

115.311(a)

Policy 3C-04 contains definitions of prohibited behaviors regarding sexual abuse and sexual harassment, except it has voyeurism by a staff member defined by itself rather than under sexual abuse. It does state “for the purpose of PREA statistics, voyeurism is counted under sexual abuse” but this implies that it is only abuse for statistics and that otherwise it may not be considered abuse. Corrective action is needed to move this definition under sexual abuse for all purposes.

115.312 – still waiting on information

115.313 (b)

DOCR Policy 1C-05 states all Department facilities shall develop, document, and make the best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect adults in custody against sexual abuse.

The policy requires that at least once every year, the facility warden, director, or designee in collaboration with the PC will review, determine and document where any adjustments are needed in: The staffing plan, the deployment of monitoring technology and the allocation of DOCR resources to commit to the staffing plan to ensure compliance.

All DOCR facilities will develop, document, and make the best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect **adults** in custody against sexual abuse. Corrective action is needed to add residents to the policy.

115.313 (C)

Review of logs: The auditor requested documentation of intermediate or higher supervisory rounds for the first week of December, January, February, and March. Three random electronic logs were sent. A review of those logs revealed that unannounced rounds were made and documented during the daytime hours. The majority of rounds were done between 11 am and 5 pm. Occasionally, unannounced rounds were done at 6 pm and 7:30 pm, and as early as 8 am. None were done during the evening or overnight shift. Corrective action is needed to ensure unannounced rounds are conducted more than once a month on all shifts to prevent, detect, respond to, and report sexual abuse and sexual harassment allegations. Ideally, rounds should be conducted weekly on each shift and on overnight shifts at least once a month or a couple of times a month.

115.315 (d)

During the site review, the areas where intake strip searches are conducted were viewed by the audit team, and it was verified that they provide enough privacy that cross-gender viewing is obstructed. However, there is a camera that can view the area. There are no restrictions on camera access, and any gender of staff can view cameras; there are no policies or procedures on cross-gender viewing of cameras or recorded video. Also, there are observation rooms with cameras and there are no policies or procedures restricting opposite gender viewing. Corrective Action is needed to ensure opposite gender staff are not viewed by residents changing clothes or in a state of undress while under observation by cameras.

(Refer to the FAQ for guidance when developing policies and procedures. [How do the requirements of standard 115.15\(d\) apply to inmates who have been placed on suicide watch? Is there a distinction between suicide watches being conducted via video and those under in-person observation? | PREA](#). Additionally, policies and procedures who can view recorded camera footage. Refer to FAQ for guidance when developing policies and procedures. [Does the standard that requires the facility to enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia apply equally to viewing that is done | PREA](#))

115.317 (c)

Standard 115.317 (c) (3) requires, consistent with Federal, State, and local law, the agency to 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. The agency sends a form letter to the previous institutional employer to see if the applicant was ever the perpetrator in a substantiated sexual abuse or sexual harassment investigation against a resident or if the employee resigned during an ongoing investigation for sexual abuse or sexual harassment. On the letter, it states: "If a response is not received within 14 days from the date of mailing, an assumption of no PREA-related concerns with this individual will be made by the NDCOR."

The agency sends a letter without any attempts to follow up. The agency will need to make "its best efforts to contact prior institutional employers," which requires making a couple of attempts to contact the agency if a response is not received after the letter is sent.

Corrective action is needed to ensure the agency/facility makes its best efforts to contact prior institutional employers by attempting to call and/or email if a letter is not received.

(f): To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

Documentation Reviewed:

YCC PAQ reports that the agency is not responsible for investigating criminal allegations of sexual abuse and relies on another agency to conduct these investigations. The agency requests that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards.

Requested documentation for the request the agency/facility sent regarding its requirements of §115.321(a) through (e) with the outside investigating agency. No documentation was provided. Corrective action is needed to obtain documentation that the agency requested the investigating agency, which is the ND Highway Patrol, to follow the requirements of paragraphs (a) through (e) of this section.

115.322

The ND Highway Patrol is responsible for conducting criminal investigations, and the information is contained in the Coordinated Response Plan, which is on the agency website. There is a statement in the Coordinated Response Plan, "In some cases, the DOCR may elect to have the criminal investigation completed by trained DOCR staff." It is recommended to revise the last statement to "exclude sexual abuse and sexual harassment allegations."

115.331 (a) The auditor reviewed the training curricula provided, and all the elements required in provision (a) were included. Retaliation is discussed, but the requirement that residents and employees have the right to be free from sexual abuse and harassment is not mentioned on the slide. Corrective action is needed to ensure that the "rights of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment" needs to be added to the PREA of 2003 training.

(d) The refresher training for 2025 and 2026 does not require employees to document by signature or electronic verification that they understand the training they received. The last slide on the training has a statement that staff have to select "I Agree" to complete the course. The standard requires that the agency document that staff members "understand" the training they received. Corrective action to ensure staff members document through employee signature or electronic verification that the employee understands the training they received.

115.322 The Volunteer training was reviewed, and it has information that there is zero tolerance toward sexual abuse and harassment. There is some information on prevention, but detection and response policies and procedures are not included. There isn't any information on how to report. The standard requires that volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, and trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention and detection, and response policies and procedures. In interviews with volunteers, they were asked who to report sexual abuse and sexual harassment of a resident; the responses varied. Additionally, not all of the definitions are included. Sexual harassment is missing. Corrective action to ensure volunteers are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention and detection, and response policies and procedures. To ensure volunteers know how and who to report sexual abuse and sexual harassment and add sexual harassment to the definitions.

These I am still finalizing but are anticipated to be CA.

115.333

(b) The auditor reviewed 13 samples of when comprehensive education (Video/Quiz) was done to ensure comprehensive education was conducted within 10 days of Intake. All but two were conducted within 10 days of Intake. Corrective action is needed to develop a tracking system to ensure comprehensive education is done within 10 days.

115.341

(a) Generally, the initial risk assessment is done the same day as the residents' arrival at YCC. The auditor reviewed 13 risk assessments and 4 were not conducted within 72 hours of their arrival date. Corrective action to ensure a tracking system is developed to ensure risk assessments are done within 72 hours.

(b) The SVARA has all the requirements required in provision (a) except physical disabilities. Corrective action is needed to ensure physical disabilities are added to the risk assessment. Having a disability increases the risk of victimization, however not all disabilities are easy to recognize. For the screening tool to be used to assess residents as much information about the residents' history and behavior is needed to help determine their level of risk of being sexual vulnerable or sexually aggressive. Also, consider separating each of the standards required assessment considerations such as mental illness and mental disabilities and intellectual or developmental disabilities. For example, having both could make a resident more vulnerable, therefore making it critical to identify which residents are at high risk of being sexually vulnerable or high risk of being sexually

abusive. The more categories a resident has the higher indication of being sexual vulnerability or sexual aggressiveness and a heightened need for supervision, additional safety precautions or separation from certain residents. Additionally, for the screening tool to be objective, having a scoring process whereby specific risk factors are weighed. For example, when the assessment is complete, an overall risk level of high, medium or low is determined. This also needs to be added to the screening tool.

115.351 (a)

The agency provides a few internal ways for residents to report sexual abuse and sexual harassment and retaliation by other residents or staff. It's unclear what written information means. Also, it would be helpful if there could be an explanation how residents use third-party reporting or anonymous reporting methods. The auditor was told by the PCM that YCC no longer has a PREA lockbox. Also, the policy does include "staff neglect or violation of responsibilities that may have contributed to such incidents". Corrective action is needed to ensure ways to report are current and staff neglect or violation of responsibilities that may have contributed to such incidents is included in policy.

During the site review, the audit team observed the PREA poster in both cottages in the living units, and it includes multiple reporting options. The posters were on a bulletin board, and the anonymous reporting was by every phone in the cottages. There were posters in the classroom hallway in the administration building. The information about reporting to DACA was on paper and taped to the wall. There was one paper that was difficult to read. When it was printed there was a white streak through on one side and it was difficult to read the entire sentence as a result. The paper is taped to the wall. Corrective action to ensure the posters are clear and legible and easy to read for all residents, on larger size posters and posted throughout the units and YCC. Also, laminate the reporting options and secure to the wall. Paper can fade or easily be torn or removed. It is also recommended that reporting information be added to the tablets for residents to easily access the information and numbers.

115.351 (b)

Additionally, the DCAC does not immediately forward reports of sexual abuse and sexual harassment to agency official. DCAC will refer the allegation to DHS and ND Highway Patrol. Corrective action is needed to ensure residents are provided with one way to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency and is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials allowing the resident to remain anonymous upon request.

115.351 (e)

Staff privately reporting (I saw a poster with information. Is that information anywhere else?)

115.353 (b)

YCC has a process that DCAC advocates would accompany and support the victim resident. It is recommended that what happens be added to policy. The facility did not say they use qualified agency staff or any other advocate. The facility needs to provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. Corrective action is required to ensure residents have access to outside victim advocates for emotional support related to sexual abuse. The facility will need to provide posting or otherwise make available mailing addresses and telephone numbers, including toll free hotline numbers, where accessible mailing addresses and telephone numbers, including toll free hotlines numbers where available, of local, State, or national victim advocacy or rape crisis organizations.

115.353 ©

The standard requires residents to have access to outside victim advocates for emotional support services related to sexual abuse, it doesn't have to be a recent incident. The residents are to be provided mailing addresses and telephone numbers including toll free hotline numbers where available of local, state or national victim advocacy or rape crisis organizations. And the facility shall enable reasonable communication between residents and these organizations and agencies in as confidential a manner as possible. Corrective action is needed to ensure the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse and shall enable reasonable communication between residents and these organizations in as confidential manner as possible.

115.365

The coordinated response plan was reviewed, and it includes all the standards requirements for staff first responders. It includes actions for first responders to take for

incidents of sexual abuse. The steps include separating residents from the alleged perpetrator, notifying the chain of command, notifying the health care unit, requesting the victim not take any actions to destroy evidence, isolating witnesses and the crime scene and notifying law enforcement but it is for the agency, not the facility. Corrective Action to ensure the facility develops a written institutional plan to coordinate actions in response to an incident of sexual abuse.

115.371 (m)

Additionally, agency policy states they may not terminate an investigation based on the discharge or termination of employment of the perpetrator or victim. It does not state that they shall not terminate an investigation solely because the source of the allegation recants the allegation. Corrective action is needed to add the that DOCR shall not terminate an investigation solely because the source of the allegation recants the allegation.

115.373 (d)

The Coordinated Repose Plan nor DOCR Policy 3C-04 did not include the requirements that an alleged victim will be notified whenever the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Corrective action is needed to ensure the whenever the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility the alleged victim will be notified.

115.376

(a) Nothing in these policies requires staff to be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Corrective action is needed to ensure this requirement is added to policy and procedure.

(b) The policies provided did not include that termination shall be the presumptive disciplinary sanction for all staff who have engaged in sexual abuse. Corrective action is needed to ensure the requirement is added to policy.

(C) There are no policies that were provided that requires disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) that shall be 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. Corrective action is needed to add this requirement to policy and procedure.

- (d) There were no policies provided that require staff 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, to be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Corrective action is needed to ensure this requirement is added to policy and procedure.

115.377 (b) There were no reported incidents in which a contractor or volunteer were reported to law enforcement agencies or relevant licensing bodies. There were no investigations or complaints regarding any contractors or volunteers in the past 12 months so there were no investigations to review. The requirement that any contractor or volunteer who engages in sexual abuse shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies, if applicable is not in policy. The warden said that any contractor or volunteer would immediately be prohibited from contact with residents. However, this requirement and process need to be in policy and practice. Corrective action is needed to ensure that any contractor or volunteer who engages in sexual abuse shall be reported to law enforcement agencies, unless the activity was clearly not criminal is added to policy and procedures.

Still reviewing 115.381 and 382, 387 and 889