

PREA Facility Audit Report: Final

Name of Facility: Burleigh Morton Detention Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 12/17/2025

Date Final Report Submitted: 06/21/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Candace L. Snyder	Date of Signature: 06/21/2026

AUDITOR INFORMATION	
Auditor name:	Snyder, Candy
Email:	snyder@gwtc.net
Start Date of On-Site Audit:	11/03/2025
End Date of On-Site Audit:	11/05/2025

FACILITY INFORMATION	
Facility name:	Burleigh Morton Detention Center
Facility physical address:	4000 Apple Creek Road , Bismarck, North Dakota - 58504
Facility mailing address:	PO Box 2499, Bismarck, North Dakota - 58502

Primary Contact

Name:	Allyson Middlestead
Email Address:	allyson_middlestead@burmordc.com
Telephone Number:	701-255-3113

Warden/Jail Administrator/Sheriff/Director	
Name:	Kelly Leben
Email Address:	kleben@burleighsd.com
Telephone Number:	701-222-6651

Facility PREA Compliance Manager	
Name:	Allyson Middlestead
Email Address:	allyson_middlestead@burmordc.com
Telephone Number:	(701) 255-3113

Facility Characteristics	
Designed facility capacity:	555
Current population of facility:	378
Average daily population for the past 12 months:	315
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys
Age range of population:	18 yoa to 78 yoa
Facility security levels/inmate custody levels:	Minimum, Medium, Maximum
Does the facility hold youthful inmates?	No

Number of staff currently employed at the facility who may have contact with inmates:	85
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	23
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	49

AGENCY INFORMATION	
Name of agency:	Burleigh County Sheriff's Department
Governing authority or parent agency (if applicable):	
Physical Address:	4000 Apple Creek Road, Bismarck, North Dakota - 58504
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Jeff Olson	Email Address:	jolson@burmordc.com

Facility AUDIT FINDINGS
Summary of Audit Findings
The OAS automatically populates the number and list of Standards exceeded, the number of

Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

1

- 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Number of standards met:

44

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-11-03
2. End date of the onsite portion of the audit:	2025-11-05

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Adult Abused Resource Center, and Sanford Hospital SANE,

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	555
15. Average daily population for the past 12 months:	315
16. Number of inmate/resident/detainee housing units:	76
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	362
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	7
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	3

<p>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>3</p>
<p>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>86</p>
<p>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>49</p>

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	23
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	17
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Interviewed inmates from all housing units
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	10
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed inmates, staff, and reviewed screening documents of inmates which corroborated that there were no inmates with this characteristic to be interviewed.</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed inmates, staff, and reviewed screening documents of inmates which corroborated that there were no inmates with this characteristic to be interviewed.</p>
<p>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed inmates, staff, and reviewed screening documents of inmates which corroborated that there were no inmates with this characteristic to be interviewed.</p>
<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>4</p>
<p>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed inmates, staff, and reviewed screening documents of inmates which corroborated that there were no inmates with this characteristic to be interviewed.</p>
<p>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed inmates, staff, and reviewed investigative documents which corroborated that there were no inmates with this characteristic to be interviewed.</p>
<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>

<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed inmates and staff at the facility and reviewed other documents which corroborated that there were no inmates with this characteristic to be interviewed.</p>
<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>

<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>8</p>
<p>63. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

71. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

75. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

<p>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

79. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	6	2	6	2
Staff-on-inmate sexual abuse	3	3	3	3
Total	9	5	9	5

80. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	6	1	6	1
Staff-on-inmate sexual harassment	2	0	2	0
Total	8	1	8	2

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

81. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

82. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	4	1	1
Staff-on-inmate sexual abuse	0	1	2	0
Total	0	5	3	1

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

83. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	1	1	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	1	1	0	0	0

84. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	2	2	2
Staff-on-inmate sexual harassment	0	1	1	0
Total	0	3	2	2

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

12

<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>8</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>4</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>9</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>7</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

<p>103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>108. Who paid you to conduct this audit?</p>	<p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>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.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC PREA Policy 3. BMDC Organizational Chart <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Assistant Jail Administrator 2. PREA Coordinator 3. PREA Compliance Manager 4. 12 random staff 5. 17 random inmates <p>The Burleigh Morton Detention Center is a 555-bed jail in Bismarck, North Dakota. On the first day of the audit, there were 362 inmates within the facility.</p> <p>Findings by Provision: 115.11 (a): Zero-Tolerance Policy</p>

Compliance Determination: The BMDC PREA Policy states that the BMDC has a zero tolerance toward all forms of sexual abuse and sexual harassment within its facilities. The policy then outlines how the BMDC will implement the agency's zero tolerance approach to preventing, detecting, and responding to sexual abuse and sexual harassment. All staff and inmates were knowledgeable of the zero-tolerance policy, as was consistently stated through the interviews. The auditor determined that **provision 115.11 (a) meets the standard** based on the pre-audit questionnaire, a review of policy, and through interviews with random staff and random inmates.

115.11(b): PREA Coordinator

Compliance Determination: The BMDC has a designated upper-level, agency-wide PREA Coordinator who has sufficient time and authority to implement and oversee BMDC efforts to comply with PREA standards. The PREA Coordinator holds the position of Lieutenant and reports to the Captain and the Major regarding all PREA-related matters. The PREA Coordinator oversees one PREA Compliance Manager in the performance of her PREA-related duties. The auditor interviewed the PREA Coordinator and found him to be knowledgeable about his role. He stated he has enough time to manage his PREA-related responsibilities. He stated that if he has an issue complying with a standard, he will discuss the issue with the Major, the Captain, and the PREA Compliance Manager, determine what needs to be done, and then implement it through policy, procedure, and training. The auditor determined that **provision 115.11 (b) meets the standard** based on the pre-audit questionnaire, a review of the policy, a review of the organization chart, and interviews with the Assistant Jail Administrator and the PREA Coordinator.

115.11(c): PREA Compliance Manager

Compliance Determination: This provision requires that, where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The BMDC only operates one facility and, therefore, a PREA Compliance Manager is not required. However, the BMDC has elected to assign a PREA Compliance Manager in addition to a PREA Coordinator. The Major/ Assistant Jail Administrator has appointed the Training Sergeant as the PREA Compliance Manager. The PREA Compliance Manager handles the day-to-day PREA compliance efforts within their facility. Because of the addition of a facility PREA Compliance Manager, the BMDC substantially exceeds the requirements of this standard. The PREA Compliance Manager reports directly to the Captain in the command structure and works with the Lieutenant in her PREA-related duties. The PREA Compliance Manager stated during her interview that she has enough time to manage her PREA-related responsibilities. The auditor determined that **provision 115.11 (c) substantially exceeds the standard**, as this provision only requires an agency-wide PREA Coordinator and does not require a PREA Compliance Manager. Additionally, the auditor determined compliance based on the auditor's review of the pre-audit questionnaire, a review of PREA policy, a review of the organizational chart, and interviews with the Assistant Jail Administrator, the PREA Coordinator, and the PREA Compliance Manager.

115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Assistant Jail Administrator 2. PREA Coordinator <p>Findings by Provision:</p> <p>115.12 (a): Contracts for confinement of inmates comply with PREA Compliance Determination: The auditor interviewed the Assistant jail Administrator and PREA Coordinator, who stated that the BMDC does not contract for the confinement of inmates with an outside entity. The BMDC contracts with other entities to hold inmates at BMDC for other entities but does not contract with other entities to hold BMDC inmates. The auditor determined that provision 115.12 (a) meets the standard based on the pre-audit questionnaire and interviews with the Assistant Jail Administrator and the PREA Coordinator.</p> <p>115.12 (b): Contracts provide for contract monitoring to ensure compliance Compliance Determination: The BMDC does not contract for the confinement of inmates with an outside entity. The auditor determined that provision 115.12 (b) meets the standard based on the pre-audit questionnaire and interviews with the Assistant Jail Administrator and the PREA Coordinator.</p>

115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC PREA Policy 3. Staffing Plan 4. Organizational Chart 5. Staff schedule <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Sheriff 2. Assistant Jail Administrator 3. Lieutenant/PREA Coordinator <p>Site Review/Observations:</p>

1. Number of staff present
2. Lines of sight
3. Locked spaces
4. Frequency of security checks
5. Camera placement
6. Camera monitoring

Findings by Provision:

115.13 (a) Staffing Plan

Compliance Determination: The BMDC is operated by the Burleigh County Sheriff as the Jail Administrator and the Major as the Assistant Jail Administrator. The auditor reviewed the BMDC PREA Policy, the 2024 staffing plan review, and interviewed administrators. In calculating adequate staffing levels, the facility takes into consideration: the physical layout of the facility, the composition of the inmate population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors. The auditor conducted a site review and observed all areas of the facility during a site review. The areas included the housing units, restrooms, dayrooms, kitchen and dish room, laundry, storage areas, pat search area, booking, and staff areas. While on the site review, the auditor noted camera locations, security mirrors, and looked specifically for blind spots. The auditor came in during all shifts, including the night shift, to see operations at all times of the day. The auditor had informal conversations and made observations about inmate supervision. The storage doors were locked, and the facility's practices and procedures ensure staff and inmates are not in a one-on-one situation out of camera view. The auditor observed that staffing levels were either at or above the levels indicated in the staffing plan. While reviewing the facility, the auditor noted camera locations and camera views from the staff desks and the control room. Cameras can be viewed from each housing unit staff desk, from the control room, and from the administrators' offices. The auditor noted that the pat-search area is on camera. The auditor observed that there were clear lines of sight from the staff desk into the housing units. The dayrooms have floor-to-ceiling glass, allowing a clear view into the dayroom from the staff desk. The auditor viewed the cameras in the corridors, the dayrooms, the laundry room, the kitchen, and the dish room. During informal conversations with the PREA Compliance Manager and staff on duty, they confirmed that formal headcounts are completed every hour. The auditor determined that **provision 115.13 (a) meets the standard** based on the pre-audit questionnaire, through a site review, and interviews with the Assistant Jail Administrator and the PREA Coordinator, as well as informal conversations with staff on duty and inmates while on the site review.

115.13 (b): Document deviations

Compliance Determination: Both the policy and interviews with administrators verify that in circumstances where the staffing plan is not complied with, the facility will document and justify all deviations from the plan and advise the Assistant Jail Administrator. There were no deviations from the staffing plan. The Assistant Jail Administrator stated he would know about any shifts that were not covered, as he would be notified by the command staff. They have maintained good staffing levels

as they are authorized to over hire by a few positions to adjust for turnover, the hiring process, and training newly hired staff. He stated that line officers are their number one priority in staffing. The Captain and the PREA Coordinator ensure staff coverage through the use of staff from the flex team, who cover all the other duties like court, transportation, etc. They can also cover shifts with administrative staff if necessary. The auditor determined that **provision 115.13 (b) meets the standard** based on the pre-audit questionnaire and interviews with the Assistant Jail Administrator and the PREA Coordinator, as well as informal conversations with staff on duty and inmates while on the site review.

115.13 (c) Annual Review

Compliance Determination: The auditor reviewed the BMDC Staffing Plan 2024, which outlines the minimum number of staff on each shift, the composition of the inmates, the physical layout of the facility, the technology review, and their consideration of any substantiated or unsubstantiated incidents of sexual abuse during their staffing plan review. The review was completed by the PREA Compliance, which was conducted on December 16, 2024, and included the Sheriff, the Chief Deputy, the Detention Commander (Assistant Jail Administrator), and the Assistant Detention Commander (Lieutenant)/PREA Coordinator. The auditor determined that **provision 115.13 (c) meets the standard** based on the pre-audit questionnaire, a review of the Staffing Plan, a comparison of the annual review with the observations during the site review, interviews with the Sheriff, the Assistant Jail Administrator, and the PREA Coordinator, as well as informal conversations with staff on duty and inmates while on the site review.

115.13 (d) Unannounced Rounds

Compliance Determination: The auditor interviewed the Assistant Jail Administrator and the PREA Coordinator, who both stated that they complete unannounced rounds. The auditor reviewed unannounced rounds reports to verify that rounds are conducted as their policy requires. The auditor noted rounds completed by the Sheriff, the Assistant Jail Administrator/Major, the Captain, the Lieutenant/PREA Coordinator, and the Sergeants and Corporals. Unannounced rounds were completed during all shifts to include nights, weekends, and holidays. The auditor determined that **provision 115.13 (d) meets the standard** based on the pre-audit questionnaire, a review of the unannounced rounds documentation, as well as through an interview with the PREA Compliance Manager and informal conversations with the Sheriff, the Major, and staff on duty and inmates while on the site review.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:

	<p>1. Pre-Audit Questionnaire</p> <p>Interviews Conducted:</p> <p>1. Assistant Jail Administrator</p> <p>115.14 (a) -(c) Sight, sound separation and no physical contact with any adult inmate in housing areas</p> <p>Compliance Determination: The auditor interviewed the Assistant Jail Administrator, who stated that they do not house those under 18 years of age. The auditor determined that provisions 115.14 (a) through (d) meet the standard based on the pre-audit questionnaire and an interview with the Assistant Jail Administrator.</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC PREA Policy 3. Search Policy 4. Staff training records <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Assistant Jail Administrator/PREA Coordinator 2. Lieutenant/PREA Compliance Manager 3. 12 random staff 4. 17 random inmates <p>Site Review/Observations:</p> <ol style="list-style-type: none"> 1. Unclothed search area 2. Pat-search area 3. Restrooms (showers, toilets) 4. Camera/mirror positions relative to restrooms 5. Cross-gender announcements <p>Findings by Provision:</p> <p>115.15 (a) No Cross Gender strip searches or cross-gender visual body cavity searches</p> <p>Compliance Determination: The auditor interviewed staff and inmates and reviewed the BMDC PREA Policy, which states that BMDC employees will not conduct cross-gender strip searches or cross-gender visual body cavity searches (anal or genital opening) except in exigent circumstances or when performed by medical practitioners. Efforts will be made in exigent circumstances to obtain the Jail Administrator's or designee's prior approval. The auditor also reviewed the Search</p>

Policy which states in the opening sentence that male staff will search male inmates and female staff will search female inmates. There have been no cross-gender strip searches or cross-gender visual body cavity searches. Staff routinely answered that they do not conduct cross-gender strip searches or visual body cavity searches. The auditor interviewed inmates who stated consistently that they were not naked in full view of staff of the opposite gender. The auditor observed the area used to conduct searches and noted that it was private to prevent cross-gender viewing. The auditor determined that **provision 115.15 (a) meets the standard** based on the pre-audit questionnaire, a review of the PREA Policy and the Search Policy, interviews with the Assistant Jail Administrator, with staff who conduct searches, with random inmates, and observations of the unclothed search area while conducting the site review.

115.15 (b) No Cross-Gender pat-down searches of female inmates

Compliance Determination: The auditor interviewed staff and inmates. During interviews, both staff and inmates consistently stated that cross-gender pat-down searches are not done. Male staff pat search male inmates and female staff pat search female inmates. The PREA Compliance Manager stated that all inmates upon arrival at the facility are pat-searched by the arresting officer or the agency that transported them to the facility. Staff consistently stated that there were both male and female staff on duty at all times to complete searches by staff of the same gender as the inmate. The auditor observed the pat search area. There is good camera coverage in this area. The auditor determined that **provision 115.15 (b) meets the standard** based on the pre-audit questionnaire, a review of the PREA Policy and the Search Policy, informal conversations with the PREA Compliance Manager, interviews with random staff and with random inmates, and observations of the pat search area and camera coverage.

115.15 (c): Document Cross-Gender Searches

Compliance Determination: The auditor reviewed the PREA Policy, which states that employees will document in the electronic log all cross-gender strip searches and cross-gender visual body cavity searches. The Search Policy also states that cross gender searches will be documented in Jail Tracker. Informal conversations with administrators and staff and a review of policy confirmed that if there were a cross-gender search conducted in an exigent circumstance, they would also document this in an incident report that documents the search, staff present, the exigent circumstances, and who approved of the search. The auditor determined that **provision 115.15 (c) meets the standard** based on the pre-audit questionnaire, a review of the PREA Policy and the Search Policy, interviews with the Assistant Jail Administrator, the PREA Coordinator, and the PREA Compliance Manager.

115.15 (d) Policies and Procedures for showers, bodily functions, and changing clothing

Compliance Determination: The auditor interviewed staff and inmates and reviewed the BMDC PREA Policy, which states that inmates will be allowed to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell/dorm checks. Female staff will announce "Female Officer" when entering an inmate's housing unit where

	<p>inmates may be seen using the shower, toilet, or different stages of undress. Male staff will announce "Male Officer" when entering a female housing unit where inmates may be seen using the shower, toilet, or different stages of undress. The auditor witnessed BMDC's procedures according to policy that enable inmates to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing them in a state of undress except in exigent circumstances or when such viewing is incidental to routine cell checks. The auditor did note that there are two housing units in which the showers are under the stairwell. The stairwell is open, and you can see through the steps to the shower area below the stairwell. The shower has a typical stall door that is open at the top and bottom. This allows anyone standing on the two middle steps of the stairs to look down onto the shower stall and see the top half of an individual in the shower depending on their height. Both staff and inmates are aware of this issue in these two units. Staff state that they make their announcement louder if they hear someone in the shower and avert their eyes to the side as they are going up the stairs to avoid seeing the inmate in the shower. The auditor also had informal conversations with inmates regarding their privacy during showering, toileting, and changing clothing. In informal conversations with inmates in one of these housing units, while no inmate had a specific complaint about a male staff member viewing a female in the shower, there was a concern as to why it was constructed this way. They have developed ways for staff and inmates to ensure that female inmates are not seen in a state of undress. Inmates stated that they keep their backs to the door, and officers announce themselves and don't look that way when coming up the stairs. During discussions with administrators, they stated they would look at modifying the stairs by adding an opaque covering on the bottom of the two to three steps that afford a view into the shower below. The auditor reviewed camera views throughout the facility while in the control room. All camera views were adequately blocked to ensure that inmates have privacy to toilet and shower. Shower stalls have doors for privacy, which allow only feet and head to be seen, with the exception of the two units stated previously. The auditor determined that provision 115.15 (d) meets the standard based on the pre-audit questionnaire, a review of the PREA Policy and the Search Policy, interviews with the Assistant Jail Administrator, the PREA Coordinator, and the PREA Compliance Manager, interviews with random staff and with random inmates, informal conversations with inmates, and observations on the site review and a review of camera coverage.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC PREA Policy

Interviews Conducted:

1. Sheriff
2. Assistant Jail Administrator
3. PREA Coordinator
4. 12 random staff
5. 6 targeted interviews

Site Review/Observations:

1. Tested process to access interpreter services

Findings by Provision:**115.16 (a) Inmates with disabilities equal opportunity**

Compliance Determination: The auditor reviewed the PREA policy, which states that the following services have been established to provide disabled and limited English proficient inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, protect, and respond to sexual abuse and sexual harassment. All inmate education materials will be in formats accessible to all inmates in accordance with Title II of the Americans with Disabilities Act, 28 CFR 35.164. Interpreter services for the deaf or hard-of-hearing inmates and non-English speaking inmates. Inmates who are blind or have limited vision, have intellectual, psychiatric, or speech disabilities will review materials with staff to ensure comprehension. The auditor verified the facility's use of interpreting services by telephone with Language Link, including American Sign Language. In conversations with the Sheriff, the Assistant Jail Administrator, the PREA Coordinator, the PREA Compliance Manager, and staff, they will work with inmates who may have trouble reading or comprehension due to a disability or cognitive impairment. They read the information and explain it to them at a level they can understand. The auditor reviewed policy and training materials. They can also show the PREA video with subtitles and have written materials for inmates who may be deaf or hearing impaired. The auditor interviewed two inmates with disabilities to ensure they understood the information as presented. The auditor determined that **provision 115.16 (a) meets the standard** based on the pre-audit questionnaire, a review of the PREA policy, interviews with inmates with disabilities and interviews with staff who provide intake, verification of access to sign-language interpretation, a review of inmate training materials, and inmate training records.

115.16 (b) Access for inmates Limited English Proficient

Compliance Determination: The auditor reviewed the PREA policy, which states that the following services have been established to provide disabled and limited English proficient inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, protect, and respond to sexual abuse and sexual harassment. All inmate education materials will be in formats accessible to all inmates in accordance with Title II of the Americans with Disabilities Act, 28 CFR 35.164. Interpreter services for the deaf, blind or hard of hearing inmates, and non-English speaking inmates. They have instructed staff in the use of interpreting by telephone services with Language Link and provided the auditor with the number for their 24/7 interpretation service. The interpretive services can assist in the intake process, screening process, education on how to report, and translation during the

investigative process. These procedures were confirmed during staff and inmate interviews. The auditor used Language Link for four inmate interviews as the inmates were Limited English Proficient. The auditor reviewed materials provided to inmates to include materials that are in both English and Spanish, as Spanish would be the language primarily encountered at this facility. There was one inmate interviewed in a language other than Spanish. His knowledge of PREA information was more limited. He had no materials to refer to at a later date, as the PREA posters and information is only in English or Spanish. Standard 115.33 (f) requires that, in addition to providing PREA education at booking, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats.

CORRECTIVE ACTION: The auditor required that PREA training materials be provided to all non-English speaking inmates (not just Spanish speaking inmates) in their native language so they get the same information as English speaking inmates, and that this information is continuously and readily available to them if it may be needed at a later date. The PREA Compliance Manager provided their remedy during the corrective action period in response to this provision. They have created a brochure in other languages, including French, that is offered to the inmate during booking so that they can keep it with them. The LEP inmate will also be informed that this brochure is posted in the housing units. The PREA Compliance Manager provided the auditor with photographs of this posting. The PREA Compliance Manager stated that if they receive an inmate who speaks a language other than the languages already available, they will have the document translated into that inmate's native language. The auditor determined that, **following corrective action provided to the auditor, provision 115.16 (b) meets the standard** based on the pre-audit questionnaire, a review of the PREA policy, interviews with inmates with disabilities, verification of access to language interpretation, a review of inmate training materials, including updated materials in foreign languages, and inmate training records.

115.16 (c) Not rely on inmate interpreters, readers, or other assistance Compliance Determination: The auditor reviewed the PREA Policy, which states the BMDC will not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances, and must be fully documented, where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first responder duties under §115.64/ or the investigation of the inmate's allegations. The auditor interviewed random staff and inmates who are limited English proficient, and there have been no reported uses of inmate interpreters, readers, or assistants. They consistently stated that they would use their contracted interpreter service. The auditor determined that **provision 115.16 (c) meets the standard** based on the pre-audit questionnaire, a review of the PREA policy, interviews with random staff, inmates with disabilities, and inmates who are limited English Proficient, and verification of access to sign-language interpretation and foreign language interpretation.

115.17	Hiring and promotion decisions
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <hr/> <p data-bbox="256 344 612 378">Documents Reviewed:</p> <ol data-bbox="256 389 1139 584" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC PREA Policy 3. Documentation of background checks for employees 4. Documentation of check with prior institutional employer 5. Documentation asking about previous sexual misconduct. <p data-bbox="256 624 617 658">Interviews Conducted:</p> <ol data-bbox="256 669 703 781" style="list-style-type: none"> 1. Assistant Jail Administrator 2. PREA Coordinator 3. Human Resources staff <p data-bbox="256 822 612 855">Findings by Provision:</p> <p data-bbox="256 866 1442 938">115.17 (a) Not hire or promote, or enlist contractors who have engaged in sexual misconduct</p> <p data-bbox="256 949 1474 1778">Compliance Determination: The auditor reviewed the policy, which states that the BMDC will not hire or promote anyone who may have contact with inmates, and will not enlist the services of any contractor or volunteer who may have contact with inmates, or 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). 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, has been civilly or administratively adjudicated to have engaged in the activity described in this section. The auditor interviewed the Assistant Jail Administrator, Human Resource staff, and the PREA Coordinator, who confirmed their compliance with this policy. They conduct reference checks of previous institutional employers and ask the sexual misconduct questions of applicants. The auditor requested and received a random sample of employees in which sexual misconduct questions have been answered upon hire as well as requiring the acknowledgment of the newly hired employees' understanding that they have a continuing affirmative duty to disclose any such misconduct. The auditor determined that provision 115.17 (a) meets the standard based on the pre-audit questionnaire, a review of the PREA policy, interviews with administrators and human resources staff, and a review reference checks of previous institutional employers, and a review of the sexual misconduct forms.</p> <p data-bbox="256 1818 1474 1890">115.17 (b) Consider sexual harassment incidents when hiring, promoting, or enlisting contractors</p> <p data-bbox="256 1901 1474 2058">Compliance Determination: The auditor reviewed the policy, which states that the BMDC considers any incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. The auditor interviewed the human resources staff, the</p>

lieutenant responsible for hiring processes, and the PREA Coordinator, who confirmed their compliance with this policy by conducting reference checks with previous institutional employees and a review of a staff member's personnel record, asking about past conduct, and PREA documentation for any incidents of sexual misconduct when considering an employee for promotion. The facility utilizes contractors for the contracted food service, and they conduct background checks and inquire about previous sexual misconduct. The auditor determined that **provision 115.17 (b) meets the standard** based on the pre-audit questionnaire, a review of the PREA policy, interviews with administrators and human resources staff, and a review reference checks of previous institutional employers, a review of personnel records, and a review of the sexual misconduct forms.

115.17 (c) Criminal Background Checks and check with previous institutional employers before hiring new employees

Compliance Determination: The auditor reviewed the policy, which states that before hiring new employees who may have contact with inmates, the BMDC will complete a criminal background records check. Consistent with federal, state, and local law, make the best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The auditor interviewed Human Resources staff and the lieutenant responsible for hiring processes, who stated that they conduct criminal background checks on applicants before an offer of employment is made and on current employees when they are promoted. The auditor reviewed a random sample of ten employee files and found that the necessary background checks were run for new hires. The auditor requested and received the required documented information of inquiry made to a previous employer, whether there were any previous substantiated allegations of sexual abuse or resignations pending an investigation of an allegation of sexual abuse for any employees who had previous institutional employment. The auditor determined that **provision 115.17 (c) meets the standard** based on the pre-audit questionnaire, a review of the PREA policy, interviews with administrators and human resources staff, a review of criminal background checks, and reference checks of previous institutional employers.

115.17 (d) Criminal Background Checks Before enlisting services of contractors

Compliance Determination: The auditor reviewed the policy, which states that the BMDC will conduct a criminal background record check before enlisting the service of any contractor or volunteer who may have contact with inmates. The auditor interviewed the lieutenant responsible for these processes, who stated that they will conduct criminal background checks before their services can be used at the facility. The facility utilizes contractors for the contracted food service, and they conduct background checks. The auditor reviewed a sample of three contractors and volunteer background checks. The auditor determined that **provision 115.17 (d) meets the standard** based on the pre-audit questionnaire, a review of the PREA policy, interviews with administrators and human resources staff, and a review of criminal background checks.

115.17 (e) Criminal Background Checks every five years

Compliance Determination: The auditor reviewed the policy, which states that criminal background checks will be conducted at least every five years on all current employees, volunteers, and contractors who may have contact with inmates. The auditor requested and received a random sample of ten employees' criminal background checks. All were current within the last five years. The random sample included some background checks for veteran employees who had the most recent five-year update, as well as employees who had the background check run during the hiring process. The auditor determined that **provision 115.17 (e) meets the standard** based on the pre-audit questionnaire, a review of the PREA policy, interviews with administrators and human resources staff, and a review of criminal background checks.

115.17 (f) Ask applicants and employees annually about previous sexual misconduct

Compliance Determination: The auditor reviewed the policy, which states that the BMDC requires all applicants and employees to disclose any misconduct described in [previous paragraphs] and in written applications or interviews for hiring or promotions. The auditor reviewed the employee acknowledgment forms that ask the required sexual misconduct questions outlined in provision (a) of this standard. These are completed upon hiring and as part of the annual employee review process. BMDC PREA Policy states that staff have a continuing affirmative duty to disclose any such misconduct. The auditor determined that **provision 115.17 (f) meets the standard** based on the pre-audit questionnaire, a review of the PREA policy, interviews with administrators and human resources staff, and a review of the sexual misconduct forms.

115.17 (g) Omissions or false information regarding sexual misconduct grounds for termination

Compliance Determination: The auditor reviewed the PREA policy, which states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination of employment. The auditor determined that **provision 115.17 (g) meets the standard** based on the pre-audit questionnaire and a review of the PREA policy.

115.17 (h) Provide information on substantiated sexual misconduct by former employees

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that, unless prohibited by law, Burleigh County Human Resources shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer with whom the employee has applied to work. The auditor interviewed the human resources staff, who verified that they do provide this information when requested. They also provided three samples in which this was provided regarding former BMDC employees seeking employment with another institutional employer. The auditor determined that **provision 115.17 (h) meets the standard** based on the pre-audit questionnaire, a review of the PREA policy, interviews with the human resources staff, and a review of samples in which this was provided.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC PREA Policy <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Sheriff 2. Assistant Jail Administrator <p>Findings by Provision:</p> <p>115.18 (a) Consider design or modification on ability to protect inmates Compliance Determination: The auditor reviewed the policy and interviewed the administrators, who stated that they will always consider how any changes will contribute to their ability to protect inmates from sexual abuse. The auditor directly observed the facility on the site review and conducted interviews with the Sheriff and the Assistant Jail Administrator, who stated that they consider the protection of inmates and the standards when contemplating upgrades to the facility or in the application of technology. They have not made any substantial modifications to their building since the last audit. The Assistant Jail Administrator stated that they have plans for the future if they need to increase bed space, but nothing new now. The auditor determined that provision 115.18 (a) meets the standard based on the pre-audit questionnaire, a review of the PREA policy, observations on the site review, and interviews with the Sheriff and Assistant Jail Administrator.</p> <p>115.18 (b): Consider how technology may protect inmates Compliance Determination: The auditor reviewed the policy and interviewed the administrators, who stated that they always consider how technology, including cameras, may enhance their ability to protect inmates from sexual abuse. The auditor spoke with administrators who confirmed that they have not installed or updated any monitoring technology since the last audit. The Assistant Jail Administrator stated they are working on upgrading some security system controls in the future, but no current modifications have been made. The auditor determined that provision 115.18 (b) meets the standard based on the pre-audit questionnaire, a review of the PREA policy, observations while on the site review, and interviews with the Sheriff and Assistant Jail Administrator.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents Reviewed:

1. Pre-Audit Questionnaire
2. BMDC PREA Policy
3. North Dakota Sexual Assault Evidence Collection Protocol
4. Investigative training certificates
5. MOU with Abused Adult Resource Center (AARC)
6. Revised MOU with the AARC

Interviews Conducted:

1. PREA Coordinator
2. 12 random staff
3. Administrative/Criminal Investigator
4. Abused Adult Resource Center

Findings by Provision:

115.21 (a) Follow uniform evidence protocol

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that the PREA investigator from the Burleigh County Sheriff’s Department conducts criminal investigations of sexual abuse for the BMDC. The Burleigh County Sheriff’s Department’s evidence protocol will be based on the North Dakota Sexual Assault Evidence Collection Protocol 5th edition, adapted from the Sexual Assault Protocol developed by the United States Department of Justice. The auditor interviewed the investigator from the Burleigh County Sheriff’s Department to verify that all investigators are trained in uniform evidence protocol. The investigators have completed courses from various organizations that all emphasize a uniform evidence protocol for collecting physical evidence. Criminal investigations are completed by the Burleigh County Sheriff’s Department, unless a staff member is involved, and then it will be completed by an investigator from the North Dakota Bureau of Criminal Investigation. The auditor determined that **provision 115.21 (a) meets the standard** based on the pre-audit questionnaire, an interview with the investigator, and a review of staff training records.

115.21 (b) Evidence protocol adapted “A National Protocol for Sexual Assault Medical Forensic Exams”

Compliance Determination: The evidence protocol used by this facility is the North Dakota Sexual Assault Evidence Collection Protocol 5th edition, adapted from the Sexual Assault Protocol developed by the United States Department of Justice. The auditor determined that **provision 115.21 (b) meets the standard** based on the pre-audit questionnaire, an interview with the investigator, and a review of the North Dakota Sexual Assault Evidence Collection Protocol.

115.21 (c) Offer victims forensic medical examinations

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that all victims of sexual abuse will be offered access to forensic medical examinations. Forensic medical examinations will be offered without financial cost to the victim. Forensic examinations will be conducted at Sanford Health (Bismarck) unless exigent circumstances exist. Forensic medical exams are conducted by a Sexual Assault Nurse Examiner within 120 hours of the incident. When a Sexual

Assault Nurse Examiner is not available, the examination may be performed by other qualified medical practitioners. The auditor interviewed a random sample of staff to confirm they understand their responsibilities to preserve and protect evidence so that the evidence remains intact for collection if a forensic medical examination is completed. The auditor interviewed the nursing supervisor, who stated that forensic medical examinations are offered at Sanford Hospital by a trained SANE. The auditor spoke with a SANE nurse at Sanford who verified the availability of SANEs. The auditor determined that **provision 115.21 (c) meets the standard** based on the pre-audit questionnaire, a review of policy, an interview with the nursing supervisor, an interview with a SANE at Sanford Hospital, and interviews with random staff.

115.21 (d) Make victim advocate available

Compliance Determination: The auditor reviewed the BMDC PREA Policy and reviewed the MOU with the Abused Adult Resource Center to verify the availability of advocacy services. The PREA Coordinator confirmed they have an MOU with the Abused Adult Resource Center to provide advocates, resources, and referrals, and the auditor confirmed this by reviewing the MOU and discussing the MOU with the Abused Adult Resource Center executive director. The auditor also verified through viewing posters while on the facility site review, through a review of inmate training materials, and through random inmate interviews that the contact information for the Abused Adult Resource Center is available to all inmates. The auditor reviewed the MOU with the Abused Adult Resource Center to verify their agreement to provide these services. However, there is one discrepancy in the MOU as it states, "If a sexual assault has been substantiated, BMDC/BCSD will contact AARC for victim advocacy services". This statement outlines the process as though an advocate is not offered until after the investigation is complete and determined to be substantiated. When interviewing staff, they all stated that an advocate is offered after the allegation is reported. This statement in the MOU is not compliant with the standard and not consistent with their stated procedures.

CORRECTIVE ACTION: The auditor required that the statement in the MOU, "If a sexual assault has been substantiated, BMDC/BCSD will contact AARC for victim advocacy services," be corrected to state that advocacy services are offered when the incident is reported. The PREA Compliance Manager provided a corrected MOU signed on December 16, 2025. The revised MOU states, "If a sexual assault has been reported, BMDC/BCSD will contact AARC for victim advocacy service, and AARC will contact a SANE nurse". The auditor determined that, **following corrective action, provision 115.21 (d) meets the standard** based on the pre-audit questionnaire, a review of the PREA Policy, a review of posters located throughout the facility, interviews with the PREA Coordinator, with random inmates, and with the AARC executive director, and a review of both the original MOU with AARC and with the revised copy of the MOU with AARC.

115.21 (e) Victim advocate accompanies to forensic exam, interviews, emotional support etc.

Compliance Determination: The auditor interviewed the PREA Coordinator and the executive director from the Abused Adult Resource Center, who confirmed that there is an MOU between the facility and AARC to provide the inmate with advocacy that

includes emotional support services either over the phone or in person, accompanying them to the hospital for support during a forensic exam, support during investigative interviews, and through the court process. The auditor determined that **provision 115.21 (e) meets the standard** based on the pre-audit questionnaire, interviews with the PREA Coordinator and the executive director of AARC, and a review of the MOU with AARC.

115.21 (f) Request investigating agency follow provisions (a)-(e)

Compliance Determination: The auditor interviewed the PREA Coordinator, who stated that they will follow and request that any external investigating agency follows uniform evidence protocol, offer victims forensic medical examinations free of charge, make a victim advocate available who can accompany the inmate during the forensic exam, in interviews, and provide emotional support services. The auditor determined that **provision 115.21 (f) meets the standard** based on the pre-audit questionnaire and an interview with the PREA Coordinator.

115.21 (g) Provisions (a)-(e) apply to State and DOJ investigators

Compliance Determination: The auditor interviewed the PREA Coordinator, who stated that they and any other investigatory entity would always be required to protect and collect the evidence, offer a SANE forensic examination, and provide an advocate. The auditor determined that **provision 115.21 (g) meets the standard** based on the pre-audit questionnaire and an interview with the PREA Coordinator.

115.21 (h) Qualified agency staff member screened and educated to advocate

Compliance Determination: The auditor reviewed the policy, which states that if or when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified agency staff member or a qualified community-based organization staff member. The auditor interviewed the PREA Coordinator, who stated that the advocate is provided by the local rape crisis center. All staff consistently stated that they would use the Abused Adult Resource Center for advocacy services. The auditor determined that **provision 115.21 (h) meets the standard** based on the pre-audit questionnaire, a review of the PREA policy, and through an interview with the PREA Coordinator and interviews with random staff.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC PREA Policy 3. Administrative Investigation Reports 4. BMDC website

Interviews Conducted:

1. Sheriff
2. Assistant Jail Administrator
3. PREA Coordinator
4. Burleigh County Deputy Sheriff Investigator

Findings by Provision:

115.22 (a) Administrative or criminal investigation completed for all allegations

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that the BMDC will ensure an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The auditor interviewed the Sheriff, the Assistant Jail Administrator, and the investigator, who confirmed that investigations would always be completed and outlined the process for both referrals for investigations and starting the investigative process. The auditor reviewed allegations and investigative files to determine that an investigation is completed for all investigations. The auditor determined that **provision 115.22 (a) meets the standard** based on the pre-audit questionnaire, a review of the PREA policy, a review of allegations and investigative files, and through interviews with the Sheriff, the Assistant Jail Administrator, and the investigator.

115.22 (b) Policy to ensure all allegations are referred for investigation on website

Compliance Determination: The auditor reviewed the BMDC website at <https://www.burleigh.gov/departments/sheriffs-department/burleighmorton-detention-center/prea/>, which has the BMDC investigations policy to include the section with the requirement to refer all allegations for investigation, and the Burleigh County Sheriff's Office is responsible for conducting criminal investigations and outlines the investigative procedures. The auditor interviewed the investigator from the Burleigh County Sheriff's Department who stated that as soon as the jail administrators get an allegation they send it directly to him. The auditor determined that **provision 115.22 (b) meets the standard** based on the pre-audit questionnaire, a review of the BMDC website, and an interview with the investigator.

115.22 (c) Investigation policy describes responsibilities for conducting criminal investigation

Compliance Determination: The auditor verified through policy and through interviews with the Assistant Jail Administrator and the PREA Coordinator that an administrative or criminal investigation is completed for all allegations of sexual violence, sexual misconduct, sexual harassment, or retaliation. The auditor interviewed the Assistant Jail Administrator who stated that the PREA Coordinator will look at all allegations and forward them to the investigator from the Burleigh County's Sheriff's Office. The Captain and the Lieutenant keep track of all PREA investigations and keep him informed of their progress. All referrals are documented. The auditor reviewed reported allegations and interviewed the Sheriff, the Assistant Jail Administrator, the PREA Coordinator, and a criminal investigator, who corroborated compliance with the standard and the facility's policies for conducting criminal investigations. When interviewing the investigator and reviewing the investigative

	<p>files it is clear that the criminal investigator reviews everything and discusses it with the Jail Administrator regarding if it meets the requirements for a criminal investigation. The auditor determined that provision 115.22 (c) meets the standard based on the pre-audit questionnaire, a review of the PREA policy, through interviews with the Sheriff, Assistant Jail Administrator, the investigator, and the PREA Coordinator, as well as a review of reported allegations and investigative files.</p> <p>115.22 (d) Any State entity responsible for investigation shall have a policy governing conduct</p> <p>Compliance Determination: The auditor interviewed the Assistant Jail Administrator, who stated that all investigations will be conducted either by the investigator from the Sheriff's department, or through the North Dakota Bureau of Investigation, and the investigation is governed by policy. The auditor determined that provision 115.22 (d) meets the standard based on the pre-audit questionnaire, a review of the PREA policy, and an interview with the Assistant Jail Administrator.</p>
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115.31	Employee training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC PREA Policy 3. PREA Employee training curriculum 4. Staff training records <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. 12 random staff <p>Findings by Provision:</p> <p>115.31 (a) Train all employees</p> <p>Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that the BMDC trains all employees during orientation and every two years thereafter, on the 10 components listed in the standard. The auditor reviewed the curriculum and interviewed a random sample of twelve staff, which included both veteran staff and newly hired staff. All staff interviewed knew the required components regarding PREA as well as the current sexual abuse and sexual harassment policies and procedures. The auditor determined that provision 115.31 (a) meets the standard based on the pre-audit questionnaire, a review of the PREA policy, a review of the curriculum, and interviews with a random sample of staff.</p> <p>115.31 (b) PREA Training tailored to gender of inmates</p> <p>Compliance Determination: The auditor reviewed the training policy, which states that the PREA training will be tailored to the gender of the inmates. Staff were able to</p>

state during the interviews the differences in supervising male vs. female inmates. Several staff stated that many of the male inmates' motivations are about power and control or strongarming, while female inmates' motivations were more about companionship, loneliness, and relationships. Several staff members stated that males participate in a lot of horseplay that goes too far. The auditor determined that **provision 115.31 (b) meets the standard** based on the pre-audit questionnaire, a review of the policy, and interviews with a random sample of staff.

115.31 (c) PREA Refresher training every two years and on policy in year when no refresher

Compliance Determination: The auditor interviewed a random sample of staff who stated they have a comprehensive PREA orientation for all newly hired employees and a refresher every two years. In years when there are no refreshers, they have a PREA policy review and other PREA subjects online. They are provided with some type of training annually on different subjects, but always a policy review and a PREA refresher every two years. Sometimes they will discuss PREA topics during the sergeants' meeting. During interviews, staff were knowledgeable in the required competencies and stated that they have some form of PREA training every year that includes a basic refresher on the main PREA components, with additional training components added occasionally on their e-learning about more narrow topics. Many staff also mentioned that when they attend the Correctional Officer Basic course, they also cover PREA and cross-gender pat searches. The auditor determined that **provision 115.31 (c) meets the standard** based on the pre-audit questionnaire, a review of the curriculum, and interviews with a random sample of staff.

115.31 (d) Document all staff training

Compliance Determination: The auditor interviewed random staff and reviewed the training documentation. Some are electronic training records for courses they completed through software, and some documentation is signed documents which included the name of the employee, the title of the training, the orientation training documentation for new employees, and the date the training was completed. The auditor determined that **provision 115.31 (d) meets the standard** based on the pre-audit questionnaire, a review of the training documentation, and interviews with a random sample of staff.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC PREA Policy 3. Contractor/Volunteer training documentation

Interviews Conducted:

1. Assistant Jail Administrator
2. PREA Coordinator
3. Programs Manager
4. 2 Contractors
5. 1 Volunteer

Findings by Provision:**115.32 (a) PREA Training for all volunteers and contractors**

Compliance Determination: The auditor reviewed the PREA policy, which states that the PREA Compliance Manager will ensure all volunteers and contractors who have contact with inmates will be trained on their responsibilities regarding sexual abuse and sexual harassment with inmates. The auditor interviewed two food service contractors and one religious volunteer currently in service at the facility. The auditor also interviewed the Programs Manager, who provides refresher PREA training to all volunteers every two years. The religious volunteer confirmed that they completed an initial classroom training prior to going into the facility and received refresher training every two years. The food service contractors stated that they complete a PREA module required by their company on the computer that goes over PREA information. It is important to note that food service contractors do not have contact with inmates at this facility. The inmates work in a separate dish room that is separated from the kitchen by a locked slider. The slider is controlled by the control room staff. When kitchen staff need to push dirty dishes into the dish room, kitchen staff use the intercom to contact the control room staff. The control room staff opens the door and observes the process remotely. When inmates need to push clean dishes into the kitchen, the same process occurs in reverse. Neither the inmate nor the kitchen staff crosses the threshold separating the dish room from the kitchen. The auditor witnessed this process several times while on the site tour. The auditor determined that **provision 115.32 (a) meets the standard** based on the pre-audit questionnaire, a review of the policy, a review of the training documentation, interviews with contractors and a volunteer, and with the Programs Manager, and observations during the site tour.

115.32 (b) Level and type of training based on level of service and contact

Compliance Determination: The auditor spoke with the Assistant Jail Administrator, and the PREA Coordinator who stated that the level and type of training is based on the services they provide and the level of contact they have with inmates, but all are taught at a minimum about the zero-tolerance policy regarding sexual abuse, sexual assault/rape, sexual misconduct and sexual harassment and informed how to report such incidents. As stated previously, the auditor witnessed the level of service and contact while on the site tour. The auditor determined that **provision 115.32 (b) meets the standard** based on the pre-audit questionnaire, a review of the policy, a review of the training documentation, interviews with the Jail Administrator, the PREA Coordinator, contractors, and a volunteer, and with the Programs Manager, and observations during the site tour.

115.32 (c) Document all volunteer and contractor training

Compliance Determination: The auditor reviewed documentation confirming

	<p>contractor and volunteer training. The documentation included a signature sheet acknowledging that they received the volunteer training and watched the PREA video, and acknowledging BMDC’s zero-tolerance policy. The auditor determined that provision 115.32 (c) meets the standard based on the pre-audit questionnaire, a review of the policy, a review of the training documentation, interviews with contractors and a volunteer, and the Programs Manager, and observations during the site tour.</p>
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115.33	Inmate education
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC PREA Policy 3. Posters posted throughout the facility 4. 11 PREA Inmate Orientation forms signed by inmates 5. 11 Comprehensive Education documentation forms <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Assistant Jail Administrator 2. PREA Coordinator 2. Intake Staff 3. 17 random inmates <p>Site Review/Observations:</p> <ol style="list-style-type: none"> 1. Intake process 2. Written information available in most common languages 3. Written information clear and at appropriate reading level 4. Posters throughout facility on Zero Tolerance, Reporting, and Victim Services 5. Audit notices posted 6. Key PREA information continuously and readily available on the kiosk 7. Tested process to access interpreter services 8. Subtitles available on video <p>Findings by Provision:</p> <p>115.33 (a) Inmates receive PREA training at intake</p> <p>Compliance Determination: The auditor interviewed the PREA Compliance Manager, who stated that all inmates are given the basic PREA information, including the zero-tolerance policy, and that they can reference reporting information in the Inmate Handbook and on the posters on the wall. The Inmate Handbook is also on the kiosk. She explained that this information is given to them at intake by the booking officer. The inmate then signs the Rules Notification to New or Returning Inmates form, which at the bottom states, “PREA: Prison Rape Elimination Act BMDC has a</p>

zero tolerance policy in regards to sexual abuse and sexual harassment. I can review the policy by reading the Inmate Hand Book. I understand this policy will explain how to report sexual abuse and sexual harassment. I understand the DOCR Office of Facility Inspections serves as an outside reporting agency for inmates housed at BMDC. I understand that the policy on how to report to the DOCR Office of Facility Inspections is located in the inmate handbook." The inmate then electronically signs the acknowledgement of this information of the facility's core rules, including PREA. The auditor reviewed 11 samples of the intake signed documentation. The auditor observed the intake process. The auditor did not witness the staff verbally telling the inmate about the PREA policy but did witness the inmate signing the form acknowledging that he had read the rules form with the PREA information. The auditor interviewed random inmates who consistently stated they had received the core rules during intake, including the facility's rules against sexual abuse and harassment.

CORRECTIVE ACTION: As the auditor did not witness the inmate receiving the information verbally, the auditor required verification that it is done. The PREA Compliance Manager stated that most intake officers verbally state that the PREA information is at the bottom of the form and includes the zero-tolerance policy against sexual abuse and harassment, reporting to DOCR as the external reporting entity, and that further information is in the inmate handbook. During the corrective action period, the auditor viewed the intake process with an officer verbally going over this information with the inmate at intake. The auditor determined that, **following corrective action, provision 115.33 (a) meets the standard** based on the pre-audit questionnaire, a review of training documentation, and a second observation of the intake process.

115.33 (b) Within 30 days of intake provide comprehensive education

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that within 30 days of intake, the facility will provide comprehensive education to all inmates. The auditor interviewed random inmates who stated they have completed the comprehensive education process through the video. Inmates watch the video with comprehensive PREA education on the kiosk. They cannot order any commissary until they have viewed the PREA video. The PREA Compliance Manager verifies the video viewing by running a report from the Turnkey kiosk system. If the report indicates that they have watched the video, the Program Coordinator completes the section at the bottom of the PREA Risk Screen form by filling in the date indicated from the Turnkey system. If the report indicates that they have not watched it on the kiosk, they are removed from their housing area to either the rec area or a smaller conference room where the PREA video is shown to them, and they sign the acknowledgement form that they received the PREA comprehensive training. The auditor interviewed inmates who confirmed they viewed the video on the kiosk. The auditor determined that **provision 115.33 (b) meets the standard** based on the pre-audit questionnaire, a review of policy, a review of training documentation, an interview with staff who complete the comprehensive education process, and interviews with random inmates.

115.33 (c) Receive education upon transfer to the extent policies and

procedures differ

Compliance Determination: The auditor interviewed the administrators and random inmates who confirmed that everyone who comes into the facility completes the same, full, PREA intake process and comprehensive education process regardless of where they came from – even if they just had PREA information at their previous placement. The auditor determined that **provision 115.33 (c) meets the standard** based on the pre-audit questionnaire and interviews with administrators and random inmates.

115.33 (d) Inmate training in formats accessible to all, including LEP, and those with disabilities

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states inmate PREA education is available in accessible formats for all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled or limited in their reading skills. The facility's efforts include posters in Spanish and various ways of presenting the orientation material, dependent upon the disability. The facility will provide translation services for inmates who need either the information in other languages or sign language. The information will be communicated orally and in written form in a manner that is clearly understood by the inmate, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as inmates who have limited reading skills. Staff stated they will read the material aloud to inmates who may need assistance due to visual impairments, learning disabilities, literacy or comprehension problems, or other reasons that require staff to give them specialized training. The auditor interviewed inmates who are limited English proficient through the use of the facility's contracted interpreter service. The auditor also interviewed inmates with disabilities. These inmates confirmed that the staff made the information available to them in a way that they understood, and confirmed that they were aware that services are available to them at any time, with one exception. One inmate who was LEP stated that he had not received the PREA information in a manner in which he was able to understand.

CORRECTIVE ACTION: As stated in 115.16 (b), the auditor required that PREA training materials be provided to all non-English speaking inmates (not just Spanish speaking inmates) in their native language so they get the same information as English speaking inmates, and that this information is continuously and readily available to them if it may be needed at a later date. The PREA Compliance Manager provided their remedy during the corrective action period in response to this provision. They have created a brochure in other languages, including French, that is offered to the inmate during booking so that they can keep it with them. The LEP inmate will also be informed that this brochure is posted in the housing units. The PREA Compliance Manager provided the auditor with photographs of this posting. The PREA Compliance Manager stated that if they receive an inmate who speaks a language other than the languages already available, they will have the document translated into that inmate's native language. The auditor determined that, following corrective action provided to the auditor, **provision 115.33 (d) meets the standard** based on the pre-audit questionnaire, a review of the PREA policy,

interviews with inmates with disabilities, verification of access to language interpretation, a review of inmate training materials, including updated materials in foreign languages, and inmate training records.

115.33 (e) Document all inmate education

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states the BMDC shall maintain documentation of inmate participation in these education sessions. Support services will upload documentation of PREA training into the inmate's case history in the inmate's electronic file. The auditor interviewed intake staff and reviewed inmate training documentation. The inmates sign the Rules Notification to New or Returning Inmates form that verifies the received the intake education on the zero-tolerance policy and how to report. The comprehensive information is given to them via a PREA video, and the date they watched the video is documented at the bottom of the PREA Risk Screen form. The documentation is made electronically throughout the kiosk system and verified by the PREA Compliance Manager. The auditor determined that **provision 115.33 (e) meets the standard** based on the pre-audit questionnaire, a review of policy, and a review of training documentation.

115.33 (f) Key information continuously and readily available

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that the BMDC ensures key information is continuously and readily available or visible to inmates through posters, inmate handbooks, and written formats. The auditor viewed posters throughout the facility so that there is readily available information that outlines how to report and how to contact external resources for both support and reporting. Many inmates stated they were aware of the information on the posters, the kiosk, and on their handheld devices. One inmate showed the auditor how he could access information both on the kiosk and on the texter. The auditor determined that **provision 115.33 (f) meets the standard** based on the pre-audit questionnaire, a review of policy, viewing posters during the site review, and through a demonstration provided by an inmate on how he accesses this information on both the kiosk and on the texter device.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC PREA Policy 3. Training certificates of Specialized Investigator Training <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Assistant Jail Administrator/PREA Coordinator

2. Administrative/Criminal Investigator

Findings by Provision:

115.34 (a) Specialized training for Administrative investigators

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that investigators who investigate allegations of sexual abuse are trained in conducting sexual abuse investigations in confinement settings. The auditor interviewed an investigator from the sheriff's department who completes both administrative and criminal investigations. This investigator has been assigned this duty recently, as the previous sheriff's office investigator who handled most jail investigations retired. The investigator was awaiting National Institute of Corrections login credentials to complete their course for administrative investigations within a confinement setting. However, this training was pulled from the National Institute of Corrections training site. He stated he has completed other investigative training through the sheriff's department and last year completed another course specific to sexual assault investigations. During the interview, he seemed knowledgeable in investigative techniques in a confinement setting and the relevant requirements in this standard. The auditor discussed with him the possibility of attending an investigative course presented by the North Dakota Department of Corrections and Rehabilitation. The investigator attended this course in March 2026. The auditor determined that **provision 115.34 (a) meets the standard** based on the pre-audit questionnaire, a review of policy, through an interview with the investigator, and a review of the investigator's training certificate from the North Dakota Department of Corrections and Rehabilitation course "Investigation Sexual Abuse in a Correctional Setting".

115.34 (b) Investigator training includes Miranda and Garrity, evidence collection, etc.

Compliance Determination: The auditor interviewed the investigator, who was knowledgeable in techniques for interviewing sexual abuse victims, Maranda, and Garrity, evidence collection, and the criteria and evidence required to substantiate a case for administrative or prosecution referral. The auditor determined that **provision 115.34 (b) meets the standard** based on the pre-audit questionnaire and through an interview with the investigator.

115.34 (c) Document specialized investigator training

Compliance Determination: The auditor reviewed the training certificate for the previous investigator. This investigator has recently taken on this duty, as the previous investigator has recently retired. He has not completed the National Institute of Corrections course Investigating Sexual Abuse in a Confinement Setting nor the North Dakota Department of Corrections and Rehabilitation course but demonstrated his attempts to sign up for these courses. The auditor reviewed his training certificate from the North Dakota Department of Corrections and Rehabilitation course "Investigation of Sexual Abuse in a Correctional Setting" when he was able to complete the course in March. The auditor determined that **provision 115.34 (c) meets the standard** based on the pre-audit questionnaire, a review of policy, through an interview with the investigator, and a review of the investigator's training certificate from the North Dakota Department of Corrections and Rehabilitation

course "Investigation Sexual Abuse in a Correctional Setting".

115.34 (d) State or DOJ investigators specialized training

Compliance Determination: The auditor interviewed the Assistant Jail Administrator/PREA Coordinator, who stated that if an outside state or DOJ investigator is brought in to investigate, BMDC will ensure that all investigators have received training and experience in sexual abuse investigations. The auditor determined that **provision 115.34 (d) meets the standard** based on the pre-audit questionnaire and an interview with Assistant Jail Administrator/PREA Coordinator.

115.35 Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

1. Pre-Audit Questionnaire
2. BMDC PREA Policy
3. Training certificates from the National Institute of Corrections

Interviews Conducted:

1. Assistant Jail Administrator
2. PREA Coordinator
3. Nurse - Medical
4. Behavioral Health staff - Mental Health

Findings by Provision:

115.35 (a) Specialized training for medical and mental health staff

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that all BMDC medical and behavioral health care practitioners are trained in their respective disciplines. BMDC approved PREA training as well as specialized training in **community** Sexual Assault Response Protocol. PREA Behavioral Health Care for sexual assault victims in a confinement setting (Behavioral Health staff). PREA Medical Care for sexual assault victims in a confinement setting (Medical staff). The policy goes on to state that the training includes 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. The auditor interviewed the Assistant Jail Administrator and the PREA Coordinator, who stated that they have four medical staff and one behavioral health staff for mental health services. The auditor interviewed one nurse and one behavioral health staff that they have completed specialized training, including the National Institute of Corrections course PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting and the Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. These

staff were well versed in how to preserve physical evidence; how to detect and assess signs of sexual abuse and sexual harassment; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The auditor determined that **provision 115.35 (a) meets the standard** based on the pre-audit questionnaire, a review of policy, an interview with the nurse and the behavioral health care staff, and a review of the training certificates from the National Institute of Corrections.

115.35 (b) Medical and mental health staff who conduct forensic examinations receive appropriate training

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that forensic exams will be conducted at Sanford Health (Bismarck). BMDC medical staff will not conduct forensic exams. The auditor interviewed a medical staff member who stated that all inmates who report a sexual assault are transported to the local hospital with SANE services if required or requested. The auditor determined that **provision 115.35 (b) meets the standard** based on the pre-audit questionnaire, a review of policy, and an interview with the nurse.

115.35 (c) Document specialized training for medical and mental health staff

Compliance Determination: The auditor reviewed training certificates for the medical staff and mental health staff to confirm that there is documentation of the required specialized training. The auditor determined that **provision 115.35 (c) meets the standard** based on the pre-audit questionnaire, interviews with the nurse and the behavioral health care staff, and a review of the training certificates from the National Institute of Corrections.

115.35 (d) Medical and mental health staff also receive training mandated for employees

Compliance Determination: The auditor reviewed training documentation and interviewed a nurse and a behavioral health practitioner to verify that the medical and mental health staff participate in basic PREA instruction as mandated for employees of this facility. The auditor determined that **provision 115.35 (d) meets the standard** based on the pre-audit questionnaire, interviews with the nurse and the behavioral health care staff, and a review of the training documentation.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC PREA Policy

3. Random sample of 12 initial PREA Risk Assessments
4. Random sample of 11 30-day PREA Risk Assessments

Interviews Conducted:

1. Assistant Jail Administrator
2. PREA Coordinator
3. PREA Compliance Manager
4. 17 random inmates
5. Staff member who administers the risk assessment

Site Review/Observations

1. Victimization screening through observation
2. Screening completed in a private area
3. Screening questions asked in a manner that fosters comfort and elicits response
4. Affirmatively asked if they identify as LGBTI
5. Information secured via locked doors, access card, locked file drawers
6. Electronically stored information is password-protected, role-based security

Findings by Provision:

115.41 (a) All inmates assessed during intake; (b) Intake screening within 72 hours of arrival

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which requires that a Prison Rape Elimination Act (PREA) Intake/Admission Screening must be completed within 72 hours of admission for risk of being sexually abused by other inmates or being sexually abusive toward other inmates. The auditor observed the intake process, including the risk screening. Housing assignments are made accordingly. The auditor also observed the screening process administered to an inmate by an intake staff. The auditor interviewed a random sample of inmates who stated that they were all assessed upon intake. The auditor reviewed a random sample of the PREA Risk Screen documentation. The auditor interviewed both staff and inmates and reviewed the screening documentation to verify that the screening occurs within 72 hours of arrival. The auditor compared the date of the inmates' intake with the date of the initial PREA Risk Assessment. All inmates were assessed within 72 hours, even if they were transferred from another facility. The auditor determined that **provision 115.41 (a) meets the standard** based on the pre-audit questionnaire, a review of policy, a review of random intake risk screenings, interviews with a person who administers the risk screening, with random inmates, and a review of a random sample of the risk screening documentation.

115.41 (c) Objective screening

Compliance Determination: The screening is completed through the use of an interview using the PREA Risk Screen. The form includes all questions required by this standard. The assessment used is objective and leads to a presumptive determination of risk using a point system. An offender scores a specified point value based on the questions answered and other factors such as a record review of offense history, a substantiated sexual assault or sexual abuse investigation, or a history of sexual victimization within a correctional setting. The value determines the outcome of risk for sexual victimization or risk for sexual aggression. The auditor determined that

provision 115.41 (c) meets the standard based on the pre-audit questionnaire and a review of a random sample of the risk screening documentation.

115.41 (d) Screening criteria for risk of sexual victimization

Compliance Determination: The auditor reviewed the PREA Risk Screen. The assessment considers mental, physical, or developmental disabilities, age, physical build, if this is the first time incarcerated, if they have a history of sexual victimization either in the community or in custody, or if the inmate would be unable to defend themselves. These answers are used in assessing inmates for risk of being sexually victimized. The auditor reviewed sample assessments. The screening considers the criteria to assess inmates for risk of sexual victimization as required by the standard. The auditor interviewed the staff who administers the assessment. The auditor determined that **provision 115.41 (c) meets the standard** based on the pre-audit questionnaire, an interview with a person who administers the risk screening, interviews with random inmates, and a review of a random sample of the risk screening documentation.

115.41 (e) Screening criteria for risk of being sexually abusive

Compliance Determination: The auditor reviewed the PREA Risk Screen. The screening considers prior acts of sexual abuse, prior convictions for violent offenses, and a history of prior institutional violence or sexual abuse in assessing inmates for risk of being sexually abusive. The auditor determined that **provision 115.41 (c) meets the standard** based on the pre-audit questionnaire, an interview with a person who administers the risk screening, interviews with random inmates, and a review of a random sample of the risk screening documentation.

115.41 (f) Reassessment within 30 days of intake

Compliance Determination: The auditor interviewed the PREA Compliance Manager, the nurse, and the Programs Manager who stated that they review the original screening form, the nurse discusses with them between 10-14 days of arrival if they are fearful or if they can defend themselves, asks if they need to speak with anyone if they reported a previous sexual abuse history on their intake PREA Screen, or if there is any new information that facility staff were not aware of since the inmate's intake. The Programs Manager then reviews the PREA Screen, the nurse's additional information, and notes on the original screening document the date the rescreening was done and if there were any changes. The auditor compared the date of the inmates' intake with the date of the 30-day reassessments. All inmates within the sample were reassessed within 30 days of arrival. The auditor determined that **provision 115.41 (f) meets the standard** based on the pre-audit questionnaire, interviews with the PREA Compliance Manager, the nurse, and the Programs Manager, interviews with random inmates, and a review of a random sample of the 30-day risk screening documentation.

115.41 (g) Reassessment when referred, requested, incident of sexual abuse or additional info

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states an inmate's risk level must be reassessed when warranted because of a referral, request, incident of sexual abuse, or receipt of additional information that

bears on the inmate's risk of sexual victimization or abusiveness. Any staff member may refer an inmate for reassessment. The auditor determined that **provision 115.41 (g) meets the standard** based on the pre-audit questionnaire and a review of policy.

115.41 (h) Inmates not disciplined for refusing to answer regarding disabilities, LGBTI, previous sexual victimization, perception of vulnerability

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked during screening or assessment. The auditor also interviewed a staff member who administers the risk screening, who stated that they do not discipline inmates who do not answer all the information on the screening – they just move on to the next question. The auditor determined that **provision 115.41 (h) meets the standard** based on the pre-audit questionnaire, a review of policy, and an interview with a person who administers the risk screening.

115.41 (i) Appropriate controls on dissemination of reassessment information

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that Information gained during the PREA screening will be protected and accessible by staff trained to administer the screening. The PREA screening questionnaire will be saved in the inmate's electronic jail management system folder. The PREA Coordinator and the PREA Compliance Manager stated that they maintain the files in a controlled manner. All security staff are trained to administer and therefore have access to the screening as they rotate through booking, and sergeants and corporals approve moves from pod to pod. Documents stored electronically are stored in a secure drive that requires a password to access, and file cabinets are locked. The auditor verified during the site review that appropriate controls were maintained to keep the screening information secure. The auditor determined that **provision 115.41 (i) meets the standard** based on the pre-audit questionnaire, a review of policy, interviews with the PREA Coordinator and the PREA Compliance Manager, and thorough observations during the site review.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC PREA Policy 3. Random sample of 12 initial PREA Risk Assessments 4. Inmate Roster <p>Interviews Conducted:</p>

1. PREA Coordinator
2. PREA Compliance Manager
3. Staff who administers the Assessments

Findings by Provision:

115.42 (a) Assessment info used for housing, bed, work, education, and program assignments

Compliance Determination: The auditor reviewed BMDC PREA Policy which states prior to housing, bed, work, education, and program assignments, staff will submit alerts for inmates who have been identified as high-risk of being sexually victimized and/or high-risk of being sexually abusive to ensure sexual safety of identified groups. The auditor interviewed the PREA Coordinator and a staff who administers the screening who stated the information from the risk screening is utilized to determine housing and other program decisions. The PREA Coordinator stated that they choose the most appropriate housing for their safety. The auditor reviewed inmate risk screenings and inmate housing assignments to ensure that inmates with the potential for sexual perpetration are not housed with inmates assessed to have the potential to be victimized. The auditor determined that **provision 115.42 (a) meets the standard** based on the pre-audit questionnaire, a review of the PREA policy, through interviews with the PREA Coordinator and a staff who administers the assessment, and through a review of a random sample of screening documents.

115.42 (b) Individualized determinations

Compliance Determination: The auditor reviewed BMDC PREA Policy that states the facility staff shall make individualized determinations about how to ensure the safety of each inmate. Refer to BMDC Policy 19: Separation of Inmates. The auditor interviewed the PREA Coordinator and the PREA Compliance Manager who stated that the screening helps to ensure the decisions are based on what will keep them safe. They determine this through the screening when they arrive and their criminal history. The auditor reviewed the assessment and noted that they ask all inmates if they would be unable to defend themselves as well as require the intake officer to make observations as to whether the inmate is mentally, physically, or developmental unable to care or defend themselves. The PREA Coordinator stated that they review housing assignments every day. There is a discussion with the Lieutenant/PREA Coordinator, the Captain, the Programs Supervisor and the Programs Specialist specifically looking at inmates with special circumstances. What their special circumstances are and how to manage them would be a part of the inmate's file. They look at everyone's placement; both the inmate being interviewed and the safety of all the other inmates. Many of the questions required to make individualized determinations for the inmate are asked on the PREA Risk Screen. The auditor interviewed a staff who administers the screening who stated that the facility uses information from the risk screening to determine housing assignments and to keep everyone safe. The auditor determined that **provision 115.42 (b) meets the standard** based on the pre-audit questionnaire, a review of the PREA policy, through interviews with the PREA Coordinator and the PREA Compliance Manager, and through a review of a random sample of screening documents.

115.43	Protective Custody
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <hr/> <p data-bbox="256 344 612 378">Documents Reviewed:</p> <ol data-bbox="256 383 660 456" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC PREA Policy <p data-bbox="256 501 612 535">Interviews Conducted:</p> <ol data-bbox="256 539 932 658" style="list-style-type: none"> 1. Assistant Jail Administrator 2. Staff who supervise inmates in segregation 3. Lieutenant/PREA Coordinator <p data-bbox="256 703 612 736">Findings by Provision:</p> <p data-bbox="256 741 1386 815">115.43 (a) Inmates at risk not placed in involuntary segregate housing unless no available means of separation</p> <p data-bbox="256 819 1477 1610">Compliance Determination: The auditor reviewed the BMDC PREA Policy which states inmates at high-risk for sexual victimization may not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made there is no available alternative means of separation from likely abusers. If assessment can't be completed immediately, the inmate may be held in involuntary segregated housing for less than 24 hours while assigned staff completes the assessment. The auditor interviewed the Assistant Jail Administrator who stated that if an inmate was at risk they would first attempt to remove any inmates who are suspected of causing the threat. However, if that cannot be determined they would move the inmate at risk, but they would not move the inmate to restrictive housing. Inmates who might be more at risk are moved to pod 500 or to booking. They typically are not placed in segregation. If they are, it is only until they have time to come up with a better plan. They have not placed any alleged inmate victims of sexual abuse or sexual harassment in involuntary segregated housing. This was also confirmed with an interview with a staff member who supervises inmates in segregated housing. The auditor determined that provision 115.43 (a) meets the standard based on the pre-audit questionnaire, a review of the PREA policy, and through interviews with the Assistant Jail Administrator and a staff member who supervises inmates placed in segregated housing.</p> <p data-bbox="256 1655 1434 1729">115.43 (b) Inmates segregated for this purpose have access to programs, privileges, education and work opportunities if possible</p> <p data-bbox="256 1733 1477 2058">Compliance Determination: The auditor reviewed the BMDC PREA Policy which states that inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document the following: the opportunities that have been limited; the duration of the limitation; and the reasons for any limitations. The auditor interviewed a staff member who supervises segregated housing who stated that the inmate at risk would more than likely be moved to a different pod, not segregated housing. If for</p>

some reason they are in segregated housing solely for protection they would still have access to those opportunities. The auditor determined that **provision 115.43 (b) meets the standard** based on the pre-audit questionnaire, a review of the PREA policy, and through interviews with a staff member who supervises inmates placed in segregated housing.

115.43 (c) Involuntary segregated housing only until an alternative means of separation can be arranged and to exceed 30 days

Compliance Determination: The auditor reviewed the BMDC PREA Policy which states that inmates will only be assigned to involuntary segregated housing until an alternative means of separation from likely abusers can be arranged. The assignment may not ordinarily exceed a period of 30 days. Every effort shall be made to keep the victim in the victim's normal housing unit to prevent re-traumatization. The auditor interviewed the Assistant Jail Administrator and a staff member who supervises inmates placed in segregated housing. Both confirmed that if it is used involuntarily for their protection, it is for just a quick period until they can come up with a better plan - a matter of hours not days. The auditor determined that **provision 115.43 (c) meets the standard** based on the pre-audit questionnaire, a review of the PREA policy, and through interviews with the Assistant Jail Administrator and a staff member who supervises inmates placed in segregated housing.

115.43 (d) If involuntary segregated housing made pursuant to provision (a), document the basis and the reason why no alternative means can be arranged

Compliance Determination: The auditor reviewed the BMDC PREA Policy which states if an involuntary segregated housing assignment is made pursuant to substandard 115.43 (a)-1J of this section, the case manager shall clearly document the following. The basis for the concern for the inmate's safety. The reason why no alternative means of separation can be arranged. Every 30 days BMDC Jail Administration will review each inmate in involuntary administrative segregation to determine whether there is a continuing need for separation from the general population. The auditor interviewed the Assistant Jail Administrator and a staff member who supervises inmates placed in segregated housing. Both confirmed that if it is used for their protection, it is for just a quick period until they can come up with a better plan - a matter of hours not days and that it would be documented. The auditor interviewed the Lieutenant/PREA Coordinator who stated that they review housing every day. The Captain, the two staff from programs and himself review housing all the time and especially inmates with special circumstances and that would be a part of the inmate's file. The auditor determined that **provision 115.43 (d) meets the standard** based on the pre-audit questionnaire, a review of the PREA policy, and through interviews with the Assistant Jail Administrator, the Lieutenant/PREA Coordinator, and a staff member who supervises inmates placed in segregated housing.

115.51 Inmate reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

1. Pre-Audit Questionnaire
2. BMDC PREA Policy
3. Posters
4. Staff training documents
5. Inmate training documents

Interviews Conducted:

1. Assistant Jail Administrator
2. PREA Coordinator
3. 12 random staff
4. 17 random inmates

Site Review/Observations

1. Intake process through staff demonstration includes how to report
2. Written information available in most common languages
3. Written information clear and at appropriate reading level
4. Posters throughout facility on Zero Tolerance and Reporting
5. Audit notices posted
6. Key PREA information continuously and readily available on the kiosk
7. Tested process to access interpreter services
8. Subtitles available on video
9. Method to mail confidential correspondence
10. Access to forms, paper, envelopes, writing implements, stamps
11. Tested free reporting via telephone to external reporting agency

Findings by Provision:

115.51 (a) Multiple internal ways to report

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states the BMDC allows for internal reporting, by inmates, to report privately to agency officials about sexual abuse, sexual harassment, staff neglect or responsibilities contributing to sexual abuse or sexual harassment, and retaliation by other inmates or staff for reporting sexual abuse or sexual harassment. Inmates can report in the following ways. 1. Verbal reporting to any staff member. 2. Third party reporting. 3. Inmate request forms, and 4. Inmate grievance forms. The auditor requested an inmate walk through the kiosk system to show what was available to them and to test the kiosk as a means of reporting to staff. Several inmates stated that they would tell staff within the facility that they trust. Both from observations and through interviews with the inmates it is apparent that most inmates have a staff at the facility that they trust to do the right thing for them and have multiple internal ways to report. Also, inmates consistently stated that they would report internally through the electronic inmate request form (kite). The auditor interviewed random staff who consistently stated that inmates could report to them, send a kite, or report to the administration either verbally, in a kite, or through a grievance. The auditor

determined that provision 115.51 (a) meets the standard based on the pre-audit questionnaire, a review of policy, through interviews with random inmates and staff, and through the site review where an inmate demonstrated to the auditor how they report on the kiosk.

115.51 (b) At least one way to report to an external entity; Detainees held solely for civil immigration purposes

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that the BMDC allows for inmates to report sexual abuse or sexual harassment to a public or private- entity or office that is not part of the agency in the following ways. Federal inmates write to: Office of Inspector General U.S. Department of Justice 950 Pennsylvania Ave. Room 4706 Washington DC 20530 Or call the Office of Inspector General 1-800-869-4499. The policy also lists the National Sexual Assault Hotline. This needs to be corrected to list the North Dakota Department of Corrections and Rehabilitation (ND DOCR who is the external reporting entity as stated by the facility administrators and is the information that is provided to the inmates during their education, on the kiosk and on the posters. Inmates stated that the reporting information was available on the posters, in their handbook, and on the kiosk. The auditor performed a test call to the ND DOCR. A message was left on their recording, and they returned the call within a few hours. They stated that they would take calls from the BMDC inmates and report the information immediately to the Assistant Jail Administrator unless the inmate requested to remain anonymous. He stated if they wanted to remain anonymous from the administrators, he would report to a law enforcement agency to investigate. Because the facility holds detainees detained solely for civil immigration purposes for the Immigration and Customs Enforcement (ICE), the numbers for the Department of Homeland Security (DHS) Office of Inspector General and/or the ICE's Detention Reporting and Information Line are required also.

CORRECTIVE ACTION: The auditor required that the National Sexual Assault Hotline be removed from the PREA Policy as an external reporting entity. This hotline is used to provide support services, not for reporting purposes. The North Dakota Department of Corrections and Rehabilitation is required to be added to the policy, it is stated as the external reporting entity by the administrators, in the inmate handbook, on the posters, and information on the kiosk. The information needs to be consistent through all publications. The auditor required that the contact information for the Department of Homeland Security (DHS) Office of Inspector General or the ICE detention Reporting and Information Line is required because the facility holds detainees detained solely for civil immigration purposes. The PREA Compliance Manager provided the updated PREA policy where the OIG address and phone number and the ND DOCR Office of Facility Inspections address and phone instructions are listed and the National Sexual Assault Hotline is removed from this section of the PREA Policy. The PREA Compliance Manager provided pictures of updated posters that they have posted throughout the housing units. The new posters include both the OIG for the Department of Homeland Security and the ICE detention and Reporting Line. The auditor determined that, **following corrective actions, provision 115.51 (b) meets the standard** based on the pre-audit questionnaire, a review of policy to include the revised policy dated 3-25-26, through an interview with random inmates

and staff, and through the site review where the auditor performed a test call from the inmate phone to North Dakota Department of Corrections and Rehabilitation (ND DOCR).

115.51 (c) Staff accept reports made

Compliance Determination: The auditor interviewed staff who gave the multiple ways in which inmates can report information to them to include verbally, in writing, anonymously, and from third parties. The auditor reviewed BMDC Policy which states that staff shall immediately notify the security shift supervisor of any verbal report of sexual abuse or sexual harassment against inmates or staff. Documentation of inmate verbal reports will be completed and turned into the security shift supervisor by the end of shift. The auditor interviewed staff who also confirmed that if a verbal report were made to them, they would inform their shift supervisor and would document it as soon as possible but no later than the end of their shift. The auditor determined that **provision 115.51 (c) meets the standard** based on the pre-audit questionnaire, a review of policy to include the revised policy dated 3-25-26, through interviews with random inmates and staff, and a review of investigative reports that indicated inmates reported verbally to staff.

115.51 (d) Method for staff to privately report

Compliance Determination: The auditor interviewed staff who confirmed that they can report pretty much through any method. Many staff stated that they would go to the senior command staff - the Major, the Captain, the Lieutenant/PREA Coordinator or Sergeant/PREA Compliance Manager. Several staff stated that if they needed to, they would report directly to the North Dakota Department of Corrections and Rehabilitation, the investigator at the Sheriff's Department, or if staff were involved to the county human resources department. The auditor determined that **provision 115.51 (d) meets the standard** based on the pre-audit questionnaire and through interviews with random staff.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Grievances Policy 3. Inmate Handbook 4. Inmate Grievances 5. Inmate Training Materials <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Assistant Jail Administrator 2. PREA Coordinator

Site Review/Observations:

1. Written information includes reporting by grievance
2. Written information available in most common languages
3. Written information clear and at appropriate reading level
4. Key PREA information continuously and readily available on the kiosk
5. Tested process to access interpreter services

Findings by Provision:**115.52 (a) Exempt if no administrative procedures to address sexual abuse grievances**

Compliance Determination: The auditor interviewed the Assistant Jail Administrator and the PREA Coordinator and reviewed the Grievances Policy and the Inmate Handbook which confirm that the grievance procedure may be used to address sexual abuse grievances. Inmates are educated on multiple ways in which to report complaints/allegations of sexual violence which includes the grievance process. The auditor determined that provision 115.52 (a) meets the standard based on the pre-audit questionnaire and through interviews with administrators, and a review of the Grievance Policy and the Inmate Handbook.

115.52 (b) No time limit; do not have to attempt informal resolution; does not restrict agency's ability to defend against inmate lawsuit on grounds statute of limitations has expired

Compliance Determination: The auditor reviewed BMDC Grievances Policy that states there is a 24-hour time limit following the incident to file a grievance. This is not in compliance with the standard which states that there cannot be an imposed time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. The Inmate Handbook does state, "There is no time limit on when you may submit a grievance regarding an allegation of sexual abuse." Although the policy does not contradict nor address informal resolution, the Inmate Handbook does state, "You are not required to use any informal grievance process or to otherwise attempt to resolve with staff an alleged incident of sexual abuse"

CORRECTIVE ACTION: The auditor required that the Grievances Policy be corrected to state that there is no time limit on grievances alleging sexual abuse. The PREA Compliance Manager provided a revised Grievance Policy dated 3-25-26 that now states in paragraph A. that there is no time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. The auditor determined that, **following corrective action, provision 115.52 (b) meets the standard** based on the pre-audit questionnaire and through interviews with administrators, and a review of the Grievance Policy as well as the revised Grievance Policy dated 3-25-26, and a review of the Inmate Handbook.

115.52 (c) Not submit to staff who is subject of complaint; not referred to staff who subject of complaint

Compliance Determination: The auditor reviewed BMDC Grievances Policy. Although the policy does not contradict nor address submitting or referring to a staff who is subject of the complaint, the Inmate Handbook does state, "The inmate may submit a grievance without submitting it to staff who is subject of the grievance and

such grievance will not be referred to staff who is subject of the complaint. The auditor recommends that the Inmate Handbook and the Grievance Policy are stated consistently. The PREA Compliance Manager provided a revised Grievance Policy dated 3-25-26 which states in paragraph D. that an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint. The auditor determined that **provision 115.52 (c) meets the standard** based on the pre-audit questionnaire and through interviews with administrators, a review of the Grievance Policy, as well as the revised Grievance Policy dated 3-25-26, and a review of the Inmate Handbook.

115.52 (d) Final agency decision within 90 days of initial filing of the grievance

Compliance Determination: The auditor reviewed BMDC Grievances Policy. Although the policy does not contradict nor specifically address a decision timeline other than to say, “The shift supervisor shall attempt to settle the grievance as soon as practical. The Detention Captain shall review the grievance within a reasonable period of time and make a recommendation for any corrective actions needed.” However, the Inmate Handbook does state that “The Investigating Officer will act on the complaint and file a written response within (30) days of the receipt of the complaint. A copy of the Investigating Officer's response will be given to the inmate filing the grievance. The Reviewing Officer will document the findings and the disposition of the grievance. Any appeal must be filed in writing within (24) hours to the attention of the BMDC Captain, who is the final authority of Grievance Procedures.” The auditor noted that the timeframe of 30 days outlined within the Inmate Handbook is much shorter than the 90 days required by the standard. However, the information in the Inmate Handbook and the Grievance Policy should be consistent and therefore the grievance policy should also state that the final agency decision will be completed within 30 days of receipt of the complaint excluding the 24 hours given for the inmate to prepare any administrative appeal. The PREA Compliance Manager provided a revised Grievance Policy dated 3-25-26 which stated in paragraph H. that BMDC shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 30 days of the initial filing of the grievance. The auditor determined that **provision 115.52 (d) meets the standard** based on the pre-audit questionnaire and through interviews with administrators, a review of the Grievance Policy as well as the revised Grievance Policy dated 3-25-26, and a review of the Inmate Handbook.

115.52 (e) Third parties permitted to assist in filing grievance alleging sexual abuse or filing on behalf

Compliance Determination: The auditor reviewed BMDC Grievances Policy that states, “Inmates may not file grievances as a collective group. Each inmate must file their own personal documentation of their concerns.” However, provision (e) (1-3) of this standard states that third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. If a third party files

such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agrees to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision. The auditor recommends that the Inmate Handbook and the Grievance Policy are stated consistently.

CORRECTIVE ACTION: The auditor required that the Grievances Policy is corrected to state that third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing grievances relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. The PREA Compliance Manager provided a revised Grievance Policy dated 3-25-26 that now states in paragraph I. that third parties are permitted to file allegations alleging sexual abuse on behalf of inmates and continues to outline the procedures for this process. The auditor determined that, **following corrective action, provision 115.52 (e) meets the standard** based on the pre-audit questionnaire and through interviews with administrators, and a review of the Grievance Policy as well as the revised Grievance Policy dated 3-25-26, and a review of the Inmate Handbook.

115.52 (f) Procedures for filing an emergency grievance

Compliance Determination: The auditor reviewed BMDC Grievances Policy. Although the policy does not contradict nor address filing an emergency grievance, the Inmate Handbook does state, "The inmate may submit an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse.

After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the grievance will immediately be forwarded to the supervisor on duty who will take immediate corrective action. The inmate will be provided an initial response within 48 hours, and a decision will be issued within 5 calendar days." The BMDC is required to have both policy and procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse.

CORRECTIVE ACTION: The auditor required that provision (f) regarding emergency grievances is added to the Grievance Policy. The PREA Compliance Manager provided a revised Grievance Policy dated 3-25-26 that now states in paragraph M. that an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse will be forwarded immediately to the shift supervisor so that immediate corrective action may be taken. The revised Grievance Policy also continues in this paragraph to outline the response times required. The auditor determined that, **following corrective action, provision 115.52 (f) meets the standard** based on the pre-audit questionnaire and through interviews with administrators, and a review of the Grievance Policy as well as the revised Grievance Policy dated 3-25-26, and a review of the Inmate Handbook.

115.52 (g) May discipline only if demonstrates the inmate filed in bad faith
Compliance Determination: The auditor reviewed BMDC Grievances Policy and the

	<p>Inmate Handbook. This provision is not addressed in either document. There must be policy limiting the agency's ability to discipline an inmate for filing a grievance related to allegations of sexual abuse to cases where the agency demonstrates that the inmate filed the grievance in bad faith. The facility did not have any disciplinary actions against inmates for filing a sexual abuse grievance.</p> <p>CORRECTIVE ACTION: The auditor required that the Grievances Policy is corrected to state that an inmate may be disciplined for filing a grievance related to allegations of sexual abuse if the BMDC administrators demonstrate the inmate filed the grievance in bad faith. The PREA Compliance Manager provided a revised Grievance Policy dated 3-25-26 that now states in paragraph N. that BMDC may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate file the grievance in bad faith. The auditor determined that, following corrective action, provision 115.52 (g) meets the standard based on the pre-audit questionnaire and through interviews with administrators, and a review of the Grievance Policy as well as the revised Grievance Policy dated 3-25-26, and a review of the Inmate Handbook.</p>
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115.53	Inmate access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC PREA Policy 3. Inmate training materials 4. Posters on access to support services 5. MOU with Abused Adult Resource Center <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Assistant Jail Administrator 2. PREA Coordinator 3. 17 random inmates 4. Abused Adult Resource Center <p>Site Review/Observations</p> <ol style="list-style-type: none"> 1. Tested free access via telephone to confidential support services 2. Written information available in most common languages 3. Written information clear and at appropriate reading level 4. Posters throughout facility on Victim Services 5. Key PREA information continuously and readily available on the kiosk 6. Tested process to access interpreter services 7. Subtitles available on video 8. Method to mail confidential correspondence

9. Access to forms, paper, envelopes, writing implements, stamps

Findings by Provision:

115.53 (a) Access to outside victim advocates for emotional support; enable reasonable communication in as confidential a manner as possible

Compliance Determination: The auditor reviewed the BMDC PREA Policy which states that inmates are provided with access to outside victim advocates for emotional support services related to sexual abuse through mailing addresses and telephone numbers, including toll-free hotline numbers to the organizations listed below. If community-based services are unavailable in the event of sexual abuse, a trained behavioral health staff member will be available to provide support services. The facility shall enable reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. The policy then continues to list the DOJ Office of Inspector General (OIG) and the National Sexual Assault Hotline phone number. The DOJ OIG is not a victim support number and should be removed. The local rape crisis center number should also be provided as that is the number that is provided on the posters and other inmate education materials. The auditor interviewed the Assistant Jail Administrator and the PREA Coordinator, and a random sample of inmates. Staff stated that inmates have access to phones within the facility to place calls. However, when the auditor attempted a free call to the Abused Adult Resource Center, it required an inmate Personal Identification Number (PIN) which means that the call would be charged to the inmate's phone account and recorded. The auditor phoned the Abused Adult Resource Center and spoke with a staff member who verified the services would be provided to inmates at the jail. The auditor interviewed random inmates, and many were not able to identify the Abused Adult Resource Center as a place they could contact, what services they would provide, and that the phone call is free to call. Many stated that what they said to people from these services would remain private unless there was a report of child abuse. Many of the inmates stated it was not a free call and that it was recorded. The auditor noted that information is provided in the BMDC Inmate Handbook to include the address and the phone number to the Abused Adult Resource Center.

CORRECTIVE ACTION: The auditor required that inmates are more proactively provided educational information regarding the availability of emotional support services through the Abused Adult Resource Center (AARC). The PREA Compliance Manager provided an updated PREA Policy dated 3-25-26 which outlines Paragraph 20. §115.53 Inmate access to outside confidential support services. This paragraph has been updated with the AARC's address and phone number and the number of the National Sexual Assault Hotline. The PREA Compliance Manager also provided an updated PREA brochure that is in multiple languages and is posted throughout the housing areas that states "You may contact the local rape crisis center free of charge at the address or phone number listed below to receive victim support services" the posted brochure then lists the AARC's address and phone number. The PREA Compliance Manager verified that the call is a free call and letters addressed to AARC would be mailed free of charge. The auditor determined that, **following corrective action, provision 115.53 (a) meets the standard** based on the pre-audit

questionnaire and through interviews with administrators, and a review of the updated MOU with AARC dated 12-16-25, the updated PREA brochure posted throughout housing in multiple languages, and a review of the Inmate Handbook.

115.53 (b) Inform inmates extent that communications are monitored and when forwarded to authorities due to mandatory reporting laws

Compliance Determination: The auditor reviewed BMDC PREA Policy which states staff shall inform inmates, prior to giving them access to outside victim advocates, of the extent to which such communications may or may not be recorded and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. As stated previously, the auditor required a PIN, which indicates that the call is recorded. The auditor also interviewed a random sample of inmates, and many stated that that the call was recorded. A few stated that their communication with Abused Adult Resource Center is confidential unless they sign a release or if it needed to be reported due to mandatory reporting laws such as child abuse. The auditor determined that **provision 115.53 (b) meets the standard** based on the pre-audit questionnaire and through interviews with administrators, through interviews with random inmates, and through the auditor's use of the inmate telephone.

115.53 (c) MOU with community providers of emotional support services

Compliance Determination: The auditor reviewed the MOU that the BMDC entered into with the Abused Adult Resource Center. The MOU states that BMDC will take all PREA initial reports and conduct a thorough investigation in the matter. If a sexual assault has been substantiated, BMDC/MCSD will contact AARC for victim advocacy services. This language is not sufficient to meet compliance with this standard or as stated previously with Standard 115.21. This standard requires that they maintain agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse. Standard 115.21 requires advocacy services for abuse that was reported to have occurred within the jail. This standard is not specifically referencing reported sexual abuse that occurred within the jail, but must provide information and access to all inmates, not solely inmates who have reported sexual abuse or who have asked for access. It is also very important to clarify that emotional support services are available to any inmate who has experienced any type of sexual abuse, in custody and/or in the community, and that the services are available even if the inmate has never reported the abuse, and regardless of whether the inmate ever decides to report the abuse. In other words, inmates should understand that they can access emotional support services related to being a victim of sexual abuse or sexual harassment without being required to formally report the abuse or harassment to anyone. The MOU is not compliant with the way it is currently written. The auditor spoke with a staff member at the Abused Adult Resource Center who verified they had an MOU with the facility and that they would provide emotional support services to any inmate who requested them even though the MOU states otherwise. The Auditor notes that the BMDC Inmate Handbook states "If you are the victim of a sexual assault, whether recent or in the past, psychology staff may be available to counsel you. If you feel that you need help to keep from sexually assaulting someone else, psychological services may be available

to help you gain control over these impulses. You may access outside victim advocates for support services related to sexual abuse by contacting:" It then goes on to list the address and the phone number to contact the Abused Adult Resource Center.

CORRECTIVE ACTION: The auditor required that the MOU with the Abused Adult Resource Center (AARC) be corrected to state that they will provide support services to any inmates. The PREA Compliance Manager provided an updated MOU with AARC dated December 16, 2025, which states the parties agree to provide sexual assault services to sexual assault victims who are incarcerated in the BMDC and that BMDC will display AARC’s contact information in PREA posters that are established throughout the BMDC. The auditor determined that, following corrective action, **provision 115.53 (c) meets the standard** based on the pre-audit questionnaire and through interviews with administrators and a random sample of inmates, a review of the updated MOU with AARC dated 12-16-25, and a review of the Inmate Handbook.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC website <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>Observations:</p> <ol style="list-style-type: none"> 1. Tested the third-party report using the method provided to the public via the facility website. 2. Written information available in most common languages 3. Written information clear and at appropriate reading level 4. Posters throughout facility on Zero Tolerance, Reporting to include via a third party 5. Key PREA information continuously and readily available on the kiosk <p>Findings by Provision: 115.54 Establish method to receive third-party reports - reporting info on website</p> <p>Compliance Determination: The auditor reviewed the BMDC PREA Policy which states that the BMDC publicly distributes, on its website, information on how to report inmate sexual abuse or sexual harassment on behalf of inmates. The auditor reviewed the BMDC website at https://www.burleigh.gov/departments/sheriffs-department/burleighmorton-detention-center/prea/. The website has information to make</p>

	<p>a third-party report of sexual abuse and sexual harassment on behalf of inmates within this facility and lists the PREA Coordinator's name and phone number. The auditor tested the third-party report using the method provided to the public via the facility website and confirmed with the PREA Coordinator that he would receive, document, and forward to the investigator any third-party reports of sexual abuse or sexual harassment. The auditor determined that provision 115.54 (a) meets the standard based on the pre-audit questionnaire, a review of the reporting policy, a test call to and communication with the PREA Coordinator.</p>
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115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC PREA Policy <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Assistant Jail Administrator 2. PREA Coordinator 3. 12 random staff <p>Site Review/Observations</p> <ol style="list-style-type: none"> 1. Staff reporting through a walk-through of reporting method(s) provided by the facility. 2. Observe whether the staff reporting method is available, on demand, to all staff in the facility. 3. Are staff required to report to their direct colleagues or their immediate supervisor. 4. Information secured via locked door, accessed by key or access card, locked file drawer. 5. Electronically stored documents and data are controlled by data password protected and role-based security 6. Verified written allegations of sexual abuse or sexual harassment are routed appropriately <p>Findings by Provision: 115.61 (a) All staff to report immediately Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that all staff are required to report immediately 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 the BMDC. Staff shall accept reports of sexual abuse and sexual harassment made verbally or in writing, anonymously, and from third parties. Staff shall immediately notify the security shift supervisor of any verbal</p>

report of sexual abuse or sexual harassment against inmates or staff. Documentation of inmate verbal reports will be completed and turned into the security shift supervisor by the end of the shift. All staff shall immediately report any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment, or retaliation. All employees may privately report sexual abuse and sexual harassment of inmates to their supervisor or any other facility supervisor. The auditor interviewed the Assistant Jail Administrator and the PREA Coordinator, and random staff who consistently stated that staff are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. When an allegation of sexual abuse or sexual harassment is reported, the allegation is immediately turned over to the shift supervisor, who notifies the PREA Coordinator unless the staff member wishes to privately report to another supervisor due to the nature of the allegation. The Assistant Jail Administrator and the PREA Coordinator ensure that all allegations are turned over to the Burleigh County Sheriff's Office investigator. The auditor determined that **provision 115.61 (a) meets the standard** based on the pre-audit questionnaire, a review of the policy, interviews with the Assistant Jail Administrator, the PREA Coordinator, and random staff.

115.61 (b) Staff shall not reveal info to anyone other than designated supervisors or officials

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that, apart from reporting to designated supervisors or officials, staff may not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Administrator and staff interviews confirmed that the information must be kept confidential and not shared with other coworkers or inmates. The auditor determined that **provision 115.61 (b) meets the standard** based on the pre-audit questionnaire, a review of the policy, and interviews with the Assistant Jail Administrator, the PREA Coordinator, and random staff.

115.61 (c) Medical and mental health providers required to report and inform inmates of their duty to report and their limits to confidentiality at initiation of services

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that, unless otherwise precluded by federal, state, or local law, medical and behavioral health practitioners shall report sexual abuse and inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. The auditor interviewed medical and behavioral health staff who stated that they inform inmates that they must report any sexual abuse to the Assistant Jail Administrator and or PREA Coordinator. The auditor determined that **provision 115.61 (c) meets the standard** based on the pre-audit questionnaire, a review of the policy, and interviews with medical and behavioral health staff.

115.61 (d) Report to designated agency when under 18 or vulnerable adult

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that if the alleged victim is considered a vulnerable adult under a state or local vulnerable persons' statute, behavioral health or medical staff shall report the

allegation to the Department of Human Services (DHS) under applicable mandatory reporting laws. Even though Corrections Officers are not specifically listed in the North Dakota mandatory reporter laws, the facility requires by policy to report it. The medical and behavioral health staff are aware of their responsibility as mandatory reporters. The auditor interviewed the Assistant Jail Administrator, the PREA Coordinator, medical and behavioral health staff, and random staff who stated that sexual abuse of a vulnerable adult will be reported to DHS. The auditor also reviewed the North Dakota Mandatory Reporting laws. The auditor determined that **provision 115.61 (d) meets the standard** based on the pre-audit questionnaire, a review of the policy, a review of North Dakota mandatory reporting laws, and interviews with medical and behavioral health staff, the Assistant Jail Administrator, the PREA Coordinator, and random staff.

115.61 (e) Report all allegations to facility’s investigators

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states the PREA compliance manager, PREA coordinator, or the Jail Administrator or designee, shall investigate all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. A trained PREA investigator will be assigned when possible criminal charges are identified. The auditor interviewed the Assistant Jail Administrator and the PREA Coordinator, who stated that they report all allegations to the investigator. The auditor interviewed the investigator from the Burleigh County Sheriff’s Department, who confirmed that he initiates the investigative process after the PREA Coordinator forwards the allegations to him. The auditor determined that **provision 115.61 (e) meets the standard** based on the pre-audit questionnaire, a review of the policy, and interviews with the Assistant Jail Administrator, the PREA Coordinator, and an investigator from the Burleigh County Sheriff’s Department.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC PREA Policy <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Sheriff 2. Assistant Jail Administrator 3. 12 random staff <p>Findings by Provision: 115.62 Immediate action to protect inmate when risk of imminent sexual abuse</p> <p>Compliance Determination: The auditor reviewed the BMDC PREA Policy, which</p>

	<p>states that when BMDC staff learns an inmate is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the inmate. The auditor interviewed a random sample of staff who stated that they would immediately separate the inmate from the threat to keep them safe. The auditor interviewed the Sheriff, who stated that he expects staff to immediately move one of them and notify a supervisor on duty. The inmate who is moved would depend on the situation. The auditor interviewed the Assistant Jail Administrator, who stated that if possible, they would always remove the threat, not the victim. However, if they have to move the victim, they would not be moved to restrictive housing. There have been no reported incidents in which staff needed to take immediate action to protect an inmate from imminent sexual abuse. The auditor determined that provision 115.62 (a) meets the standard based on the pre-audit questionnaire, a review of the policy, and interviews with the Sheriff, the Assistant Jail Administrator, and staff randomly selected by the auditor.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC PREA Policy 3. Notices made from other facilities <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Sheriff 2. Assistant Jail Administrator <p>Findings by Provision: 115.63 (a) Notify head of agency when receiving an allegation while confined at their facility Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that upon receiving an allegation an inmate was sexually abused while confined at another facility, the Jail Administrator or designee shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The auditor interviewed the Sheriff and the Assistant Jail Administrator, who confirmed that the Assistant Jail Administrator notifies the head of the facility or the appropriate office of the agency where the alleged abuse occurred. If an allegation is received by them from another facility, an investigation will be initiated immediately. Both notifying other agencies and receiving notifications are documented. There have been no allegations of sexual abuse that the facility received from inmates and reported to other facilities. There was one allegation received from another facility regarding an inmate who was housed at the BMDC. This allegation was referred for investigation. The auditor determined that provision 115.63 (a) meets the standard based on</p>

the pre-audit questionnaire, a review of the PREA policy, and interviews with the Sheriff and the Assistant Jail Administrator.

115.63 (b) Notification to head of agency within 72 hours

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The auditor interviewed the administrators that confirm that the notification is made right away and definitely within 72-hours. The auditor determined that **provision 115.63 (b) meets the standard** based on the pre-audit questionnaire, a review of the PREA policy, and interviews with the Sheriff and the Assistant Jail Administrator.

115.63 (c) Document notification

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that the BMDC shall document that it has provided such notification. There have been no allegations of sexual abuse that the facility received from inmates and reported to other facilities and therefore no documentation to review. Interviews with the Sheriff and the Assistant Jail Administrator confirmed that they would document any time they contacted another facility to report an allegation that occurred while an inmate was confined at another facility. The auditor determined that **provision 115.63 (c) meets the standard** based on the pre-audit questionnaire, a review of the PREA policy, and interviews with the Sheriff and the Assistant Jail Administrator.

115.63 (d) The agency head or office that receives notification shall investigate

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which stated that the BMDC Jail Administrator or designees who receive such notification shall ensure that the allegation is investigated in accordance with this policy. The auditor interviewed the Sheriff and the Assistant Jail Administrator, who stated that if there is an allegation that an inmate was sexually abused while confined at their facility, if the incident was not already investigated, it will be immediately referred for investigation. There was one incident reported to the administrators by another facility, and it was properly investigated. The auditor determined that **provision 115.63 (c) meets the standard** based on the pre-audit questionnaire, a review of the PREA policy, and interviews with the Sheriff and the Assistant Jail Administrator.

115.64 Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

1. Pre-Audit Questionnaire
2. BMDC PREA Policy
3. Investigative files

Interviews Conducted:

1. 12 random staff who are First Responders
2. Two contractors

Findings by Provision:

115.64 (a) First responder duties

Compliance Determination: The auditor reviewed the BMDC PREA Policy which states the first staff member responding to an allegation of sexual abuse must separate the alleged victim from the alleged abuser. Notify the shift supervisor of the alleged incident. Preserve and protect any crime scene until appropriate steps can be taken to collect evidence. If the alleged abuse occurred within the past 120 hours, request that the alleged victim not take any action that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, eating, or drinking. If the alleged abuse occurred within the past 120 hours staff will ensure that the alleged abuse does not take any actions that could destroy physical evidence, including, as appropriate washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. Complete the Significant Incident Reporting Form and send a copy to the North Dakota Department Corrections Office of Field Inspections within 24 hours of the incident. The auditor interviewed 12 randomly selected staff who all were able to identify the first responder duties as separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and request that the alleged victim and ensure the alleged perpetrator, not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. Many of the staff also said they will determine if the situation requires immediate involvement of law enforcement or medical personnel and also notify the supervisor or the on-call supervisor. The auditor reviewed investigative files of reported sexual abuse that required first responder duties and verified that those duties were carried out as described in the policy. The auditor determined that **provision 115.64 (a) meets the standard** based on the pre-audit questionnaire, a review of the PREA policy, a review of investigative files, and interviews with random staff.

115.64 (b) First responder not security staff request victim not destroy evidence and notify security staff

Compliance Determination: There are no contracted non-security staff who have direct contact with inmates. The auditor interviewed the contracted food service staff, and although they do not have contact with inmates, they are trained in PREA response. They would contact the security staff supervisor on duty if they became aware of a sexual abuse incident. The auditor determined that **provision 115.64 (b) meets the standard** based on the pre-audit questionnaire, a review of the PREA policy, and interviews with contractors.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC PREA Policy 3. Investigative files <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Assistant Jail Administrator <p>Findings by Provision:</p> <p>115.65 Written institutional plan to coordinate actions</p> <p>Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that BMDC shall use this procedure as a plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and behavioral health practitioners, investigators, and facility leadership. The policy then continues to outline all roles and duties to include the First Responder, the Shift Supervisor, the Medical Staff, and the Investigator. The auditor interviewed the Assistant Jail Administrator, who stated that they have a written plan, and it is taught in their PREA training. All interviews corresponded to the Coordinated Response Plan within the PREA policy. The auditor reviewed investigative files of reported sexual abuse that required a coordinated response plan and verified that the plan was carried out as described in the policy. The auditor determined that provision 115.65 (a) meets the standard based on the pre-audit questionnaire, a review of the PREA policy, a review of investigative files, and interviews with random staff.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC PREA Policy <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Sheriff <p>Findings by Provision:</p> <p>115.66 (a) No collective bargaining or other agreements that limit ability to remove staff abuser</p> <p>Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states Standard 115.66 does not apply to Burleigh County since there are no collective bargaining agreements. North Dakota is a right-to-work state. The auditor interviewed the Sheriff, who stated that there is nothing that prevents them from</p>

	<p>removing staff from contact pending an investigation. The auditor determined that provision 115.66 (a) meets the standard based on the pre-audit questionnaire, a review of the PREA policy, and an interview with the Sheriff.</p> <p>115.66 (b) Agreements cannot contradict 115.72 Standard of evidence and 115.76 Disciplinary sanctions for staff. Agreements are not restricted regarding expungement or retention in the staff personnel file following a determination of not substantiated</p> <p>Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states Standard 115.66 does not apply to Burleigh County since there are no collective bargaining agreements. North Dakota is a right-to-work state. The auditor interviewed the Sheriff, who stated that there is no union agreement at this facility. The auditor determined that provision 115.66 (b) meets the standard based on the pre-audit questionnaire, a review of the PREA policy, and an interview with the Sheriff.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC PREA Policy 3. Investigative files <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Sheriff 2. Assistant Jail Administrator 3. PREA Compliance Manager who is tasked to monitor for retaliation <p>Findings by Provision:</p> <p>115.67 (a) Policy to protect all inmates and staff from retaliation</p> <p>Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that the BMDC PREA compliance manager at each BMDC facility protects all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The auditor interviewed the Sheriff, the Assistant Jail Administrator, and the PREA Coordinator, who stated that the PREA Compliance Manager is charged with monitoring for retaliation. They verified expectations and procedures on prevention efforts against retaliation and monitoring for retaliation. They all stressed the importance of trying to prevent it by immediate separation. The auditor determined that provision 115.67 (a) meets the standard based on the pre-audit questionnaire, a review of the policy, and interviews with the Sheriff, the Assistant Jail Administrator, the PREA Coordinator, and the PREA Compliance Manager, who is</p>

charged with monitoring for retaliation.

115.67 (b) Employ multiple retaliation protection measures

Compliance Determination: The auditor reviewed BMDC PREA Policy which states the PREA compliance manager in conjunction with the Jail Administrator or designee of the facility shall ensure multiple protection measures are available, including housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The auditor interviewed the Sheriff and the Assistant Jail Administrator, who stated that they primarily use separation, but monitor the situation in numerous ways, including monitoring write-ups and making staff and resources available for them. The PREA Compliance Manager verified in an interview the various measures they take to protect inmates and staff from retaliation, including moving them, checking in with them, noticing behavioral changes, the atmosphere changes in the unit, noticeable tension, or perhaps a staff member requesting to work or not work in a certain housing area or with a certain staff. The auditor determined that **provision 115.67 (b) meets the standard** based on the pre-audit questionnaire, a review of the policy, and interviews with the Sheriff, the Assistant Jail Administrator, the PREA Coordinator, and the PREA Compliance Manager, who is charged with monitoring for retaliation.

115.67 (c) Monitor for retaliation for at least 90 days; Act promptly

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that for at least 90 days following a report of sexual abuse or sexual harassment, the PREA compliance manager shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse or sexual harassment of inmates who were reported to have suffered sexual abuse or sexual harassment to determine if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. Items the facility should monitor include inmate disciplinary reports, housing, or program changes, negative performance reviews, or reassignments of staff. The BMDC shall continue monitoring beyond 90 days if the initial monitoring indicates a continuing need. The auditor interviewed the Assistant Jail Administrator, who stated that the PREA Compliance Manager follows up with inmates and staff involved with the situation. She looks at the housing assignments, keep-aparts on their system, staffing assignments, and write-ups. He stated that the restrictive housing reviews are now done by a committee to ensure a single person is not responsible. The PREA Compliance Manager stated that she will continue monitoring beyond 90 days if it needs to be extended. There was no documentation of monitoring efforts provided to the auditor to verify that they monitor for at least 90 days.

CORRECTIVE ACTION: The auditor required that during the corrective action period, if there are any sexual abuse or sexual harassment allegations reported, monitoring efforts are documented from the onset of the allegation until at least 90 days after or until the investigation determines that the case is unfounded. Although monitoring efforts were documented to some degree within the investigative report, there should be a specific area or form where monitoring efforts are documented, specifically that

indicates if the monitoring continued for at least 90 days unless the investigation determined that the case was unfounded. The PREA Compliance Manager provided six investigative files during the corrective action period that included documented monitoring efforts. The auditor determined that, **following corrective action, provision 115.67 (c) meets the standard** based on the pre-audit questionnaire, a review of the policy, through interviews with the Assistant Jail Administrator and the PREA Compliance Manager who monitors for retaliation, and after a review of the monitoring retaliation forms that were provided during the corrective action period.

115.67 (d) Monitoring will include periodic status checks of inmates

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that in the case of inmates, monitoring shall also include monthly status checks documented in case notes in the inmate's electronic file. The auditor had no evidence of documented periodic status checks. The auditor reviewed several investigative files and found no specific documentation of monitoring for retaliation status checks, nor did they provide any documentation when the auditor pointed out that it was missing.

CORRECTIVE ACTION: The auditor required that during the corrective action period, if there are any sexual abuse or sexual harassment allegations reported, monitoring efforts are documented from the onset of the allegation until at least 90 days after or until the investigation determines that the case is unfounded. Although monitoring efforts were documented to some degree within the investigative report, there should be a specific area or form where monitoring efforts are documented, specifically when the staff assigned for monitoring completes a status check. The PREA Compliance Manager provided retaliation monitoring documentation that included check-ins with the inmate. The auditor determined that, **following corrective action, provision 115.67 (d) meets the standard** based on the pre-audit questionnaire, a review of the policy, through an interview with the PREA Compliance Manager, who monitors for retaliation, and after a review of the monitoring retaliation forms that were provided during the corrective action period.

115.67 (e) Protection of any other individual who cooperates with an investigation

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that if any other individual who cooperates with an investigation expresses a fear of retaliation, the PREA compliance manager shall take appropriate measures to protect that individual against retaliation. The auditor interviewed the Sheriff, who stated that they have a zero-tolerance for that kind of behavior (retaliation) and that all staff have a duty to intervene regardless of who is involved and make sure that it is stopped and the person retaliating is moved. If they are staff, their work assignment will not be in that work area, or they will be placed on administrative leave. If they are inmates, they will be moved and will not be in an area where they can retaliate. The auditor interviewed the Assistant Jail Administrator who stated that any retaliation situation will be followed up by the PREA Compliance Manager who monitors for retaliation. The auditor determined that **provision 115.67 (a) meets the standard** based on the pre-audit questionnaire, a review of the policy, and

	<p>interviews with the Sheriff, the Assistant Jail Administrator, the PREA Coordinator, and the PREA Compliance Manager, who is charged with monitoring for retaliation.</p> <p>115.67 (f) Obligation to monitor terminates if the allegation is unfounded Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that BMDC's obligation to monitor terminates if the BMDC determines that the allegation is unfounded. The auditor determined that provision 115.67 (a) meets the standard based on the pre-audit questionnaire and a review of the policy.</p>
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115.68	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC PREA Policy 3. housing rosters <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Assistant Jail Administrator 2. PREA Coordinator <p>Findings by Provision: 115.68 Use of segregated housing for protection shall be subject to requirements of 115.43 Compliance Determination: The auditor reviewed BMDC PREA Policy which states any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of standard § 115.43. The auditor interviewed the Assistant Jail Administrator and the PREA Coordinator who stated that 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 housing options available to provide adequate separation for the protection of an inmate without using segregated housing. There were no instances of inmates who allege to have suffered sexual abuse that were held in involuntary segregated housing. The standard practice would be to place the suspected abuser in segregated housing. The auditor determined that provision 115.68 (a) meets the standard based on the pre-audit questionnaire, a review of the policy, a review of housing rosters, a review of investigative files, interviews and discussions with the Assistant Jail Administrator and the PREA Coordinator.</p>

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

1. Pre-Audit Questionnaire
2. BMDC PREA Policy
3. Investigative Reports

Interviews Conducted:

1. Assistant Jail Administrator
2. BCSD Investigator
3. PREA Coordinator

Site Review/Observations

1. Sexual abuse allegations and investigative document secure storage
2. Information secured via locked door accessed by key or access card, locked file drawer,
3. Electronic If maintained electronically who has access
4. If maintained electronically is the data password protected, role-based security)
5. Routing of a written allegation of sexual abuse or sexual harassment

Findings by Provision:

115.71 (a) An agency's own investigation will be prompt, thorough, and objective

Compliance Determination: The auditor reviewed BMDC PREA Policy which states that upon receipt of a report of a PREA violation. BMDC will conduct a thorough, objective, administrative investigation within 24 hours, or as circumstances dictate, including third-party and anonymous reports. The auditor interviewed the Assistant Jail Administrator who stated that the Lieutenant/PREA Coordinator looks at all allegations for anything critical that needs an immediate response and then forwards to the investigator at the Burleigh County Sheriff's Department for immediate investigation. The auditor interviewed the Burleigh County Sheriff's Department investigator who stated that he starts the investigation right away. He outlined his investigative practice which was very thorough and objective. The auditor determined that **provision 115.71 (a) meets the standard** based on the pre-audit questionnaire, a review of the investigations policy, a review of investigative reports, an interview with the Jail Administrator, and an interview with an administrative investigator.

115.71 (b) Sexual abuse investigations will be completed by investigators who have received special training in sexual abuse investigations pursuant to 115.34

Compliance Determination: The auditor reviewed BMDC PREA Policy which states administrative investigations will be conducted by employees who have completed PREA investigation training. This investigator has been assigned this duty recently as the previous sheriff's office investigator who handled most jail investigations retired. The investigator was awaiting National Institute of Corrections login credentials to complete their course for administrative investigations within a confinement setting. He stated he has completed other investitive training through the sheriff's

department and last year completed another course specific to sexual assault investigations. During the interview he seemed knowledgeable in investigative techniques in a confinement setting and the relevant requirements in this standard. The auditor discussed with him the possibility of attending an investigative course presented by the North Dakota Department of Corrections and Rehabilitation.

CORRECTIVE ACTION: The auditor required verification that the investigator complete the specialized investigator training sexual abuse investigations in a confinement setting pursuant to 115.34. The investigator attended this course in March 2026. The auditor determined that, **following corrective action, provision 115.71 (b) meets the standard** based on the pre-audit questionnaire, a review of policy, through an interview with the investigator, and a review of the investigator's training certificate from the North Dakota Department of Corrections and Rehabilitation course "Investigation Sexual Abuse in a Correctional Setting" that he completed during the corrective action period.

115.71 (c) Investigators shall gather and preserve direct and circumstantial evidence

Compliance Determination: The auditor reviewed BMDC PREA Policy which states BCSD investigators shall gather and preserve direct and circumstantial evidence, including available physical and DNA evidence and available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The auditor interviewed the investigator who stated that during an investigation, some examples of evidence he might encounter are video evidence in which you clearly view the person directly touching the victim, SANE evidence such as DNA, and witness statements. The auditor determined that **provision 115.71 (c) meets the standard** based on the pre-audit questionnaire, a review of the investigations policy, a review of investigative reports, and an interview with an administrative investigator.

115.71 (d) When evidence supports criminal prosecution, agency will conduct compelled interviews only after consulting prosecutor

Compliance Determination: The auditor reviewed BMDC PREA Policy which states information obtained from compelled interviews will only be shared with the criminal investigation process as authorized by the Jail Administrator. The auditor interviewed the investigator who stated that he would discuss any thoughts of compelled interviews with the Jail Administrator and the Lieutenant and would always go through the State's Attorney before completing a compelled interview. The auditor determined that **provision 115.71 (d) meets the standard** based on the pre-audit questionnaire, a review of the investigations policy, and an interview with an administrative investigator.

115.71 (e) Credibility shall be assessed on individual basis

Compliance Determination: The auditor reviewed BMDC PREA Policy which states that 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 or staff. The BMDC may not require an inmate who alleges sexual abuse to submit to a

polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The auditor interviewed the investigator who stated part of the investigative process is corroborating with other people and video evidence to see if they match up in order to judge the credibility of those you interview. The auditor reviewed investigative files and found good credibility assessments within the investigative reports. The auditor determined that **provision 115.71 (e) meets the standard** based on the pre-audit questionnaire, a review of the investigations policy, and an interview with an administrative investigator.

115.71 (f) Administrative investigations shall include items listed

Compliance Determination: The auditor interviewed the investigator who stated that he includes in his investigative report the initial complaint, any staffing issues, who was interviewed and what they said, what evidence was used, and the outcome. If there were any staff actions or failures to act that contributed to sexual abuse, he would bring it the attention of the Lieutenant and document it in the report. The auditor determined that **provision 115.71 (f) meets the standard** based on the pre-audit questionnaire, a review of the investigations policy, a review of investigative reports, through observations made by the auditor and informal conversations with staff regarding document security during the site review and during the auditor's time working in the facility, and through an interview with the an administrative/criminal investigator from the Burleigh County Sheriff's Department.

115.71 (g) Criminal investigations shall be documented

Compliance Determination: The auditor reviewed the BMDC PREA Policy which states criminal investigations must be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The auditor interviewed the investigator who said that the criminal report would include all the basic information - who, what, when, where, what he did in the investigative process, and what evidence he collected. The auditor reviewed criminal investigative reports which included the required information. The auditor determined that **provision 115.71 (g) meets the standard** based on the pre-audit questionnaire, a review of the investigations policy, a review of investigative reports, and through observations made by the auditor and informal conversations with staff regarding document security during the site review and during the auditor's time working in the facility, and through an interview with an administrative/criminal investigator from the Burleigh County Sheriff's Department.

115.71 (h) Substantiated allegations of sexual abuse shall be referred for prosecution

Compliance Determination: The auditor reviewed BMDC PREA Policy which states substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The auditor reviewed documentation of allegations that were referred for prosecution. The auditor determined that **provision 115.71 (h) meets the standard** based on the pre-audit questionnaire, a review of the investigations policy, and an interview with an administrative/criminal investigator from the Burleigh County Sheriff's Department.

115.71 (i) Retain all written reports for as long as abuser at agency plus five years

Compliance Determination: The auditor reviewed BMDC PREA Policy which states the BMDC shall retain all administrative and criminal written reports referenced for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The auditor determined that **provision 115.71 (i) meets the standard** based on the pre-audit questionnaire, a review of the investigations policy, a review of investigative reports, and through observations made by the auditor and informal conversations with staff regarding document security during the site review and during the auditor's time working in the facility.

115.71 (j) Departure of abuse or victim not basis for terminating investigation

Compliance Determination: The auditor reviewed BMDC PREA Policy which states that investigations are completed regardless of employee status or inmate custody status. The auditor interviewed the investigator who stated that they would continue the investigation if the alleged abuser or victim was released from the facility or ended employment. . The auditor determined that **provision 115.71 (j) meets the standard** based on the pre-audit questionnaire, a review of the investigations policy, a review of investigative reports, and an interview with an administrative/criminal investigator from the Burleigh County Sheriff's Department.

115.71 (k) State or DOJ shall follow above requirements

Compliance Determination: The auditor interviewed the administrators who stated that they will require all investigators to follow the requirements of this standard. The auditor determined that **provision 115.71 (k) meets the standard** based on the pre-audit questionnaire, a review of administrators, and a review of the investigations policy.

115.71 (l) Facility shall cooperate with outside investigators and remain informed of progress of investigation

Compliance Determination: The auditor reviewed BMDC PREA Policy which states when outside entities conduct investigations of sexual abuse, all staff shall cooperate with outside investigators and shall remain informed about the progress of the investigation., The Assistant Jail Administrator and the PREA Coordinator stated that that they would collaborate with the Burleigh County Sheriff's Office, or the Bureau of Criminal Investigation and assist them with whatever they may need, provide any support they need to include setting up interviews, providing camera footage, etc., and follow up with them during the course of their investigation as to its progress. The auditor interviewed the investigator who stated that investigations involving a Burleigh County employee would be investigated by the North Dakota Bureau of Criminal Investigation (BCI). In that case, he would take a step back and allow BCI to complete their investigation and provide any assistance they may need. The auditor determined that **provision 115.71 (l) meets the standard** based on the pre-audit questionnaire, a review of the investigations policy, interviews with the Assistant Jail Administrator, the PREA Coordinator, and an administrative/criminal investigator from the Burleigh County Sheriff's Department.

115.72	Evidentiary standard for administrative investigations
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <hr/> <p data-bbox="256 344 612 378">Documents Reviewed:</p> <ol data-bbox="256 383 655 501" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC PREA Policy 3. Investigative reports <p data-bbox="256 539 616 573">Interviews Conducted:</p> <ol data-bbox="256 577 576 611" style="list-style-type: none"> 1. BCSD Investigator <p data-bbox="256 651 612 685">Findings by Provision:</p> <p data-bbox="256 689 1305 723">115.72 No standard higher than a preponderance of the evidence</p> <p data-bbox="256 728 1477 1182">Compliance Determination: The auditor reviewed BMDC PREA Policy which states the BMDC 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. The auditor interviewed the investigator and reviewed investigations and was satisfied that this facility uses no standard higher than a preponderance of the evidence. The investigator stated that he would use a preponderance of evidence which means that the evidence indicates that it is likely that it happened. The auditor determined that provision 115.72 (a) meets the standard based on the pre-audit questionnaire, a review of the investigations policy, a review of investigative reports, and an administrative/criminal investigator from the Burleigh County Sheriff's Department.</p>

115.73	Reporting to inmates
	<p data-bbox="256 1395 959 1429">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 1473 544 1507">Auditor Discussion</p> <hr/> <p data-bbox="256 1552 612 1585">Documents Reviewed:</p> <ol data-bbox="256 1590 655 1709" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC PREA Policy 3. Investigative Reports <p data-bbox="256 1747 616 1780">Interviews Conducted:</p> <ol data-bbox="256 1785 703 1904" style="list-style-type: none"> 1. Assistant Jail Administrator 2. PREA Coordinator 3. BCSD Investigator <p data-bbox="256 1942 612 1975">Findings by Provision:</p> <p data-bbox="256 1980 1169 2013">115.73 (a) Inform inmate of the outcome of investigation</p> <p data-bbox="256 2018 1425 2051">Compliance Determination: The auditor reviewed the BMDC PREA Policy, which</p>

states that following an investigation, the PREA investigator or staff member designated by the PREA investigator will inform the inmate or inmates verbally whether the allegation has been 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 or inmates. If the inmate refuses to sign the findings form, the investigator will document the refusal and have a staff member witness and sign the refusal. The auditor reviewed investigation files and found no statement of findings that was provided to the inmate or any other type of documentation that provided the outcome to the inmate at the conclusion of the investigation. The auditor did note in reviewing several investigative reports, that the investigator wrote at the bottom of the investigative report that he verbally informed the inmate as to the outcome of his investigation.

CORRECTIVE ACTION: The auditor required documentation through the corrective action period that inmates are notified in writing as to the outcome of the investigation, as is required by their policy. The PREA Compliance Manager provided the Notice of PREA Outcome to Inmate form that was provided to inmates during investigations during the corrective action period. The auditor determined that, **following the correction action, provision 115.73 (a) meets the standard** based on the pre-audit questionnaire, a review of policy, and a review of the investigative files received during the corrective action period, which include the Notice of PREA Outcome to Inmates forms that were signed by the inmate.

115.73 (b) Request outcome from external investigative agency

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that if the Burleigh County Sheriff's Department conducts an investigation, the BMDC shall request the relevant information in order to inform the inmate of the outcome of the investigation. The auditor interviewed the Assistant Jail Administrator and the PREA Coordinator, who stated that if they are still in agency custody, they will obtain the information from the external investigator and provide the inmate with criminal findings from the investigator. The auditor determined that **provision 115.73 (b) meets the standard** based on the pre-audit questionnaire, a review of policy, and interviews with the Assistant Jail Administrator and the PREA Coordinator.

115.73 (c) Inform inmate if alleged staff abuser is no longer posted in unit, no longer employed, or has been indicted or convicted

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that if there has been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against an inmate, the agency must subsequently inform the inmate of the following. The staff member is no longer posted within the inmate's unit. The staff member is no longer employed at the facility. The BMDC learns that the staff member has been charged or convicted of an offense related to sexual abuse within the facility. The auditor reviewed the Notice of PREA Outcome to Inmate form, which has these specific requirements on the form that are checked if any of those situations apply. The auditor interviewed the Assistant Jail Administrator and the PREA Coordinator, who stated that they would make the proper notifications at the conclusion of the investigation if the inmate had

not been released. The auditor determined that **provision 115.73 (c) meets the standard** based on the pre-audit questionnaire, a review of policy, a review of notification forms, and interviews with the Assistant Jail Administrator and the PREA Coordinator.

115.73 (d) Inform inmate if alleged inmate abuser has been indicted or convicted

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that following an inmate's allegation that he or she has been sexually abused by another inmate in BMDC, the BMDC subsequently informs the alleged victim of the following. The BMDC learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. The auditor reviewed the Notice of PREA Outcome to Inmate form, which has these specific requirements on the form that are checked if any of those situations apply. The auditor interviewed the Assistant Jail Administrator and the PREA Coordinator, who stated that they would make the proper notifications at the conclusion of the investigation if the inmate had not been released. The auditor determined that **provision 115.73 (c) meets the standard** based on the pre-audit questionnaire, a review of policy, a review of the notification forms, and interviews with the Assistant Jail Administrator and the PREA Coordinator.

115.73 (e) Document all attempts to notify

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that all notifications or attempted notifications of the final determination of the allegation is documented and stored in the inmate's electronic file. The auditor reviewed investigation files and found no statement of findings that was provided to the inmate. The auditor did note in reviewing several investigative reports, that the investigator wrote at the bottom of the investigative report that he verbally informed the inmate as to the outcome of his investigation.

CORRECTIVE ACTION: The auditor required documentation through the corrective action period that inmates are notified in writing as to the outcome of the investigation, as is required by their policy. The PREA Compliance Manager provided the Notice of PREA Outcome to Inmate form that was provided to inmates during investigations during the corrective action period. The auditor determined that, **following the correction action, provision 115.73 (e) meets the standard** based on the pre-audit questionnaire, a review of policy, and a review of the investigative files received during the corrective action period, which include the Notice of PREA Outcome to Inmates forms that were signed by the inmate.

115.73 (f) Obligation to report if inmate released from agency's custody

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that the BMDC's obligation to report under this standard terminates if the inmate is released from the BMDC's custody. The PREA Compliance Manager provided the Notice of PREA Outcome to Inmate form that was provided to inmates during investigations during the corrective action period. Some of these forms noted if the inmate was released from the agency's custody prior to the completion of the investigation. The auditor determined that **provision 115.73 (f) meets the standard** based on the pre-audit questionnaire, a review of policy, and a review of

	the investigative files received during the corrective action period, which include the Notice of PREA Outcome to Inmates forms.
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115.76	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Burleigh County Harassment Policy 3. Burleigh County Discipline Policy 4. Investigative files <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Assistant Jail Administrator 2. PREA Coordinator <p>Findings by Provision:</p> <p>115.76 (a) Staff subject to disciplinary action up to and including termination for violating policies</p> <p>Compliance Determination: The auditor reviewed Burleigh County Harassment Policy BCHR-02y, which states that sexual harassment may include a range of subtle and not-so-subtle behaviors and may involve individuals of the same or different gender. Depending on the circumstances, these behaviors may include unwanted sexual advances or requests for sexual favors; sexual jokes and innuendo; verbal abuse of a sexual nature; commentary about an individual’s body, sexual prowess or sexual deficiencies; leering, whistling or touching; insulting or obscene comments or gestures; display in the workplace of sexually suggestive objects or pictures; and other physical, verbal or visual conduct of a sexual nature. It also states that any person who violates this policy will be subject to disciplinary action, up to and including termination of employment. The Burleigh County Discipline Policy states that employment with Burleigh County is "at will," which means it is subject to termination by either Burleigh County or the employee at any time, for any reason. Nothing in this policy provides any contractual rights regarding employee discipline or counseling, nor should anything in this policy be read or construed as modifying or altering the employment-at-will relationship between Burleigh County and its employees. The auditor determined that provision 115.76 (a) meets the standard based on the pre-audit questionnaire, a review of policy, a review of the investigative files, and an interview with the Assistant Jail Administrator.</p> <p>115.76.(b) Termination is the presumptive discipline for staff who have engaged in sexual abuse</p> <p>Compliance Determination: The auditor reviewed the Burleigh County Discipline Policy, which states an employee will be terminated by a Department Head when he</p>

or she engages in conduct that justifies termination or does not correct the matter that resulted in less severe discipline. The termination letter must be forwarded to the HR Department and placed in the employee's personnel file. A regular employee has the right to appeal the suspension by an appointed Department Head. However, we reserve the right to alter the order described above, to skip disciplinary steps, to eliminate disciplinary steps, or to create new and/or additional disciplinary steps. The discipline policy lists examples of the first offense that will result in immediate termination of an employee for a serious breach of responsibility, unsatisfactory performance, or misconduct. A supervisor or department head may impose termination after consultation with the HR department. That list includes 8. Engaging in indecent behavior and 16. Demonstrating gross misconduct or other serious violations of Burleigh County policies or procedures. The auditor interviewed the Assistant Jail Administrator, who stated that staff would be placed on administrative leave pending the outcome of the investigation, and if substantiated sexual abuse, they would be terminated. The auditor determined that **provision 115.76 (b) meets the standard** based on the pre-audit questionnaire, a review of policy, a review of the investigative files, and an interview with the Assistant Jail Administrator.

115.76 (c) Staff Discipline commensurate with the nature and circumstance, etc.

Compliance Determination: The auditor reviewed the Burleigh County Discipline Policy, which lists three groups within the disciplinary process that provide for progressive discipline dependent upon the seriousness of the infraction: Group 1 Disciplinary process: 1st offense: Verbal caution; 2nd offense: Documented verbal warning; 3rd offense: Documented written warning; 4th offense: Three to Five-day suspension; and 5th offense: Termination of employment. Group 2 Disciplinary process: 1st offense: Written warning; 2nd offense: Suspension; and 3rd offense: Termination. Group 3 Disciplinary process: 1st offense: Termination. The auditor determined that **provision 115.76 (c) meets the standard** based on the pre-audit questionnaire, a review of policy, a review of the investigative files, and an interview with the Assistant Jail Administrator.

115.76 (d) All terminations unless activity not criminal reported to law enforcement agencies and relevant licensing bodies

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that any sexual contact or sexual harassment between staff and inmate, volunteer and inmate, or contract personnel and inmate, regardless of consent, is prohibited and subject to administrative disciplinary and criminal sanctions. The auditor interviewed the Assistant Jail Administrator and the PREA Coordinator, who stated that allegations against staff are reported to and investigated by the Burleigh County Sheriff's Department. The Assistant Jail Administrator stated that staff would be placed on administrative leave during the investigation and that termination would occur if the case is substantiated or the staff has not already resigned. If the staff member has resigned and the actions are criminal, the case is investigated by the Sheriff's Department or the Bureau of Criminal Investigation. The auditor determined that **provision 115.76 (d) meets the standard** based on the pre-audit questionnaire, a review of policy, a review of the investigative files, and an interview with the Assistant Jail Administrator.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC PREA Policy <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Assistant Jail Administrator <p>Findings by Provision:</p> <p>115.77 (a) Contractor or volunteer who engages in sexual abuse prohibited from contact and reported to law enforcement agency unless not criminal and to relevant licensing bodies</p> <p>Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The auditor interviewed the Assistant Jail Administrator, who stated that they would be immediately removed from contact until the conclusion of an investigation, and it would be turned over to the Burleigh Sheriff's Department if it were criminal. The auditor determined that provision 115.77 (a) meets the standard based on the pre-audit questionnaire, a review of policy, a review of the investigative files, and an interview with the Assistant Jail Administrator.</p> <p>115.77 (b) Contractor or volunteer policy violations - Take appropriate remedial measures and consider prohibiting further contact</p> <p>Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that the Jail Administrator or designee shall take appropriate remedial measures and shall consider whether to prohibit further contact with inmates, in the case of any other violation of BMDC sexual abuse or sexual harassment policies by a contractor or volunteer. The auditor interviewed the Assistant Jail Administrator, who stated they would investigate it and not allow contact with inmates until the investigation is complete. If it were minor (like a policy violation), they would retrain or go over policy and procedures with them, monitor their participation in programs, and review. There have been no allegations against contractors or volunteers. The auditor determined that provision 115.77 (b) meets the standard based on the pre-audit questionnaire, a review of policy, a review of the investigative files, and an interview with the Assistant Jail Administrator.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

1. Pre-Audit Questionnaire
2. BMDC PREA Policy
3. Inmate Handbook
4. Investigative Files

Interviews Conducted:

1. Assistant Jail Administrator

Findings by Provision:

115.78 (a) Inmates disciplined

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that inmates shall be subject to disciplinary sanctions to include possible criminal charges pursuant to the BMDC disciplinary process following an administrative or criminal finding of guilt that the inmate engaged in inmate-on-inmate sexual abuse. The auditor reviewed the Inmate Handbook, which includes rules and disciplinary sanctions. The auditor interviewed the Assistant Jail Administrator, who stated that they would follow their disciplinary process, and the discipline depends on the seriousness of the allegation. The inmate handbook states that staff or inmates who engage in sexual abuse or assault of inmates will be investigated by law enforcement authorities and if found guilty will be subject to a full range of criminal and administrative sanctions. The auditor determined that **provision 115.78 (a) meets the standard** based on the pre-audit questionnaire, a review of policy, a review of the investigative files, a review of the inmate handbook, and an interview with the Assistant Jail Administrator.

115.78 (b) Sanctions commensurate with the nature and circumstance

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that sanctions must be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The auditor interviewed the Assistant Jail Administrator, who stated some examples of disciplinary sanctions would be loss of privileges, such as loss of commissary, phone privileges, or recreation privileges, new charges, prosecution, depending on the seriousness. The auditor determined that **provision 115.78 (b) meets the standard** based on the pre-audit questionnaire, a review of policy, a review of the investigative files, a review of the inmate handbook, and an interview with the Assistant Jail Administrator.

115.78 (c) Disciplinary process considers the inmate's mental disabilities or mental illness

Compliance Determination: The auditor reviewed BMDC PREA Policy, which states that the disciplinary process shall consider whether an inmate's mental disability, or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The auditor interviewed the Assistant Jail Administrator, who stated that this would always be considered. The auditor determined that **provision 115.78 (c) meets the standard** based on the pre-audit

questionnaire, a review of policy, a review of investigative files, and an interview with the Assistant Jail Administrator.

115.78. (d) if sex offender therapy offered, facility considers whether to require offender to participate as a condition of access to programming or other benefits

Compliance Determination: The auditor interviewed the Assistant Jail Administrator, who stated that they do not offer any type of sex offender therapy. The auditor determined that **provision 115.78 (d) meets the standard** based on the pre-audit questionnaire and an interview with the Assistant Jail Administrator.

115.78 (e) Discipline for sexual contact with staff only upon finding that staff member did not consent

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states the BMDC may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to the contact. The auditor determined that **provision 115.78 (e) meets the standard** based on the pre-audit questionnaire, a review of policy, and an interview with the Assistant Jail Administrator.

115.78 (f) Good faith report shall not constitute false reporting

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that, for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred may not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The auditor reviewed investigative files. The auditor determined that **provision 115.78 (f) meets the standard** based on the pre-audit questionnaire, a review of policy, and a review of the investigative files.

115.78 (g) May prohibit all sexual activity between inmates but may not deem as sexual abuse it determined not coerced

Compliance Determination: The auditor reviewed the Inmate handbook, which defines Prohibited Acts: Inmates who engage in inappropriate sexual behavior with or direct it at others, can be charged with the following Prohibited Acts under the Inmate Disciplinary Policy. The administrators stated that sexual activity between inmates is prohibited and is subject to discipline. The auditor interviewed the Assistant Jail Administrator who stated they would investigate to ensure that it was not coerced. The auditor determined that **provision 115.78 (g) meets the standard** based on the pre-audit questionnaire, a review of the investigative files, a review of the inmate handbook, and an interview with the Assistant Jail Administrator.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents Reviewed:

1. Pre-Audit Questionnaire
2. BMDC PREA Policy

Interviews Conducted:

1. Assistant Jail Administrator
2. PREA Coordinator
3. Staff Responsible for screening
4. Inmates who reported previous sexual abuse
5. Medical Staff
6. Behavioral Health Staff

Site Review/Observations

1. Medical Records Storage
2. Information secured via locked door accessed by key or access card, locked file drawer.
3. Electronically stored documents and data are controlled by password-protected systems and role-based security
4. Verified written allegations of sexual abuse or sexual harassment are routed appropriately

Findings by Provision:

115.81 (a) - (b) Screening prison inmates

Compliance Determination: The Burleigh Morton Detention Center is a jail, not a prison; therefore, these provisions are not applicable.

115.81 (c) If screening indicates jail inmate experienced sexual victimization, offer follow-up with medical or mental health practitioner within 14 days of intake screening

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that if the screening indicates an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community the nursing supervisor shall be notified and the nursing designee shall ensure the inmate is offered a follow-up meeting with a medical or behavioral health practitioner. If requested the follow up meeting will take place within 14 days of the intake screening. The auditor interviewed inmates who reported a previous sexual abuse history during intake, who stated that they were offered a follow-up with medical or mental health within 14 days of their intake screening. The auditor interviewed the nurse, who stated that she does a follow-up health assessment with all inmates 10 to 14 days after their intake. She also asks if they have ever been a victim of sexual abuse and if they need any follow-up care regarding that sexual abuse history. The auditor determined that **provision 115.81 (a) meets the standard** based on the pre-audit questionnaire, a review of policy, a review of the screening documents, interviews with inmates who reported previous sexual abuse histories, and interviews with medical and behavioral health staff.

115.81 (d) Information related to sexual victimization or abusiveness strictly limited to medical and mental health practitioners and other staff to

	<p>inform treatment plans and security and management decisions.</p> <p>Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states disclosure of information related to sexual victimization or abuse that occurred in BMDC must be strictly limited to staff, as necessary, to make security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as required by federal, state, or local law. The auditor observed while on the site review that information is maintained locked within the offices of the Assistant Jail Administrator, the PREA Coordinator, the PREA Compliance Manager, and in medical offices or stored electronically on a secure drive that is password-protected with limited access. Any hard copy information within the facility is maintained by the Assistant Jail Administrator, the PREA Coordinator, the PREA Compliance Manager, or medical and behavioral health staff in a locked file drawer. The auditor discussed with staff regarding their access to information. They do not have access to administrative staff offices and files, to medical areas where documents are stored, and all electronic information is password-protected. The auditor determined that provision 115.81 (d) meets the standard based on the pre-audit questionnaire, a review of policy, observations while on the site review, during informal conversations with staff, and interviews with administrators and medical and behavioral health staff.</p> <p>115.81 (e) Medical or mental health practitioners obtain informed consent before reporting information that did not occur in an institutional setting unless inmate under the age of 18</p> <p>Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that medical and behavioral health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. The auditor interviewed medical staff who stated they verbally get informed consent prior to reporting information about prior sexual victimization that did not occur in a confinement facility. The auditor interviewed behavioral health staff who stated that they would get informed consent if they wanted to report it to start counseling to address it. The auditor determined that provision 115.81 (e) meets the standard based on the pre-audit questionnaire, a review of policy, and interviews with medical and behavioral health staff.</p>
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115.82	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC PREA Policy <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Assistant Jail Administrator

2. PREA Coordinator
3. Medical staff
4. 12 Random Staff First Responders

Findings by Provision:

115.82 (a) Access to emergency medical treatment and crisis intervention

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope determined by medical and behavioral health practitioners according to their professional judgment. The auditor interviewed the nurse, who stated that the forensic examination is performed by a SANE at Sanford Hospital. She stated that Sanford Hospital would provide the initial care, and the inmate would follow-up with medical staff at BMDC. Medical staff would follow-up with what the provider orders. If the victim declined treatment at the hospital, they would provide services at the facility for things like STDs, pregnancy tests, etc. The auditor determined that **provision 115.82 (d) meets the standard** based on the pre-audit questionnaire, a review of policy, and interviews with medical and behavioral health staff.

115.82 (b) If medical or mental health practitioners not on duty , security staff first responders take preliminary steps to protect victim and notify appropriate medical and mental health practitioners.

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that if qualified medical or behavioral health practitioners are not on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall notify the appropriate medical and behavioral health practitioners. The auditor interviewed random staff who confirmed that in the event services after hours are not available at the facility, inmates would be taken to Sanford Hospital. The auditor determined that **provision 115.82 (b) meets the standard** based on the pre-audit questionnaire, a review of policy, and interviews with random staff.

115.82 (c) Offered timely information about and access to emergency contraception and sexually transmitted infections prophylaxis

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care where medically appropriate. The auditor interviewed the nurse, who stated that the forensic examination is performed by a SANE at Sanford Hospital. She stated that Sanford Hospital would provide the initial care, and they would follow up with medical staff at BMDC, following what the provider orders. If the victim declined treatment at the hospital, they would provide services at the facility for things like STDs, pregnancy tests, etc. The nursing supervisor confirmed that inmates would be offered timely information about and access to emergency contraception and sexually transmitted infections prophylaxis. The auditor determined that **provision 115.82 (c) meets the standard** based on the pre-audit questionnaire, a review of policy, and interviews with medical staff.

	<p>115.82 (d) Treatment services at no financial cost Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that medical and behavioral health services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The auditor interviewed the Assistant Jail Administrator, who stated that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with the investigation. The auditor determined that provision 115.82 (d) meets the standard based on the pre-audit questionnaire, a review of policy, and an interview with the Assistant Jail Administrator.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC PREA Policy <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Assistant Jail Administrator 2. Medical Staff 3. Behavioral Health Staff <p>Findings by Provision: 115.83 (a) Offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that BMDC shall offer medical and behavioral health evaluation and, as appropriate, treatment through community-based services to all inmates who have been victimized by sexual abuse while under the custody of Burleigh Morton County Detention Center. The auditor interviewed the nursing supervisor, who stated that the inmate would receive follow-up care by medical staff at BMDC with referrals if necessary for care within the community. Medical staff would follow up with what the provider orders. The behavioral health staff stated that the inmate’s follow-up would be dependent on their situation. He will sit and talk with them to determine what they need. If necessary, they will bring someone in from West Central Behavioral Health Clinic. West Central has a very timely response when he has requested their services in the past. He would follow any recommendations made by West Central Behavioral Health Clinic for any continuing mental health care they may need. The nursing supervisor also stated that they have the ability to provide mental health services via telehealth. The auditor determined that provision 115.83 (a) meets the standard based on the pre-audit questionnaire, a review of policy, and interviews with the</p>

medical and behavioral health staff.

115.83 (b) Evaluation and treatment will include follow-up services, treatment plans, and referrals for continued care following their transfer or release

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that the evaluation and treatment of such victims must 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. The auditor interviewed the nursing supervisor and the behavioral health specialist, who stated that provide evaluation and treatment will be provided as recommended by Sanford Health and West Central Behavioral Health Clinic. The auditor determined that **provision 115.83 (b) meets the standard** based on the pre-audit questionnaire, a review of policy, and interviews with the medical and behavioral health staff.

115.85 (c) Provide medical and mental health services consistent with community level of care

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that the facility shall provide such victims with medical and behavioral health services consistent with the community level of care. The auditor interviewed medical and behavioral health staff who stated that medical and mental health services offered at this facility are consistent with the community level of care. The auditor determined that **provision 115.83 (c) meets the standard** based on the pre-audit questionnaire, a review of policy, and interviews with the medical and behavioral health staff.

115.83 (d) Provide pregnancy tests

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. The auditor interviewed the nursing supervisor who confirmed that if a pregnancy test was not completed at the hospital, they would complete a pregnancy test at the facility. The auditor determined that **provision 115.83 (d) meets the standard** based on the pre-audit questionnaire, a review of policy, and an interview with the nursing supervisor.

115.83 (e) Provide timely and comprehensive information and timely access to all lawful pregnancy-related medical services

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that if pregnancy results from the conduct described above in this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. The auditor interviewed the nursing supervisor, who stated that if pregnancy resulted from sexual abuse while incarcerated, the victim would be given timely information and access to all lawful pregnancy-related services. The auditor determined that **provision 115.83 (e) meets the standard** based on the pre-audit questionnaire, a review of policy, and interviews with the nursing supervisor.

	<p>115.83 (f) Offer tests for sexually transmitted infections Compliance Determination: The auditor interviewed the nursing supervisor, who stated that inmate victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. The auditor determined that provision 115.83 (f) meets the standard based on the pre-audit questionnaire, a review of policy, and an interview with the nursing supervisor.</p> <p>115.83 (g) Provided treatment services without financial cost Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states that medical and behavioral health services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The auditor interviewed the Assistant Jail Administrator and the medical and behavioral health staff, who verified that medical and mental health evaluations and treatment are offered at no cost to sexual abuse victims. The auditor determined that provision 115.83 (g) meets the standard based on the pre-audit questionnaire, a review of policy, and interviews with the Assistant Jail Administrator, medical and behavioral health staff.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC PREA Policy 3. Investigative reports 4. Six PREA After Action Reports <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Assistant Jail Administrator 2. PREA Compliance Manager 3. Incident Review Team <p>Findings by Provision: 115.86 (a) Conduct sexual abuse incident review Compliance Determination: The auditor reviewed BMDC PREA Policy which states the facility shall conduct a sexual abuse incident review pursuant to PREA Standard 115.87 at the conclusion of every sexual abuse investigation, including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The auditor interviewed the Assistant Jail Administrator who stated that the Lieutenant/PREA Coordinator and the PREA Compliance Manager conduct the incident review with input from the staff involved, including the investigator and the PREA Coordinator provides the information to the administrators. The auditor was not provided with any documentation to verify that these reviews were conducted.</p>

CORRECTIVE ACTION: The auditor required documentation during the corrective action period of incident reviews conducted within 30 days at the conclusion of all investigations of sexual abuse except those that were determined to be unfounded. The PREA Compliance Manager provided the incident reviews for allegations investigated during the corrective action period. The auditor determined that, **following corrective action, provision 115.86 (a) meets the standard** based on the pre-audit questionnaire, a review of policy, a review of investigative files, a review of PREA After Action Reports completed during the corrective action period, and interviews with the Assistant Jail Administrator and the PREA Compliance Manager.

115.86 (b) Review within 30 days of conclusion of investigation

Compliance Determination: The auditor reviewed BMDC PREA Policy which states the review shall ordinarily occur within 30 days of the conclusion of the investigation. Although the policy and the administrators stated that they verbally review the incident within 30 days following the conclusion of the investigation, the auditor had no documentation to verify this.

CORRECTIVE ACTION: The auditor required documentation during the corrective action period of incident reviews conducted within 30 days at the conclusion of all investigations of sexual abuse except those that were determined to be unfounded. The PREA Compliance Manager provided the incident reviews for allegations investigated during the corrective action period. The auditor determined that, **following corrective action, provision 115.86 (b) meets the standard** based on the pre-audit questionnaire, a review of policy, a review of investigative files, a review of PREA After Action Reports completed during the corrective action period, and interviews with the Assistant Jail Administrator and the PREA Compliance Manager.

115.86 (c) Review team includes upper-level management with input from line staff, investigator, and medical or mental health practitioners

Compliance Determination: The auditor reviewed BMDC PREA Policy which states the review team may include PREA coordinator, facility PREA compliance manager, behavioral/ health staff, investigator, and assigned facility staff. The results of the review will be provided to the Jail Administrator or designee. The auditor interviewed the Assistant Jail Administrator who stated that the Lieutenant/PREA Coordinator and the PREA Compliance Manager conduct the incident review with input from the staff involved, including the investigator and the PREA Coordinator provides the information to the administrators. The auditor determined that, **following corrective action, provision 115.86 (c) meets the standard** based on the pre-audit questionnaire, a review of policy, a review of investigative files, a review of PREA After Action Reports completed during the corrective action period, and an interview with the Assistant Jail Administrator.

115.86 (d) Review team will consider items outlined in provision

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states the review team shall do the following. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect,

or respond to sexual abuse. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. Assess the adequacy of staffing levels in that area during different shifts. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. The auditor interviewed the Assistant Jail Administrator, and the PREA Compliance Manager, who was also interviewed using the incident review interview protocol. The PREA Compliance Manager stated that once they receive the investigative report, and any input from the investigator and other staff involved in the incident that may have information, she and the Lieutenant/PREA Coordinator complete the incident review. They have a form that includes all the required information outlined in this provision. The auditor was not provided with any documentation to verify that these reviews were conducted.

CORRECTIVE ACTION: The auditor required documentation during the corrective action period of incident reviews conducted within 30 days at the conclusion of all investigations of sexual abuse except those that were determined to be unfounded. The PREA Compliance Manager provided the incident reviews for allegations investigated during the corrective action period. The auditor determined that, **following corrective action, provision 115.86 (d) meets the standard** based on the pre-audit questionnaire, a review of policy, a review of investigative files, a review of PREA After Action Reports completed during the corrective action period, and interviews with the Assistant Jail Administrator and the PREA Compliance Manager.

115.86 (e) Implement recommendations for improvement or document reasons for not doing so

Compliance Determination: The auditor reviewed the BMDC PREA Policy, which states the facility shall implement the recommendations for improvement or shall document its reasons for not doing so. The auditor interviewed the Assistant Jail Administrator who stated that the investigator goes over the investigation with the Lieutenant/PREA Coordinator and the PREA Compliance Manager and discusses any issues that he may observed through the course of the investigation. They consider all aspects outline in this standard such as the motivation, the area where the incident occurred, the adequacy of staff, and if the camera coverage and other technology is sufficient. Any deficiencies are noted and corrected. The auditor interviewed the PREA Compliance Manager who stated that if there are any corrective actions, they follow through with making those corrections. The auditor was not provided with any documentation to verify that these reviews were conducted.

CORRECTIVE ACTION: The auditor required documentation during the corrective action period of incident reviews conducted within 30 days at the conclusion of all investigations of sexual abuse except those that were determined to be unfounded. The PREA Compliance Manager provided six incident reviews for allegations investigated during the corrective action period. One incident review had follow-up actions that sergeants trained all staff in allowable measures staff are required to undertake during a security round to ensure signs of life while an inmate is using the restroom. The auditor determined that, **following corrective action, provision 115.86 (e) meets the standard** based on the pre-audit questionnaire, a review of

	policy, a review of investigative files, a review of PREA After Action Reports completed during the corrective action period.
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC PREA Policy. 3. Investigative files 4. Aggregate Data <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Assistant Jail Administrator <p>Findings by Provision:</p> <p>115.87 (a) Collect accurate, uniform data for every allegation Compliance Determination: The auditor reviewed BMDC PREA Policy which states the BMDC shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The auditor reviewed the PREA policy, investigative files and aggregate data. The auditor determined that provision 115.87 (a) meets the standard based on the pre-audit questionnaire, a review of policy, a review of investigative files, and a review of aggregate data.</p> <p>115.87 (b) Aggregate incident-based data annually Compliance Determination: The auditor reviewed BMDC PREA Policy which states the PREA Coordinator shall aggregate the incident-based sexual abuse data at least annually. The auditor reviewed the PREA policy, investigative files, and aggregate data. The auditor determined that provision 115.87 (b) meets the standard based on the pre-audit questionnaire, a review of policy, a review of investigative files, and a review of aggregate data.</p> <p>115.87 (c) Data necessary to answer the questions from Survey of Sexual Violence Compliance Determination: The auditor reviewed BMDC PREA Policy which states the BMDC will utilize the most recent version of the Bureau of Justice Statistics Survey of Sexual Victimization to include definitions within the survey. The auditor reviewed the PREA policy and interviewed the Assistant Jail Administrator who stated that they have not been asked to complete this survey. The auditor reviewed investigative files to determine they had the minimum data necessary to answer all questions from the Survey of Sexual Violence Data if requested. The auditor determined that provision 115.87 (c) meets the standard based on the pre-audit questionnaire, a review of policy, a review of investigative files, and an interview with the Assistant Jail</p>

	<p>Administrator.</p> <p>115.87 (d) Maintain, review, and collect data from reports, investigation files, and sexual abuse incident reviews Compliance Determination: The auditor reviewed BMDC PREA Policy which states that the BMDC shall maintain, review, and collect data as needed from all available incident-based documents, including reports and investigation files, and sexual abuse incident reviews. The auditor reviewed the PREA policy, reported allegations, investigative files, sexual abuse incident reviews, aggregate data, and annual reports. The auditor determined that provision 115.87 (d) meets the standard based on the pre-audit questionnaire, a review of policy, a review of investigative files and aggregate data.</p> <p>115.87 (e) Obtain incident-based and aggregated data from contracted private facilities Compliance Determination: The auditor interviewed the Assistant Jail Administrator who stated that they do not contract for the confinement of inmates in other facilities. The auditor determined that provision 115.87 (e) meets the standard based on the pre-audit questionnaire and an interview with the Assistant Jail Administrator.</p> <p>115.87 (f) Provide data to DOJ no later than June 30 upon request Compliance Determination: The auditor reviewed BMDC PREA Policy which states the PREA Coordinator will compile data and statistics on the number of sexual abuse and sexual harassment incidents that occurred the prior calendar year. These statistics will be forwarded to the Department of Justice annually, upon request. Upon request, the BMDC shall provide the data from the previous calendar year to the DOJ no later than June 30th. The auditor reviewed the PREA policy and interviewed the Assistant Jail Administrator who stated that they have not been asked to complete this survey. The auditor reviewed investigative files to determine they had the minimum data necessary to answer questions if request by the Department of Justice. The auditor determined that provision 115.87 (f) meets the standard based on the pre-audit questionnaire, a review of policy, a review of investigative files, and an interview with the Assistant Jail Administrator.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC PREA Policy 3. 2024 Annual report 4. 2025 Annual report (draft)

Interviews Conducted:

1. Sheriff
2. PREA Coordinator
3. PREA Compliance Manager

Findings by Provision:**115.88 (a) Prepare annual report; Review data to assess and improve**

Compliance Determination: The auditor reviewed BMDC PREA Policy which states the PREA Coordinator in conjunction with the Jail Administrator or designee shall review data collected and aggregated pursuant to PREA Standard 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training to include: identifying problem areas. Taking corrective action on an ongoing basis. Preparing an annual report of its findings and corrective actions for each facility and the agency as a whole. The auditor reviewed the 2024 PREA Annual Report, which is posted on the website at <https://www.burleigh.gov/media/y0hifd1w/2024-annual-prea-report.pdf>. The 2024 Annual Report contains a comparative analysis of those from the previous year. The auditor reviewed a draft of the 2025 Annual Report during the corrective action period. The auditor interviewed the Sheriff who stated that they look at the data and use it to adjust things like training and staff awareness of what potentially can happen so that PREA issues are addressed. He continued with examples of specific PREA issues and what they did following their review. The auditor interviewed the Lieutenant/ PREA Coordinator who stated that the Major, the Captain, the Programs Manager, the PREA Investigator, and the PREA Compliance Manager will meet and discuss the data when preparing the annual report for the Sheriff's review and discuss any corrective actions. He also gave examples of corrections they have made based on incidents and data. The auditor interviewed the PREA Compliance Manager who stated that they are looking at the data to see if they know why it is different and make any changes to policy or training if needed. The auditor determined that **provision 115.88 (a) meets the standard** based on the pre-audit questionnaire, a review of policy, a review of the 2024 Annual Report, a review of the draft 2025 Annual Report, and interviews with the Sheriff, the PREA Coordinator, and the PREA Compliance Manager.

115.88 (b) Annual report includes comparison of current year's data and corrective actions with prior years and provides progress

Compliance Determination: The auditor reviewed BMDC PREA Policy which states that the report must include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse. The auditor reviewed the 2024 PREA Annual Report, which is posted on the website at <https://www.burleigh.gov/media/y0hifd1w/2024-annual-prea-report.pdf> and a draft of the 2025 PREA Annual Report. Both reports contain a comparative analysis of those from the previous year. The auditor determined that **provision 115.88 (b) meets the standard** based on the pre-audit questionnaire, a review of policy, a review of the 2024 Annual Report, and a review of the draft 2025 Annual Report.

115.88 (c) Annual report approved by agency head and on website

	<p>Compliance Determination: The auditor reviewed BMDC PREA Policy which states the BMDC's report shall be approved by the Jail Administrator or designee of BMDC and made readily available to the public through its website or other means. The auditor interviewed the Sheriff who stated that the report is submitted to him for his approval prior to its placement on the website. The auditor reviewed the 2024 Annual report which had the initials of the PREA Compliance Manager, the PREA Coordinator, and the Sheriff for approval. The auditor determined that provision 115.88 (c) meets the standard based on the pre-audit questionnaire, a review of policy, a review of the 2024 Annual Report, and an interview with the Sheriff.</p> <p>115.88 (d) Redact information that may be a threat to safety and security but must indicate nature of material redacted</p> <p>Compliance Determination: The auditor reviewed BMDC PREA Policy which states the BMDC may redact specific material from the reports when publication presents a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. The auditor interviewed the PREA Coordinator who stated that any personal details or security information would be redacted. However, they have never had any within the annual report. The auditor determined that provision 115.88 (d) meets the standard based on the pre-audit questionnaire, a review of policy, a review of the 2024 Annual Report, and an interview with the PREA Coordinator.</p>
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115.89	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. BMDC PREA Policy 3. Annual report with aggregate data <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>Site Review/Observations</p> <ol style="list-style-type: none"> 1. Document Storage 2. Information secured via locked door accessed by key or access card, locked file drawer 3. Electronically stored documents and data are controlled by data password protected and role-based security 4. Verified written allegations of sexual abuse or sexual harassment are routed appropriately <p>Findings by Provision: 115.89 (a) Data security retained</p>

Compliance Determination: The auditor reviewed BMDC PREA Policy which states the BMDC ensures that data collected pursuant to §115.87 are securely retained by the Administration. The auditor interviewed the PREA Coordinator who stated that information is on a secure drive and accessed by login credentials with a password. Hard copy files are locked in a file cabinet and locked office. The auditor verified this by observing document storage during the site review to include locked offices, locked file drawers, staff accessing data on computers and asking questions regarding the routing of allegations. The auditor also observed document storage while working with the files provided by the PREA Compliance Manager and the PREA Coordinator. The auditor determined that **provision 115.89 (a) meets the standard** based on the pre-audit questionnaire, a review of policy, through observations, and an interview with the PREA Coordinator.

115.89 (b) Aggregate data available to public annually

Compliance Determination: The auditor reviewed BMDC PREA Policy which states the BMDC shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website. The auditor reviewed the 2024 PREA Annual Report, which is posted on the website at <https://www.burleigh.gov/media/y0hifd1w/2024-annual-prea-report.pdf> and contains the aggregate data for 2024. The auditor also reviewed the aggregate data contained in the draft 2025 Annual Report provided by the PREA Compliance Manager during the corrective action period. She stated that the 2025 Annual Report will be submitted to the Sheriff soon for signature and then will be uploaded to their website. The auditor determined that **provision 115.89 (b) meets the standard** based on the pre-audit questionnaire, a review of policy, a review of the 2024 aggregate data on the website, and through conversation with the PREA Compliance Manager.

115.89 (c) Remove personal identifiers

Compliance Determination: The auditor reviewed BMDC PREA Policy which states before making aggregated sexual abuse data publicly available, the BMDC shall remove all personal identifiers. The auditor reviewed the 2024 PREA Annual Report, which is posted on the website at <https://www.burleigh.gov/media/y0hifd1w/2024--annual-prea-report.pdf> and found no personal identifiers within the report. The auditor determined that **provision 115.89 (c) meets the standard** based on the pre-audit questionnaire, a review of policy, and a review of the 2024 Annual Report on the website.

115.89 (d) Maintain data for at least 10 years after the date of the initial collection

Compliance Determination: The auditor reviewed BMDC PREA Policy which states the agency shall maintain sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. All case records associated with claims of sexual abuse, including incident reports, investigation reports, inmate information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and counseling will be retained in accordance with North Dakota statute. The BMDC has PREA aggregate data from the years 2013 through 2016 under the heading of

	<p>“PREA Statistics” on their website. Also included are Annual Reports with aggregate data from 2021 through 2024. The auditor reviewed a sample of historical data from the past 10 years. The auditor determined that provision 115.89 (d) meets the standard based on the pre-audit questionnaire, a review of policy, and through a review of sample historical data from the past 10 years.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. The BMDC 2016 PREA Audit 2. The BMDC 2019 PREA Audit 3. The BMDC 2022 PREA Audit 4. The BMDC website with previous audits posted 5. Inmate Correspondence <p>Site Review/Observations</p> <ol style="list-style-type: none"> 1. Notice of Audit posted in all housing units. 2. Inmates confirmed notice has been posted at least six weeks <p>Findings by Provision:</p> <p>115.401 (a) Each facility audited once every three years Compliance Determination: This facility was initially audited on July 22 and 23, 2016. The second audit was conducted on October 25 and 26, 2019. The third audit was completed on October 26 and 27, 2022. The facility has consistently been audited every three years since their first audit. The first audit was conducted in July of 2016 which was the third year of the first cycle. The facility began the next audit in October 2019 in order to complete audits during the first year of a cycle. The auditor determined that provision 115.401 (a) meets the standard based on the pre-audit questionnaire, and a review of posted audits on the website.</p> <p>115.401 (b) At least one-third of each facility type is audited each year Compliance Determination: This Burleigh Morton Detention Center is a single facility which has been audited every three years since 2016. The auditor determined that provision 115.401 (c) meets the standard based on the pre-audit questionnaire, and a review of posted audits on the website.</p> <p>115.401 (h) Auditor access to and observation of all areas of facility Compliance Determination: The auditor had complete access and observed operations in every area of the facility. The auditor conducted a site review of the facility on the first day which included every area of the facility, including administrative areas, intake area, control desks, all housing areas, storage areas, food service areas, laundry, restroom and shower, and maintenance areas. The auditor determined that provision 115.401 (c) meets the standard based on</p>

the site review.

115.401 (i) Auditor permitted to request and receive copies of any relevant documents including electronically stored information

Compliance Determination: The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor requested many documents throughout the audit process. The administrators of the BMDC provided numerous copies of documents to include policies, inmate screenings, inmate training information, human resource documentation, forms, and investigative files. The auditor determined that **provision 115.401 (i) meets the standard** based on the copies of documents provided that were requested.

115.401 (m) Auditor permitted to conduct private interviews

Compliance Determination: The auditor conducted private interviews with inmates and staff in an interview room that was provided for this purpose. The BMDC staff were very cooperative throughout the audit process. The auditor determined that **provision 115.401 (m) meets the standard** based on the private accommodation provided to conduct interviews and the access to all inmates requested for interviewing.

115.401 (n) Inmates permitted to send confidential information to auditor in same manner as if with legal counsel

Compliance Determination: The inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The PREA Compliance Manager provided photographic evidence to the audit notice posted six weeks prior to the audit. The auditor received correspondence regarding this facility prior to the audit. The auditor had informal conversations with inmates within many housing areas and asked if the Audit Notice was posted for six weeks prior to the auditor's arrival. Inmates confirmed that it was. The auditor determined that **provision 115.401 (n) meets the standard** based on the photographic evidence provided, inmate correspondence received, and informal conversations with inmates.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Previous PREA Audit Reports on BMDC website Findings by Provision: 115.403 (f) All final audit reports published on agency's website Compliance Determination: This is the fourth audit for the BMDC. Their last PREA audit was conducted on October 26 and 27, 2022. The auditor reviewed all previous

<p>audit reports are published on the BMDC website at https://www.burleigh.gov/departments/sheriffs-department/burleighmorton-detention-center/prea/. The auditor determined that provision 115.403 (f) meets the standard based on a review of the audits posted on the BMDC website.</p>
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Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a) Youthful inmates		
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b) Youthful inmates		
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c) Youthful inmates		
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a) Limits to cross-gender viewing and searches		
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b) Limits to cross-gender viewing and searches		
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes

	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in	yes

	formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who 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)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who 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?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42	yes

	U.S.C. 1997)?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who 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?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b) Hiring and promotion decisions		
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c) Hiring and promotion decisions		
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d) Hiring and promotion decisions		
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e) Hiring and promotion decisions		
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit,	na

	whichever is later.)	
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice'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? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	

	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with	yes

	inmates on how to avoid inappropriate relationships with inmates?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how	yes

	to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes

	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or	yes

	prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na

115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes

	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	

	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g) Screening for risk of victimization and abusiveness		
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h) Screening for risk of victimization and abusiveness		
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i) Screening for risk of victimization and abusiveness		
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a) Use of screening information		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of	yes

	being sexually abusive, to inform: Work Assignments?	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.43 (a)	Protective Custody	

	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b) Protective Custody		
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c) Protective Custody		
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes

	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials	yes

	and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency	yes

	is exempt from this standard.)	
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	yes
	Does the facility enable reasonable communication between	yes

	inmates and these organizations and agencies, in as confidential a manner as possible?	
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy 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 the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a	yes

	sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	

	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities	yes

	responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations,	yes

	including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in	na

	order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.73 (c) Reporting to inmates		
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d) Reporting to inmates		
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) 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?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	

	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does	yes

	the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	na
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	na
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	

	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims 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?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation	yes

	has been determined to be unfounded?	
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	

	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	

	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401	Frequency and scope of audits	

(b)		
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse	yes

	noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	
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