

**PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES**

Date of report: 09/19/16

Auditor Information			
Auditor name: Candy Snyder			
Address: PO Box 405, Custer SD 57730			
Email: Snyder@gwtc.net			
Telephone number: (605) 517-1747			
Date of facility visit: August 11 to August 12, 2016			
Facility Information			
Facility Name: Ward County Juvenile Detention Center			
Facility physical address: 315 SE Third Street, Minot, ND 58702			
Facility mailing address: <i>(If different from above)</i>			
Facility telephone number: (701) 857-6518			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Mark Schrader			
Number of staff assigned to the facility in the last 12 months: 8			
Designed facility capacity: 12			
Current population of facility: 1			
Facility security levels/inmate custody levels: pre-adjudicated and adjudicate youth			
Age range of the population: 12 to 18			
Name of PREA Compliance Manager: Mark Schrader			
Email address: Mark.Schrader@co.ward.nd.uss			
Agency Information			
Name of agency: Ward County			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: 315 SE Third Street, Minot ND 58702			
Mailing address: <i>(if different from above)</i>			
Telephone Number: (701) 857-6518			
Agency Chief Executive Officer			
Name: Robert Barnard		Title: Interim Sheriff	
Email address: Robert.Barnard@co.ward.nd.uss		Telephone number: (701) 857-6518	
Agency-Wide PREA Coordinator			
Name: Mark Schrader		Title: Administrator	
Email address: Mark.Schrader@co.ward.nd.uss		Telephone number: (701) 857-6518	

AUDIT FINDINGS

NARRATIVE:

An audit of the Ward County Juvenile Detention (WCJD) facility in Minot, North Dakota was conducted on August 11th and 12th, 2016 by Candy Snyder, a certified PREA auditor, and assisted by Mark Snyder, an auditing assistant.

An entrance meeting began with Interim Sheriff Robert Barnard, facility staff Administrator/PREA Compliance Manager, Mark Schrader and Senior Corrections Officer Kristen Holte.

Following the entrance meeting Mr. Schrader and Ms. Holte accompanied the audit team on the facility tour. The auditor then interviewed the youth within the facility, proceeded with specialized staff and then followed up with staff interviews. Private accommodations were made for the auditor to conduct interviews. The auditor was not limited in any way from speaking with staff, youth or inspecting any area of the facility. The auditor interviewed staff who work all shifts. All staff were extremely polite and accommodating throughout the audit. WCJD is a very small facility and key staff hold multiple positions.

The auditor conducted a review of the application and hiring process with the Administrator. There have been no allegations of sexual abuse or sexual harassment and therefore no investigations to review at this facility.

As the facility is quite small, all staff on shift were interviewed including staff from the day shift and the overnight shift. The auditor asked specialized questions of those line staff that perform screenings, perform searches, who are first responders, and staff who conduct the intake process.

The auditor completed an interview with youth present at the facility. There were no residents who were limited English speaking or with disabilities to be interviewed. There were no youth who identified as LGBTI. There were no youth involved in a sexual abuse investigation. The facility does not use isolation for protective custody.

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

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Ward County Juvenile Detention (WCJD) facility is located in Minot, North Dakota. The detention facility was located in a section of the old jail. However, a newly remodeled space was created specifically for juvenile detention. It is located in the lower level of the county courthouse. The new detention center was very well done, with good lighting, clear lines of sight and modern technology to aid in youth safety. The detention center includes a booking entrance area with a control room, shower room, and a youth dayroom and a staff administrative office. There are two housing units that can be used for either male or female youth dependent upon the makeup of the youth population. There is one observation cell that is used for youth who need to be under continual observation due to suicidal ideation. Both housing units are similar with a dayroom and a private shower. All youth shower individually. A-Block has four (4) cells, one (1) of which is the single observation cell for a total capacity of seven (7) youth. B-Block has three (3) cells for a total capacity of six (6) youth. Each cell except the observation cell has a combination sink toilet and double bunks for double occupancy. However, the population historically has been low and only one occupant per room will be typical. The total capacity available for Ward County Juvenile Detention is thirteen (13). Throughout the tour of the facility the auditor noted PREA posters and the required posted Audit Notice.

SUMMARY OF AUDIT FINDINGS:

The PREA Compliance Manager has been working on implementation of PREA compliance measures over the past year for the Ward County Juvenile Detention. The facility has a very thorough policy, the WCJD PREA policy and PREA related procedures. Staff and youth were aware of PREA and staff were committed to youth safety. Most importantly when asked, youth felt safe at the Ward County Juvenile Detention.

Number of standards exceeded: **1**
Number of standards met: **38**
Number of standards not met: **0**
Number of standards not applicable: **2**

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

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

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

WCJD has a very thorough PREA policy and many other policies and Standard Operating Procedures (SOP) related to PREA protective measures and reporting. The Administrator is the PREA Compliance Manager and is assisted by the Senior Corrections Officer. They have been working diligently to address every standard. The Administrator has the authority to develop, implement and oversee the efforts of the facility to prevent, detect, and respond to sexual abuse and sexual harassment.

Standard 115.312 Contracting with other entities for confinement of residents

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

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

Standard 115.313 Supervision and monitoring

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

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WCJD conducted an annual review. This review included consideration of the 11 items noted in the standard including, among other things, camera surveillance systems, staff coverage, adequacy of supervision and prevailing staffing patterns over the past year. A review of the staffing plan took place on January 6, 2016. A decision was made that when the detention center moved to their new location where the potential for more residents exists, they will increase their staffing levels to allow for always a minimum of two staff on duty during waking hours – although resident numbers are consistently under eight youth. On August 11, this new staffing plan was initiated. The Department of Corrections Compliance Monitor also conducted a review of the WCJD. There were no deficiencies within that report and the report states staffing ratios have been met over the past year.

The facility has within the PREA policy the requirement to conduct and document unannounced rounds. The auditor reviewed the facility logbook that documents rounds conducted by the Administrator. The auditor recommended that

the Sheriff also conduct unannounced rounds to include an occasional round during sleeping hours, evenings or weekends.

Standard 115.315 Limits to cross gender viewing and searches

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

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The facility does not conduct cross-gender strip searches, cross-gender pat-down searches or cross-gender visual body cavity searches. This was verified through interviews with both staff and youth. The facility has a method of recording exigent circumstance in a log in the event of an emergency that requires a cross-gender search. Staff receive cross-gender training at correctional officer training academy. The auditor reviewed training records to verify training.

The facility has good policies and procedures in place that enable residents to shower, toilet and change clothing without staff of the opposite gender viewing them naked. The camera coverage of the toilet area in each youth sleeping room has been pixelated to allow for privacy while toileting. Youth change clothes and shower in a private shower stall. Staff announce their presence when entering a housing area of youth of the opposing gender. These procedures were confirmed through staff and the youth interview and through direct observation by the auditor during the tour. There have been no instances of transgendered or intersex residents admitted to the facility. However, staff were aware of the responsibility of determining sex solely through professional conversation or through part of a broader medical examination by a medical practitioner.

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

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

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

This standard requires that the facility administrator think ahead of how to effectively handle situations involving a youth who is limited English proficient or may have disabilities so that they may fully participate in protection efforts. There have been no instances during this reporting period where resident interpreters, readers or other types of resident assistants were needed or used. The facility does not use residents to interpret for other residents. The facility has posted on all phones the toll free number for the TeleLanguage interpreter they have contracted. These efforts meet the needs for providing an interpretive service available 24-7 that can assist in the intake process, screening process, education on how to report and if need be, to translate during the investigative process.

Standard 115.317 Hiring and promotion decisions

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

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The facility has performed background checks at the time of employment of new hires, upon promotion and every five years. Initially WCJD was not performing Child Abuse and Neglect Background Inquiry with the North Dakota Department of Human Services at the time of employment. However, during the period the auditor was composing the interim audit report, the WCJD submitted a child abuse and neglect inquiries for all existing employees. The facility provided verification of both background checks and child abuse and neglect registry checks to the auditor. They do include the required three questions during the employment process and require new hires to affirm that they have a continuing duty to report.

Standard 115.318 Upgrades to facilities and technology

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

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The facility began its first day in a new facility on the first day of the audit. In addition to a new juvenile detention facility, the facility has new camera systems, new digital video recording system and a state of the art intercom system. The administrators consider the ways in which to enhance their efforts and abilities to protect residents from sexual abuse through the use of electronic monitoring and video monitoring. There are 23 cameras and one DVRS. The line staff have been directed by administrators to remain on camera. The auditor identified one area in which the youth initially removes clothing during a strip search during intake as an area for potential concern. Previous practice was that the staff and youth be in a one-on-one situation within the shower room during the strip search. The auditor recommended that yellow tape be placed across the floor of the shower area so that the youth may undress privately and remain in the area outside of camera view while they remove their clothing during the search. The staff member will remain in camera view during this procedure. This will provide for protections of both the youth and for the staff against false allegations.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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The investigator from Ward County Sherriff’s office immediately reaches out to the state’s attorney upon investigation for sexual assault. Ward County uses a “team” approach to ensure that every victim of sexual assault has access to the best possible care and services available from healthcare, law enforcement and advocacy agencies. The Sexual Assault Response Team includes a SANE nurse, a Law Enforcement Officer who has specialized training and experience in the area of sexual assault investigations and an advocate from the rape crisis center. In the interview with the investigator they have received training in sexual abuse evidence collection. In addition, WCJD has a Memorandum of Understanding (MOU) with a local crisis center for sexual assault response. The rape crisis center has trained advocates that provide counseling and support to survivors of sexual assault.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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As soon as the administrator is notified of a sexual assault the protocol is to call investigator from the Ward County Sheriff's office. This office has both law enforcement authority and administrative authority to conduct investigations concerning any allegation of criminal action, misconduct, compliance with rules and regulations and standard operating procedures. An alleged incident of sexual harassment, or incident otherwise deemed to be a PREA violation that does not rise to the level of sexual abuse, is referred to a Facility PREA investigator who has received PREA incident investigation training. The Sheriff's office investigator turns over all allegations of staff criminal sexual misconduct to the North Dakota Bureau of Investigation. There is written investigative policy in the WCJD PREA Policy. This investigative policy is published on the WCJD website.

Standard 115.331 Employee training

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

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WCJD provides PREA training to all staff. The facility has very good records that include a roster, a tracking sheet to ensure none is missed and a receipt and acknowledgment sheet that the employee or contractor signs stating they have read the PREA policy, they have received training on the specific 11 points outlined in the standard and they understand the policy and the training. There is also documented training specific to LGBTI residents. Staff consistently stated through the interview that they do not treat LGBTI residents any differently than other residents.

Standard 115.332 Volunteer and contractor training

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

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Although volunteers and contractors are never alone with youth without the supervision of WCJD staff, they are very thoroughly educated in much more than just the Zero Tolerance policy and how to report. They view a film; receive training presented by staff and sign documentation of understanding of the training they receive. This was verified through both documentation provided to the auditor and in interviews conducted with volunteers.

Standard 115.333 Resident education

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

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The facility provides residents initial information on the WCJD zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment immediately upon intake. This was evident through the interview with youth. Youth stated that receiving some basic information immediately (during intake). Then later, typically within one to two days, youth meet with staff who would give them more comprehensive education. The youth also spoke to the information being readily available through the handbook and with posters everywhere throughout the facility.

Standard 115.334 Specialized training: Investigations

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

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The WCJD staff do not conduct sexual abuse investigations. The investigator is assigned by the Ward County Sheriff's office who works in conjunction with the State's Attorney. In addition, the North Dakota Children and Family Services investigates all reports of abuse reported on a Form 960. Investigators from these units have received specialized training in conducting such investigations in confinement settings.

Standard 115.335 Specialized training: Medical and mental health care

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

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The nurse staff are contracted through Trinity Hospital. They have completed the specialized training through the National Institute of Corrections "PREA Medical Health Care for Sexual Assault Victims in Confinement". Through an interview with the nurse, it is apparent she is knowledgeable in how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. This training is in addition to required staff PREA training. No forensic examinations are conducted on site. All youth who would report a sexual assault are transported to the local hospital with SANE

services. The nurse verbally discloses to youth the limitations of confidentiality and her duty to report at the initiation of services. The auditor recommends that this be posted conspicuously in the interview/exam area.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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.

WCJD has implemented their screening process. Staff conduct the screening for all incoming youth. The screening documents are maintained locked and secured in a file cabinet. If a youth, through the screening process, is determined to be susceptible to victimization or perpetration of sexual abuse, this is shared with staff only to the extent necessary to provide for the well being of youth. The auditor reviewed the screening tool and randomly selected youth files to review to ensure that screenings are complete.

Standard 115.342 Use of screening information

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

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WCJD makes placement decisions based on all information obtained to make housing, bed, program, and education assignments for residents with the goal of keeping all residents safe and free from sexual abuse. The Administrator walks through youth areas daily while on duty to ensure they are doing well. Staff showed genuine care and concern for the youth and this was very evident during the interviews.

The facility takes into account the concerns of a transgendered or intersex resident's own views with respect to his or her own safety. Those views are given serious consideration and this was demonstrated through the interviews of staff. All youth shower separately at the facility. The facility does not place lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed on the basis of such identification or status, nor does the facility consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. The facility indicates through interviews that they will consider on a case-by-case basis assignment to a living unit that will ensure the resident's health and safety, and whether the placement would present management or security problems. Facility procedure is to manage a resident's room placement rather than using isolation as a means for protecting the resident's safety. The population of the WCJD is typically so small that rooms are always single occupancy and residents receive very specialized and attentive care while housed at the facility.

Standard 115.351 Resident reporting

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

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.

WCJD provides multiple ways for residents to privately report sexual abuse and sexual harassment, or retaliation. Youth speak with the Administrator often and have ready access to him whenever requested. They can write a grievance. There are phones located in the dayrooms of both housing areas. They can place a call and the numbers for assistance are posted at the phone. They have access to report outside of the WCJD by calling the posted numbers for the Minot County Domestic Violence Crisis Center and the Ward County Sheriff's Office. There are posters with the instructions and the phone number for the Minot County Domestic Violence Crisis Center posted throughout WCJD. Residents can speak with the nurse practitioner privately at any time by simply making the request. WCJD provides youth with reasonable and confidential access to their attorneys and parents.

The youth reported feeling comfortable reporting directly to staff, but would probably tell a family member. The staff accepts reports made verbally, in writing, anonymously, and from third parties and promptly documents any verbal reports. The facility provides residents with access to tools necessary to make a written report.

Standard 115.352 Exhaustion of administrative remedies

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

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

Standard 115.353 Resident access to outside confidential support services.

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

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WCJD has an MOU with the Minot County Domestic Violence Crisis Center. The youth stated there are posters with the information on how to contact them. If residents request to speak with the nurse practitioner, medical staff can set up a visit with mental health staff at North Central Human Service Center.

Standard 115.354 Third-party reporting

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

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The WCJD website provides information on how an individual can make a third party report. Third parties are able to report sexual abuse and sexual harassment to any facility staff member. In addition, there are posters in the intake area. The WCJD has not received any third party reports. Interviews with staff and the youth confirm that staff that third party reporting options are available.

Standard 115.361 Staff and agency reporting duties

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

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WCJD requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to the supervisors, law enforcement or North Dakota Children and Family Services, staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Medical practitioners are required to report sexual abuse to designated supervisors as well as to Child Protection. In addition, these requirements are outlined in the WCJD PREA Policy.

The facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the designated investigators. Upon receiving any allegation of sexual abuse, WCJD staff promptly report the allegation to the Ward County Sheriff's Department, to North Dakota Children and Family Services through a form 960 and to parents or legal guardian.

Standard 115.362 Agency protection duties

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

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Through interviews with the administration and staff there is evidence to support that the facility requires all staff to take immediate action to protect the resident from imminent sexual abuse. There have been no instances that a resident was subject to risk of imminent sexual abuse. The WCJD PREA policy requires all staff to immediately respond in the event information is discovered that a resident is in substantial risk of sexual abuse.

Standard 115.363 Reporting to other confinement facilities

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

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Through interviews and as required in the WCJD PREA policy, there are procedures in place to appropriately act upon an allegation of sexual abuse reported by a resident while at another facility. This notification will be made from Administrator to Administrator, the action will be initiated no later than 72 hours and the action will be documented. There has been no reported incidents that occurred at another facility and reported at WCJD or has WCJD received any such reports from other facilities.

Standard 115.364 Staff first responder duties

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

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WCJD staff seemed to be well versed in first responder procedures and were aware of all elements of this standard (separate alleged victim/abuser, preservation and protection of crime scene, to include collection of physical evidence as soon as possible, including the request of the victim not to take any actions which could destroy any physical evidence). Interviews with staff confirmed knowledge of the procedures outlined in policy.

Standard 115.365 Coordinated responses

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

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

The facility has a written PREA policy which governs the coordinated actions for staff first responders. Training also emphasizes a coordinated effort of first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse.

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

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

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

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

Standard 115.367 Agency protection against retaliation

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

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

The WCJD written policy related to protection against retaliation tasks the Administrator with monitoring youth who have reported sexual abuse or sexual harassment. Should any other person who cooperates with a sexual misconduct investigation express fear of retaliation; appropriate protective measures will be taken. Retaliation monitoring will be discontinued should the allegation be unfounded. Measures include housing changes, removing contact of alleged staff/resident abusers and emotional support services for those who fear retaliation. There have been no instances of retaliation for reporting. The auditor recommended that a logbook be kept of each time contact is made with a resident or staff to follow-up that there has been no retaliation.

Standard 115.368 Post-allegation protective custody

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

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

This standard is not applicable. The facility does not use segregated housing of residents as a means to keep them safe from sexual misconduct. Interviews confirmed the prohibition of segregated housing for this purpose.

Standard 115.371 Criminal and administrative agency investigations

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

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

The WCDJ had no investigative files to review. The investigator follows all standards in the course of his investigation and has received specialized training. Investigative measures include efforts to determine whether staff actions/failures contributed to the abuse documented. The investigator documents through written reports which will include physical/testimonial evidence, credibility reasoning assessments and investigative facts and findings.

All written reports will be retained for as long as the alleged abuser is incarcerated or employed by WCJD, plus five years.

Standard 115.372 Evidentiary standards for administrative investigations

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

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

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

Standard 115.373 Reporting to residents

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

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

The WCJD will document notice to a resident as to the outcome through a specific form that was provided to the auditor. They will notify the resident as to whether the allegation was substantiated, unsubstantiated or unfounded.

Standard 115.376 Disciplinary sanctions for staff

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

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

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

Standard 115.377 Corrective actions for contractors and volunteers

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

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

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

Standard 115.378 Disciplinary sanctions for residents

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

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

For incidents of youth-on-youth sexual abuse, sexual harassment or retaliation, administrative sanctions will be handed out following the formal disciplinary processes and applied commensurate with the level of infraction. For criminal allegations following a criminal finding of guilt for resident-on-resident sexual abuse disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed.

A youth's access to general programming or education is not conditional on receiving interventions designed to address/correct underlying reasons or motivations for abuse. Discipline of a resident for sexual contact with staff occurs only upon a finding that the staff member did not consent to such contact. There have been no reports of resident sexual abuse or sexual harassment.

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

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

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

WCJD staff conduct a screening interview youth immediately upon arrival. They report any previously unreported sexual abuse to North Dakota Children and Family Services via a Form 960. The facility will verbally obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting for residents over 18 years of age. If sexual abuse or sexual perpetration is disclosed during the screening, they will offer a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening and document the offer and whether the resident desires to have follow-up with a medical or mental health practitioner.

Standard 115.382 Access to emergency medical and mental health services

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

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

The facility provides access to emergency medical and mental health services. In the event services after hours are not available by the facility nurse practitioner, or where indicated in the professional judgment of the nurse practitioner, residents will be taken to the Trinity Hospital in Minot. These services have not been used by the WCJD.

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

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

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

The facility will require that medical and mental health evaluations and treatment are offered at no cost to sexual abuse victims and abusers. The administrator and the Nurse Practitioner will work together to develop an on-going treatment plan and refer to external support services as necessary. In many instances services are accessed through the North Central Human Service Center that provide a range of treatment and support services. If a youth will be taken to the local hospital, tests for sexually transmitted infections and pregnancy will be offered there.

Standard 115.386 Sexual abuse incident reviews

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

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

The WCJD has a form used when conducting abuse incident reviews following each sexual abuse investigation specifically answering the questions posed within the standard. There have been no substantiated cases to review.

Standard 115.387 Data collection

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

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

The facility collects uniform data for all allegations of sexual abuse based on incident reports and investigation files. The facility provided data for both 2014 and 2015.

Standard 115.388 Data review for corrective action

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

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

The facility reviewed their PREA efforts for the previous calendar year. They reviewed their progress toward compliance with the PREA standards, corrective actions as well as the progress made through the previous year in addressing sexual abuse. A synopsis of their annual review is posted at the facility website at:

<http://www.co.ward.nd.us/465/Sexual-Abuse-Policy>

Standard 115.389 Data storage, publication and destruction

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

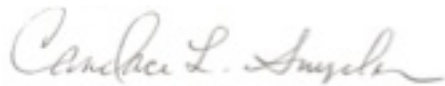
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations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

Data collected is retained via limited access and through a secure server for at least ten (10) years. The facility posted PREA related data in their annual summary which is posted on the detention facility’s website.

AUDITOR CERTIFICATION

I certify that:

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



Auditor Signature

September 19, 2016

Date