while awaiting alternative placement.

### **Standard 115.71 Criminal and administrative agency investigations**

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

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

Policy C.18 – Prison Rape Elimination Act of 2003 (F.1.a-k) reflects the requirements of this standard. GFCCC has seventeen staff members who have received specialized training pursuant to standard 115.34 who conduct the administrative investigations. GFCCC has a signed memorandum of understanding with the Grand Forks County Sheriff’s Office to conduct criminal investigations. All substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as inmate/detainee or staff. GFCCC may not require an inmate/detainee who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with the investigation of such an allegation. Interviews with the Administrator and Investigator verified that an investigation would continue even with the departure of the alleged abuser or victim from employment or control of GFCCC. In the twelve months prior to the audit, there was zero substantiated allegations of conduct that appeared to be criminal that were referred for prosecution.

### **Standard 115.72 Evidentiary standard 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.**

Policy C.18 – Prison Rape Elimination Act of 2003 (F.2.a) states the GFCCC may not impose a standard higher than a preponderance (more than 50 percent) of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. An interview with Investigative staff confirmed that preponderance of the evidence is the standard used in determining whether allegations of sexual abuse or sexual harassment are substantiated in administrative investigations.

### **Standard 115.73 Reporting to inmates**

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

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

Policy C.18 – Prison Rape Elimination Act of 2003 (F.3.a-f) states that the PREA Investigator or staff member designated by the PREA Investigator will inform the inmate/detainee or inmates/detainees verbally whether the allegation has determined to be substantiated, unsubstantiated, or unfounded. The investigator will deliver in person, a statement of findings which will require the signature of the inmate/detainee or inmates/detainees. If the inmate/detainee refuses to sign the findings form, the investigator will document the refusal and have a staff

member witness and sign the refusal. If a staff member is the accused (unless the allegation has been determined to be unfounded) the PREA Coordinator will inform the inmate/detainee whenever: the staff member is no longer posted within the inmate's/detainee's unit; the staff member is no longer employed at the facility; GFCCC learns that the staff member has been charged with an offense related to sexual abuse within the facility; GFCCC learns that the staff member has been convicted of an offense related to sexual abuse within the facility. If another inmate/detainee is the accused the PREA Coordinator will inform the alleged victim whenever: GFCCC learns that the alleged abuser has been charged with an offense related to sexual abuse within the facility; or GFCCC learns that the alleged abuser has been convicted of an offense related to sexual abuse within the facility. Administration confirmed the inmate/detainee would be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. In the twelve months prior to the audit, there were four inmates/detainees notified in writing of the results of a sexual abuse investigation.

#### **Standard 115.76 Disciplinary sanctions for staff**

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

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

Policy C.18 – Prison Rape Elimination Act of 2003 (G.1.a-d) and Policy D.03 – Employee Disciplinary Procedures outline the disciplinary sanctions GFCCC staff are subject to for violating the Agency's PREA policy. GFCCC staff will be subject to disciplinary actions up to and including termination for violating GFCCC sexual abuse or sexual harassment policies. All other discipline will commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of GFCCC sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. There were zero GFCCC staff who were disciplined or terminated for violation of GFCCC sexual abuse or sexual harassment policies in the twelve months prior to the audit.

#### **Standard 115.77 Corrective action 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.**

Policy C.18 – Prison Rape Elimination Act of 2003 (G.2.a-b) states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates/detainees and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. GFCCC shall take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates/detainees, in the case of any other violation of GFCCC sexual abuse and sexual harassment policies by a contractor or volunteer. The Administrator was very clear that any contractor or volunteer found in violation of this policy, would lose his/her access to work or volunteer at the GFCCC. In the twelve months prior to the audit, there were zero contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmate.

#### **Standard 115.78 Disciplinary sanctions for inmates**

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

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

Policy C.18 – Prison Rape Elimination Act of 2003 (G.3.a-g) and Policy E.05 – Disciplinary Procedures outline the disciplinary procedures given to inmates/detainees. Inmates/detainees shall be subject to disciplinary sanctions pursuant to the GFCCC disciplinary process following an administrative or criminal finding of guilt that the inmate engaged in inmate-on-inmate sexual abuse. Sanctions must be commensurate with the nature and circumstances of the abuse committed, the inmate’s/detainee’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates/detainees with similar histories. GFCCC prohibits all sexual activity between inmates/detainees and may discipline inmates/detainees for such activity. GFCCC will not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. GFCCC may discipline an inmate/detainee for sexual contact with staff only upon finding that the staff member did not consent to such contact. A report of sexual abuse made in good faith by an inmate/detainee based on reasonable belief will not be disciplined for falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the report. The inmate handbook explains facility rules, discipline, and appeal process. In the twelve months prior to the audit, there has been one administrative finding of inmate-on-inmate sexual abuse and zero criminal findings of inmate-on-inmate sexual abuse.

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

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

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

Policy C.18 – Prison Rape Elimination Act of 2003 (H.1.a-c) addresses this standard. The Health Assessment used by the nursing staff includes a question related to PREA. If an inmate/detainee who discloses prior sexual victimization in a institutional or community setting would like to speak with mental health, the assessor schedules a meeting with a provider in the community at Altru Mental Health or North East of DHS within fourteen days. The inmate/detainee is asked to sign a Authorization for release and exchange of information from community providers to GFCCC for continuum of care. Interviews conducted with nursing staff confirmed they notify inmates/detainees of their duty to report any allegations of sexual misconduct that occurred in an institutional setting and they immediately schedule mental health appointments with Altru Mental Health or North East of DHS.

### **Standard 115.82 Access to emergency medical and mental health services**

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

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

Policy C.18 – Prison Rape Elimination Act of 2003 (H.2.a-d) addresses this standard. The nursing staff are trained on how to treat emergent needs of victims of sexual abuse prior to being transported to Altru Health Systems located in Grand Forks, ND for further treatment. Treatment services for victims of sexual abuse would be provided without financial cost regardless of whether the victim names the abuser or cooperates with any investigation. Interviews conducted with nursing staff and Administration confirm that the victim’s safety is a priority and the victim would not incur any financial costs for medical care.

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

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

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

Policy C.18 – Prison Rape Elimination Act of 2003 (H.3.a-g) requires that inmates/detainees are offered medical and mental health services and, as appropriate, treatment to all inmates/detainees who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Female victims would be offered pregnancy tests and all victims would be offered testing and treatment for STD’s which would be provided without



financial cost to the victim. Interviews conducted with nursing staff verified that a victim would receive community level of care and follow-up services and treatment recommendations from the SANE Nurse and mental health services would be followed at GFCCC.

#### **Standard 115.86 Sexual abuse incident reviews**

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

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

Policy C.18 – Prison Rape Elimination Act of 2003 (I.1.a-d) requires that a sexual abuse incident review ordinarily occur within thirty days of the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. The review team will consist of the Lt/PREA Coordinator, Sgt/PREA Compliance Manager, PREA Investigator, line staff supervisor, and medical and mental health practitioners. The review team considers all items listed in 115.68 (1-5) and uses a “PREA Sexual Abuse Incident Review Checklist” to assist the review team in determining factors contributing to the incident and recommendations to deter further incidents. Administration has completed incident reviews on file.

#### **Standard 115.87 Data collection**

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

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

Policy C.18 – Prison Rape Elimination Act of 2003 (I.2.a-d) addresses this policy. GFCCC has a method of collecting aggregated data for every allegation of sexual abuse on an annual basis. GFCCC is prepared to provide their data to the U.S. Department of Justice, upon request, by completing the SSV-2 Survey of Sexual Violence. The PREA Coordinator is responsible for uploading all documents onto the secure facility server for storage.

#### **Standard 115.88 Data review for corrective action**

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

- Does Not Meet Standard (requires corrective action)

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

Policy C.18 – Prison Rape Elimination Act of 2003 (1.3.a-d) addresses this standard. GFCCC reviews data on an annual basis and provides a report on their website: <http://gfcounty.nd.gov/node/138> that has been approved by the administrator. The 2015 report includes the compiled data from 2015; the 2016 report will reflect comparison data.

**Standard 115.89 Data storage, publication, and destruction**

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

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

Policy C.18 – Prison Rape Elimination Act of 2003 (1.4.a-e) addresses this standard. GFCCC securely retains collected sexual abuse and sexual assault data on their secured server and maintains this data for at least ten years after the date of the initial collection unless federal, state, or local law requires otherwise. GFCCC makes their data readily available on their website: <http://gfcounty.nd.gov/node/138>.

**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.

Darnel Carlson

July 21, 2016

Auditor Signature

Date