

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

**Date of report: 08/19/16**

**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:** July 22 to July 23, 2016

**Facility Information**

**Facility Name:** Burleigh County Detention Center  
**Facility physical address:** 514 East Thayer Avenue, Bismarck, ND 58501  
**Facility mailing address:** (If different from above) PO Box 1416, Bismarck, ND 58502-1416  
**Facility telephone number:** (701) 222-6660

<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	

**Name of facility's Chief Executive Officer:** Pat Heinert

**Number of staff assigned to the facility in the last 12 months:** 97

**Designed facility capacity:** 138

**Current population of facility:** 144

**Facility security levels/inmate custody levels:** Maximum Security level/Sentenced and Pretrial

**Age range of the population:** 18-90

**Name of PREA Compliance Manager:** Major Steve Hall

**Email address:** shall@burleighsd.com

**Agency Information**

**Name of agency:** Burleigh County Sheriff's Department

**Governing authority or parent agency:** (if applicable)

**Physical address:** 514 East Thayer Avenue, Bismarck, ND 58502

**Mailing address:**(if different from above) PO Box 1416, Bismarck, ND 58502-1416

**Telephone Number:** (701) 222-6651

**Agency Chief Executive Officer**

<b>Name:</b> Pat Heinert	<b>Title:</b> Sheriff
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<b>Email address:</b> pheinert@burleighsd.com	<b>Telephone number:</b> (701) 222-6651
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**Agency-Wide PREA Coordinator**

<b>Name:</b> Steve Hall	<b>Title:</b> Major
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<b>Email address:</b> shall@burleighsd.com	<b>Telephone number:</b> (701) 222-6651
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## AUDIT FINDINGS

### NARRATIVE:

The audit of Burleigh County Detention Center in Bismarck, North Dakota was conducted on July 22 and July 23, 2016 by Candy Snyder, a Department of Justice Certified PREA auditor and assisted by Mark Snyder, an auditing assistant

Prior to the auditor's arrival the PREA Transition Team provided multiple documents on a flash drive sorted by the relevant standard. Preceding the audit there was a tremendous amount of effort by this team to ensure their facility complied with all standards. In addition, the team did an exceptional job in properly preparing the auditor prior to arriving on site.

An entrance meeting was held with facility staff. The following people were in attendance: Sheriff Pat Heinert; PREA Coordinator, Steve Hall, Captain Lisa Wicks, Lieutenant Ray Dingman, and the PREA Transition Team to include, Chris Bitz, Erin Jacobs and Casey Kapp.

Following the entrance meeting Casey Kapp accompanied the audit team on the facility tour. The auditor then began interviewing specialized staff. Private accommodations were made for the auditor to conduct interviews. The facility provided a listing of all inmates and the auditor randomly selected ten inmates ensuring a representation from all types of housing areas were selected. There were no hearing/visually impaired inmates or inmates who identified as lesbian, gay, transgender or intersex. The auditor used the contracted interpreter service to interview a non-English speaking inmate. The auditor was provided a shift roster and randomly selected staff to interview on all shifts. The auditor was not limited in any way from speaking with staff or inmates or inspecting any area of the facility. In addition, the auditor reviewed employment files, training files, and investigative files. All staff were extremely polite and accommodating throughout the audit.

An exit briefing was held with 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 them for their hard work and their commitment to follow the Prison Rape Elimination Act.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The BCDC is one building with five floors located in downtown Bismarck, North Dakota. The facility is comprised of a total of sixteen housing units with a capacity of 138 inmates. All inmate housing floors have the same two types of housing. The first housing type is cellblock rooms that contain a bunk bed and a combination toilet/sink. Each cellblock has a dayroom and a private shower. The second housing type is an open dormitory style housing with multiple bunk beds, sinks, a private toilet, and a private shower stall. The basement level includes a training room, and kitchen spaces for contracted food service. Inmate services are not provided on this floor and inmates are not allowed to be on this level. The first floor consists of administrative areas for the Detention Center and is shared with the Sheriff's Department. The second floor is comprised of the inmate booking area with two holding cells, a visual search area, property storage and three intoxication management cells. Housing is provided for female inmates on this floor and includes two cellblocks, CB1 and CB2 and two dormitory units, D1 and D2. There is also a recreation area, a program/video visitation room, the nurses' offices, the staff break room and the Master Control Room. The third floor is for male inmates and is comprised of three cellblocks, CB3, CB4 and CB5 and three dormitory units, D4, D5 and D6. Also on this floor are two segregation cells, a laundry, and a video visitation area. The fourth floor is for male inmates and is comprised of four cellblocks, CB6, CB7, CB8 and CB9 and two dormitory units, D7 and D8. Also on this floor are two segregation cells, a recreation area, an officer's break room, a video visitation room and a storage room.

The BCDC is in the process of building a new detention center in another location. The new facility has been designed with inmate safety in mind. The auditor reviewed the building plans and discussed the building with the Sheriff and the PREA Coordinator. The new building has clear lines of sight, state of the art camera systems and housing areas that allow for greater separation between inmates when situations warrant it.

## **SUMMARY OF AUDIT FINDINGS**

The PREA Coordinator and the PREA Compliance Team have been working on implementation of PREA compliance measures and have developed policy and procedures to comply with all standards. The facility completed a preliminary PREA policy through the implementation phase. The policy was revised over the course of their work and the policy was finalized on July 1, 2016. At the initial on-site portion of the audit the facility had nine standards that were in progress of being met, but were not quite there. Over the next few weeks while the interim report was being prepared, the PREA Compliance Team provided documentation of compliance with those standards. Therefore, this final report was issued in lieu of the interim report.

Number of standards exceeded: **0**

Number of standards met: **42**

Number of standards not met: **0**

Number of standards not applicable: **1**

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

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

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

The PREA Coordinator has worked diligently in conjunction with a PREA Compliance team in setting up the policy and procedures necessary to comply with the standards. This method for the initial implementation of PREA policy has served the BCDC well. The PREA Policy is thorough and was drafted based on the standards with the same language. It states in writing of the BCDC zero tolerance of sexually abusive behavior, and sexual harassment. This policy also outlines the facilities efforts in preventing, detecting, and responding to such conduct.

The PREA Coordinator has implemented the facility's efforts to comply with PREA standards. He takes the job seriously and works diligently to ensure the standards are implemented not only through policy, but are also internalized throughout the facility culture. He tasked the transition team that is responsible for implementing policy and procedure at the new building with implementing the changes necessary to comply with PREA standards.

**Standard 115.12 Contracting with other entities for confinement of inmates**

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

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

The auditor interviewed the Lieutenant who oversees contract compliance. He began site visits with facilities that BCDC contracts for confinement of inmates specifically to verify compliance with PREA standards. He has visited all facilities as a transporter, but has not specifically conducted all site reviews for determining PREA compliance as the objective. The auditor reviewed all contracts that the BCDC holds with other facilities for the confinement of inmates. Two contracts contain a clause that the contracting facility has an obligation to adopt and comply with the PREA standards -- Southwest Multi-County Correction Center and the Lake Region Correctional Center. Both facilities have completed PREA audits. Following the on-site portion of the audit the BCDC provided executed amendments to the contracts. The amendments include a clause regarding compliance with PREA and were completed for The Bismarck Transition Center, the Grand Forks County Correctional Center, the Walworth County Jail, the Richland County jail and the McLean County.

The contracted facilities have made a commitment to comply with PREA Standards. The BCDC will monitor those facilities to ensure the contracted facilities *demonstrate* that commitment to be PREA compliant and are actively and effectively working toward achieving compliance with all the standards. The BCDC will continue to document the facilities substantive progress toward achieving PREA compliance.

### Standard 115.13 Supervision and monitoring

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

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

The auditor interviewed the Sheriff, the PREA Coordinator, staff and inmates. Staff planning is reviewed annually during the budget planning process to determine appropriate adjustments to the staffing plan, monitoring technology or the allocation of facility resources to ensure agreement with the staffing levels. The auditor reviewed the schedules, logbooks, and viewed the camera coverage within the control room. Based on these interviews and observations, the BCDC has developed, documented, and made its best efforts to comply on a regular basis with staffing levels that provide for adequate levels of staffing, and uses video monitoring, and other technology to protect inmates against sexual abuse. However, these efforts were not formally documented. The administration immediately took action and formally documented their staffing plan. Staffing levels are also reviewed annually by the North Dakota Department of Corrections and Rehabilitation (DOCR) and found to be adequate. They have no documented instances of following below their required staffing levels. They will document and justify all deviations from the plan if they fall below the normal staffing level in their exigent circumstance log.

The inmate visual search at booking was completed by a single officer within the shower room of the booking area. The auditor recommended that either another staff or a camera is placed so that the staff conducting the visual search is either on camera or viewed by another staff member. Inmates, in isolated one-on-one situations with staff, and especially when they are in a state of undress as they are during the visual search, are at risk. For the protection of both the inmate, and the staff against false allegations, it is preferred that the searcher is in view by others (not the inmate). The auditor identified this issue on day one of the audit. On day two of the audit BCDC implemented a two-person integrity system during visual strip searches.

The facility had documented unannounced rounds conducted by mid-level staff to include Corporals and Sergeants. This is a good practice as it gets the intermediate level staff up from behind their desk or away from the booking area and out into the housing areas. In discussions with upper level managers, they come into the facility after-hours and on weekends occasionally when they are the on-call duty officers, but they do not document this as an unannounced round. The intent of the standard is to ensure that the upper level staff observe the operations of the jail at times unexpected for them to be present – such as overnight shifts and weekends. The rounds conducted by Corporals and Sergeants as the shift supervisor is a good deterrent, but it can become a matter of routine for both them and the officers and inmates that they check in on. The upper level administrators to include the Sheriff, the Major, the Captain, and the Lieutenant will document all future unannounced rounds.

### 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)

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

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

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

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

The facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. In the event a cross gender search is done in an emergency situation, the facility will document all cross-gender strip searches and cross-gender visual body cavity searches in their exigent circumstance log.

The facility has policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. Inmates confirmed during interviews that the announcement was made as a matter of routine and staff announced the auditor's presence as she entered male housing areas. The facility does not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it is determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

When there is not a female officer on duty to conduct a search, the female on-call officer is called in. She must respond within one hour. In interviews with inmates, they stated they have never been denied activities because they had to wait for a female officer to search.

The BCDC trains security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. During interviews with staff they were able to articulate the differences in the search and some physically demonstrated the search using the back of the hand.

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

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

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

The BCDC takes steps to ensure inmates with disabilities including inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. There was a non-English speaking inmate who arrived to the facility during the audit. The BCDC contracts with the Language Link to provide interpretive services. The facility stated they used this service to conduct the booking of the inmate the previous day. The auditor used this service to conduct an interview with the inmate. The inmate stated he understood the zero tolerance policy and that he could report an incident. He stated he would write the complaint in his own language and have them use the translator service. He was not given any written materials, but he was told via the translator service that there is no sexual abuse or sexual harassment and how to

report. He was not screened, but is housed in a single cell and will not be in general population before his court hearing. Booking staff stated he will be screened if he is held longer than 72 hours or before he is placed in population with other inmates.

Inmates are first provided basic information verbally during booking. Then during orientation they are given a PREA handout titled "Sexual Assault Awareness". This handout is also available in Spanish. The staff conducting the orientation explains the information verbally. There is also a poster posted in every housing unit of the facility. The poster is also in Spanish. The BCDC does not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety.

**Standard 115.17 Hiring and promotion decisions**

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

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

The auditor interviewed the Human Resource Manager responsible for hiring, reviewed personnel files and the background checks within the file. The facility has performed background checks at the time of employment of new hires. There was some staff that have been employed for quite some time that we were unable to locate a background check. They had not re-ran all background checks every five years or upon promotion. However, prior to completing the written audit report, the BCDC completed all background checks and provided documented evidence to the auditor. The BCDC include the required three questions during the employment process by asking each interviewee during the interview session. However, they did not require new hires to affirm that they have a continuing duty to report. However, they immediately changed their procedure, added a form and provided the auditor a copy. They will from this point forward include a continuing duty to report in questions asked of new hires. In reviewing the questions asked during reference checks of previous employment, they did not ask institutional employers about sexual misconduct. However, they revised their process and now inquire of institutional employers about previous sexual misconduct. They provided the auditor documented evidence of their new reference check procedure.

**Standard 115.18 Upgrades to facilities and technology**

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

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

There have been no major expansions or modifications at the BCDC in the facility structure. There was a complete upgrade of the technology six years ago. The administrators consider the ways in which to enhance their efforts and abilities to protect inmates from sexual abuse through the use of a 2-way intercom system and video monitoring. There are multiple cameras located throughout the facility. Currently a new facility is under construction. The auditor reviewed the building plans, including camera placement. The new design layout of the facility and the technology in the new facility will greatly improve the supervision of inmates. They anticipate moving into the new facility in April 2017.



### Standard 115.21 Evidence protocol and forensic medical examinations

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

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The BCDC offers all victims of sexual assault access to forensic medical examinations through Sanford Health without financial cost. Such examinations are performed by Sexual Assault Nurse Examiners (SANEs). The facility also makes available to the victim a victim advocate from the Abused Adult Resource Center (AARC). Although the AARC will not complete an MOU, they have agreed to provide services. If requested by the victim, a victim advocate accompanies and supports the victim through the forensic medical examination and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. The investigator from Burleigh County Sheriff's Office stated he has received training in sexual abuse investigations and evidence collection and has worked with the SANE nurse in evidence collection on previous investigations outside of the detention center. The investigator immediately reaches out to the state's attorney once there is evidence of sexual assault.

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

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

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

The protocol following a report of a sexual assault is that the BCDC staff will call the investigator from the Sheriff's Office. The sheriff's office investigator conducts prompt and thorough investigations of all allegations of misconduct. He has law enforcement authority to conduct investigations concerning any allegation of criminal action. An alleged incident of sexual harassment, or incident otherwise deemed to be a PREA violation that does not rise to the level of sexual abuse, is referred to an administrative PREA investigator who has received PREA incident investigation training. There is written investigative policy and it is published on the BCDC website.

### Standard 115.31 Employee training

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

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The BCDC provides PREA training to all staff. The auditor reviewed training documentation and curriculum. The facility has very good records that include a roster with acknowledgment sheet that the employee or contractor signs stating they understand the training. Staff were well versed in required PREA training when interviewed.

### Standard 115.32 Volunteer and contractor training

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

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The BCDC provides PREA training to volunteers and contractors at a level that is dependent upon their level of contact with the inmates. Training was verified through the interview process with volunteers and through review of training records. Volunteers stated they watched a pretty comprehensive video that explained the Prison Rape Elimination Act, that the inmates watch a video as well. Volunteers were instructed how to report if an inmate reported sexual assault or harassment. There typically are no unescorted contractors allowed in inmate areas. The food service contractor works in the basement level and has absolutely no contact with inmates. Inmates are not allowed on this level. The staff take the food up to the inmate housing areas.

### Standard 115.33 Inmate education

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

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

The BCDC provides inmates information immediately upon booking into the facility. This initial information is on the zero tolerance policy 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 inmates. They stated that they received some basic information immediately (during booking) and then later received more comprehensive information to include a video. They also referenced that the information is always available through the posters on the unit walls.

### 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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The BCDC has a trained facility investigators to conduct administrative investigations. The administrative investigators have completed the PREA: Investigating Sexual Abuse in a Confinement Setting course through the National Institute of Corrections. All criminal allegations are turned over to the Burleigh County Sheriff's Department for investigation. The investigator through the sheriff's department has worked over 21 years as a law enforcement officer and has extensive experience in sexual assault investigations. He works with others to form a coordinated

response effort to include the SANE nurse and the advocates from the Adult Abuse Resource Center. He has completed basic PREA training and the PREA: Investigating Sexual Abuse in a Confinement Setting course through the National Institute of Corrections.

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

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

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

The nursing staff have completed basic PREA training and the specialized training through the National Institute of Corrections "PREA Medical Health Care for Sexual Assault Victims in Confinement". Through interviews with the nurses, it is apparent they are 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. No forensic examinations are conducted on site. All inmates who would report a sexual assault are transported to the local hospital with SANE 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.**

The BCDC has implemented their screening process. The booking officer conducts the screening for all incoming inmates. If an inmate, through the screening process, is determined to be susceptible to victimization or perpetration of sexual abuse, this is shared with staff only to the extent necessary to provide for the well being of the inmate. The auditor reviewed the screening tool and it includes questions as outlined in the standard.

**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)

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The BCDC makes decisions based on all information obtained from the screening to make housing, bed, program, and work assignments for inmates with the goal of keeping all inmates safe and free from sexual abuse. Inmates are placed on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the

placement would present management or security problems. The facility staff will take into account the concerns of a transgendered or intersex inmate's own views with respect to his or her own safety. Those views are given serious consideration and this was demonstrated through the interviews of staff. All inmates shower separately at the facility. The facility does not place lesbian, gay, bisexual, transgender, or intersex inmates 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 115.43 Protective Custody**

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

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

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

**Standard 115.51 Inmate reporting**

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

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The BCDC provides multiple internal avenues for inmates to report sexual abuse, sexual harassment and retaliation. They can tell any staff member, write an inmate request form, write an inmate grievance form, report to a third party, or place a call free of charge to the Abused Adult Resource Center using the unit phone. The auditor verified the number by dialing the number from an inmate housing unit and spoke with a staff member at the Abused Adult Resource Center about her actions if she received a phone call from the detention facility. Inmate interviews confirmed that inmates are aware of their options.

#### **Standard 115.52 Exhaustion of administrative remedies**

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

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

Inmates may submit a grievance alleging sexual abuse or harassment without submitting it to a staff member that is subject of the allegation. The inmate does not have to complete any other prior steps in order to submit a grievance for an allegation of sexual abuse. There is also no time limit on when an inmate can submit a grievance regarding an allegation of sexual abuse. Staff and inmate interviews confirmed their knowledge of how the grievance process can be used to report sexual abuse and sexual harassment.

#### **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.**

The BCDC uses the services of the Abused Adult Resource Center. All inmates see medical within the first 14 days at the detention center for further screening. In addition, both staff and inmates verified that the medical staff could set up a visit with mental health staff at West Central Human Service Center. The BCDC provides inmates with reasonable and confidential access to their attorney. In addition, inmates interviewed reported that they had contact with their families regularly.

#### **Standard 115.54 Third-party reporting**

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

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

The BCDC website provides information on how an individual can make a third party report and contact information is available. Third parties are able to report sexual abuse and sexual harassment to any facility staff member. The BCDC has not received any third party reports. Interviews with staff and inmates confirm that staff and inmates are aware that third party reporting options are available.

### Standard 115.61 Staff and agency reporting duties

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

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

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

### Standard 115.62 Agency protection duties

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

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

The BCDC PREA policy requires staff to take immediate action to protect any inmate they learn is subject to substantial risk of imminent sexual abuse. All staff interviewed are aware of this procedure. Review of files verified that immediate action is taken.

### Standard 115.63 Reporting to other confinement facilities

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

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

Through interviews with the Sheriff, upon receiving an allegation that an inmate was sexually abused while confined at another facility, he notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred. When he is not available, he delegates this duty to the Assistant Jail Administrator. An investigation will be initiated immediately. This notification is made immediately, but at least within 72 hours and documented.

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

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

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

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

#### **Standard 115.65 Coordinated responses**

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

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

The BCDC has a detailed comprehensive PREA Plan with a coordinated response and the staff seemed to be well versed in first responder 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, 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. The staff know what actions they need to take within the facility and the administrators know the coordinated response that takes place once an inmate leaves the facility for a forensic exam at the hospital. Direct line staff knowledge could be increased on what happens with an inmate when they are taken to the hospital and how the advocate, investigator and SANE nurse work together to support the victim.

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

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

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

The BCDC has a disciplinary process that allows for staff discipline when staff have perpetrated sexual abuse / harassment. This discipline can include dismissal. There are no barriers preventing the Administrator from removing an alleged staff, volunteer, or contractor sexual abuser from contact with inmates pending the outcome of the investigation and a determination of discipline.

### Standard 115.67 Agency protection against retaliation

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

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

The BCDC PREA policy covers all elements of this standard. At the time of the audit the facility had assigned all supervisors to monitor for retaliation. The auditor suggested this responsibility be limited to fewer staff so the process could be more formalized and more easily followed. The facility accepted this advice and assigned the responsibility specifically to the Lieutenant. The Lieutenant may task a specific staff to follow-up with an inmate and then email the follow-up information so that it can be incorporated into a retaliation log that is maintained in the Administrative office. The monitor will record each time they check in with those who have reported sexual assault or sexual harassment and continue to monitor for retaliation up to a 90-day period or for as long as needed.

### Standard 115.68 Post-allegation protective custody

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

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

The BCDC demonstrated compliance with all elements of this standard. Staff stated segregated housing would only be used at the request of the inmate or for an immediate need for protection until alternative housing could be provided. There are multiple housing options available to provide adequate separation for the protection of an inmate. The standard practice would be to place the suspected abuser in segregated housing.

### Standard 115.71 Criminal and administrative agency investigations

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

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

The auditor reviewed agency investigative files. The incidents were properly investigated as outlined by their policy and PREA standards. Investigations include efforts to determine whether staff actions/failures contributed to the abuse. The criminal investigator has worked well in coordinating issues identified during the course of his investigation within the detention center regarding staff actions or failures so that they are afforded the opportunity to make corrections. The investigations are documented through written reports and include physical/testimonial evidence, credibility reasoning assessments and investigative facts and findings. All written reports will be retained for at least seven (7) years from inmate(s) discharge. Investigations will not be terminated due to the departure of an alleged



abuser or victim. The facility will cooperate with outside investigators and will remain informed of the investigation progress.

**Standard 115.72 Evidentiary standards for administrative investigations**

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

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

The BCDC policy requires no standard higher than a preponderance of evidence will be used in making a determination of alleged sexual abuse/harassment. The administrative investigators were aware of this standard. The criminal law enforcement investigator was not. He investigates in the event of criminal acts and provides his report to the administrator. He has completed administrative investigations as well. All his reports are turned over to the administrators. The facility will then determine the outcome based on the written report. They understand that although to prove a case to the prosecutor's office requires a greater standard of evidence, the same information can be used with the lesser standard of evidence – a preponderance of evidence (more than 50%) during the administrative investigation.

**Standard 115.73 Reporting to inmates**

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

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

The BCDC policy requires inmates to be informed as to whether an allegation of sexual abuse is substantiated, unsubstantiated or unfounded. This report was made verbally to the inmate following an investigation. If a sexual misconduct allegation is confirmed, the inmate will be informed of the abuser's employment-volunteer-contractor status; and as appropriate, of an indictment/conviction. Interviews with the senior level staff confirmed practices involving all standard components were in place. Although the written investigative reports were well laid out, they did not have an easily identifiable outcome for each report. The auditor suggested improving the outcome section and requiring a hard copy report of outcome to the inmate versus a verbal report. The facility immediately corrected this with a new form to be used that clearly identifies the outcome and is signed by the inmate.

### 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.**

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

### Standard 115.77 Corrective actions for contractors and volunteers

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

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

The BCDC policy states contractors and volunteers are subject to disciplinary actions including termination for violation of sexual abuse policy. According to the Sheriff and the Assistant Jail Administrator, should any violation of this type be substantiated, the facility has complete authority to administer remedial measures including prohibiting further contact with inmates by prohibiting entrance into the facility for violation of the facility's sexual abuse/harassment policies. In the event of criminal conduct, reports will be made to Investigations Division of the Burleigh County Sheriff's Department.

### Standard 115.78 Disciplinary sanctions for inmates

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

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

For incidents of inmate-on-inmate sexual abuse, sexual harassment or retaliation, administrative sanctions will be handed out following the formal disciplinary processes and applied commensurate with the level of the infraction. This could include criminal charges and prosecution. The BCDC prohibits all sexual activity among offenders and does not deem such activity to be sexual abuse if the activity is consensual. However, during the interview with the investigator it was confirmed that all consensual activity is thoroughly investigated to ensure that it is truly consensual and not coerced.

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

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

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

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

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

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

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

A review of facility policy documented PREA requirements are met for access to emergency medical and mental health services. In the event services after hours are not available by the facility medical staff, inmates would be taken to Sanford Hospital.

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

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

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

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

**Standard 115.86 Sexual abuse incident reviews**

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

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

The facility conducted incident reviews but it was an informal process. The auditor recommended a consistent date each month is set for the review of any incidents from the previous month and that a specific form be used to document the review. This form will hit upon all the requirements of the standard. The BCDC made effective immediately upon the auditor's recommendation that all PREA related reports be reviewed monthly at the Detention Supervisor meetings. This will make sure that all supervisors and administrative staff are aware of the violations and the follow up necessary and that the review is properly documented on a form that covers all required components to be reviewed outlined in the standard.

**Standard 115.87 Data collection**

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

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

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

**Standard 115.88 Data review for corrective action**

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

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

The facility completed an annual review by upper level managers that included a review of aggregate data. They prepared an annual report for 2015 to include any corrective actions as well as their progress in addressing sexual abuse and sexual harassment and their steps toward PREA compliance. They have posted the annual report on their website at <http://www.co.burleigh.nd.us/uploads/resources/1508/2015-annual-prea-report.pdf>.

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

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

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

The BCDC posts PREA related aggregate data on the website. Data collected is retained in a secure manner and for at least ten (10) years.

<http://www.co.burleigh.nd.us/uploads/resources/1497/prea-report.pdf>

**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.

**August 19, 2016**

\_\_\_\_\_  
Auditor Signature

\_\_\_\_\_  
Date