

PREA Facility Audit Report: Final

Name of Facility: James River Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 09/22/2024

Date Final Report Submitted: 04/16/2025

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: DeShane Reed	Date of Signature: 04/16/2025

AUDITOR INFORMATION	
Auditor name:	Reed, DeShane
Email:	dreed@drbconsultinggroup.com
Start Date of On-Site Audit:	07/25/2024
End Date of On-Site Audit:	07/27/2024

FACILITY INFORMATION	
Facility name:	James River Correctional Center
Facility physical address:	2521 Circle Drive, Jamestown, North Dakota - 58401
Facility mailing address:	2521 Circle Drive, Jamestown, North Dakota - 58401

Primary Contact

Name:	Brandon Stoddart
Email Address:	bstoddart@nd.gov
Telephone Number:	701-253-3696

Warden/Jail Administrator/Sheriff/Director	
Name:	Chad Pringle
Email Address:	cpringle@nd.gov
Telephone Number:	701-253-3661

Facility PREA Compliance Manager	
Name:	Brian Dreher
Email Address:	bdreher@nd.gov
Telephone Number:	
Name:	Aaron Freije
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Telephone Number:	
Name:	Brandon Stoddart
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Telephone Number:	
Name:	Jeff Lorenz
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Telephone Number:	
Name:	Lyle Mee
Email Address:	lmee@nd.gov
Telephone Number:	
Name:	Brandi Netolicky

Email Address:	bnetolicky@nd.gov
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Anne Manyango
Email Address:	amanyango@nd.gov
Telephone Number:	701-253-3268

Facility Characteristics	
Designed facility capacity:	513
Current population of facility:	485
Average daily population for the past 12 months:	473
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Mens/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	19 to 85
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	166

inmates:	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	311
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	121

AGENCY INFORMATION	
Name of agency:	North Dakota Department of Corrections and Rehabilitation
Governing authority or parent agency (if applicable):	
Physical Address:	3100 Railroad Avenue, PO Box 5521, Bismarck, North Dakota - 58501
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Casey Traynor	Email Address:	ctraynor@nd.gov

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:

0

Number of standards met:

45

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-07-25
2. End date of the onsite portion of the audit:	2024-07-27

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:	I reached out to the "Stutsman County Sheriff's Office (SCSO) regarding investigating criminal incidents at JRCC," "Jamestown Regional Medical Center (JRMCC)" to see if they offer sexual abuse victims' access to a SANE or SAFE. I also communicated with "Safe Shelter" regarding their MOU with JRCC for victim advocacy services and emotional support for JRCC inmates.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	513
15. Average daily population for the past 12 months:	476
16. Number of inmate/resident/detainee housing units:	39

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	
18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	479
19. 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:	0
20. 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:	35
21. 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
22. 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

23. 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:	0
24. 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:	10
25. 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:	3
26. 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:	0
27. 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:	0
28. 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:	0
29. 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):	No text provided.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. 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:	224
31. 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:	3
32. 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:	0
33. 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	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	27

35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
If "Other," describe:	This auditor's inmate selection process also came through selection of targeted inmates per the auditor's requirements in the PREA Auditor's handbook
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	This auditor requested to see JRCC's "Master Inmate Roster," received assistance from PREA and Medical screening information, and through interactions with PCM while onsite.
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
38. 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	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	16

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".

40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
41. 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:	2
42. 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:	1
43. 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:	2
44. 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:	2

45. 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:	2
46. 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:	3
47. 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:	1
48. 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:	1
49. 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:	1
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

51. Enter the total number of RANDOM STAFF who were interviewed:

23

52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)

- ☒ Length of tenure in the facility
- ☒ Shift assignment
- ☒ Work assignment
- ☒ Rank (or equivalent)
- ☒ Other (e.g., gender, race, ethnicity, languages spoken)
- ☐ None

If "Other," describe:

This number encompasses targeted specialized staff and security staff.

53. Were you able to conduct the minimum number of RANDOM STAFF interviews?

- ☒ Yes
- ☐ No

54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):

No text provided.

Specialized Staff, Volunteers, and Contractor Interviews

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.

55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

11

56. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
58. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
59. 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)

60. 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
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	1
62. 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 checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
63. 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.

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

☒ Yes

☐ No

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

65. 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

66. 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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

69. 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>This auditor tested internal and external reporting hotline, as well as reached out to the "Stutsman County Sheriff's Office (SCSO) regarding investigating criminal incidents at JRCC," "Jamestown Regional Medical Center (JRMCI)" to see if they offer sexual abuse victims' access to a SANE or SAFE. I also communicated with "Safe Shelter" regarding their MOU with JRCC for victim advocacy services and emotional support for JRCC inmates.</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.

70. 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><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	<p>In addition to OAS documentation, while onsite, I requested random samples of my own.</p>

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.

72. 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	2	0	2	0
Staff-on-inmate sexual abuse	2	0	1	1
Total	4	0	3	1

73. 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	9	0	9	0
Staff-on-inmate sexual harassment	2	0	2	0
Total	11	0	11	0

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.

74. 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

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

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

76. 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	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	2	4	3
Staff-on-inmate sexual harassment	0	2	0	0
Total	0	4	4	3

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

4

79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE 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 inmate-on-inmate sexual abuse investigation files)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE 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 inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE 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 abuse investigation files)

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE 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 abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	3
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	3
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT 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 inmate-on-inmate sexual harassment investigation files)
90. Did your sample of INMATE-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 inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

0

92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☐ No

☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☐ Yes

☐ No

☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

94. 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**

95. 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.

☐ Yes

☒ No

Non-certified Support Staff

96. 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.

☒ Yes

☐ No

96. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

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: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.11. James River Correctional Center (JRCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 as evidence of compliance with PREA Standard 115.11. This auditor reviewed JRCC's "ND-DOCR Policy #3C-04" and has concluded that it has the necessary language to align with PREA Standard 115.11.</p> <p>While onsite, this PREA auditor also observed, interacted with, and interviewed ND-DOCR's PREA Coordinator. ND-DOCR's PREA Coordinator explained that he has the time and support of ND-DOCR's Director to effectively engage in his role. This auditor also interviewed ND-DOCR's Director (via ZOOM), who shared that he supports PREA efforts and compliance at each of his facilities. Furthermore, he shared that he and</p>

	<p>ND-DOCR's PREA Coordinator have a direct line of communication with one another regarding PREA related coordination and movement.</p> <p>This auditor also interviewed JRCC's PREA Compliance Manager who explained that JRCC has carved out time within his role to engage in his PREA Compliance Manager's duties. Finally, this auditor reviewed ND-DOCR's Employee Handbook, which stated ND-DOCR's disciplinary process for employees violating ND-DOC's codes of conduct. This auditor also reviewed ND-DOCR's Organizational Chart, which showed ND-DOCR's PREA Coordinator reporting to the Director of Adult Facility Operations for PREA-related duties/efforts.</p> <p>This PREA auditor concludes that JRCC is in compliance with PREA Standard 115.11.</p>
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115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.12. James River Correctional Center (JRCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #1B-16 (Contracts and Grants) as evidence of compliance with PREA Standard 115.12. This auditor reviewed JRCC's "ND-DOCR Policy #1B-16" and has concluded that it has the necessary language to align with PREA Standard 115.12.</p> <p>While onsite, this PREA auditor interviewed ND-DOCR's PREA Coordinator and JRCC Warden. Both shared that ND-DOCR's Central Office contracts team handles the "PREA Language" in the contracts for housing and confinement of ND-DOCR inmates. James River Correctional Center (JRCC) also submitted their ND-DOCR contracts with Bizmark Transition Center (BTC), Center Incorporated (CI), Barnes County Jail (BCJ), Lake Region Residential Reentry (LRRR), Williams County, SWMCCC, Stutsman County, Richland County, Mercer County, and Heart River Correctional Center as evidence of compliance with PREA Standard 115.12, for contracting for inmate confinement. Each of the reviewed contracts had the necessary language within them, which identifies the requirements to adopt and comply with PREA Standards. An excerpt and most common language used amongst all the reviewed ND-DOCR contracts read the following:</p> <p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site</p>

	<p>documents/files reviewed and observations to determine compliance for Standard 115.12. James River Correctional Center (JRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #1B-16 (Contracts and Grants) as evidence of compliance with PREA Standard 115.12. This auditor reviewed JRCC’s “ND-DOCR Policy #1B-16” and has concluded that it has the necessary language to align with PREA Standard 115.12.</p> <p>While onsite, this PREA auditor interviewed ND-DOCR’s PREA Coordinator and JRCC Warden. Both shared that ND-DOCR’s Central Office contracts team handles the “PREA Language” in the contracts for housing and confinement of ND-DOCR inmates. James River Correctional Center (JRCC) also submitted their ND-DOCR contracts with Bizmark Transition Center (BTC), Center Incorporated (CI), Barnes County Jail (BCJ), Lake Region Residential Reentry (LRRR), Williams County, SWMCCC, Stutsman County, Richland County, Mercer County, and Heart River Correctional Center as evidence of compliance with PREA Standard 115.12, for contracting for inmate confinement. Each of the reviewed contracts had the necessary language within them, which identifies the requirements to adopt and comply with PREA Standards. An excerpt and most common language used amongst all the reviewed ND-DOCR contracts read the following:</p> <p>8. PRISON RAPE ELIMINATION ACT (PREA) CONTRACTOR <i>"shall comply with the Prison Rape Elimination Act of 2003 (“PREA”), 42 U.S.C. § 15601 et.seq., and all applicable PREA Standards and DOCR Adult Services Policies related to PREA for the prevention, detection, monitoring, investigation, and eradication of any form of sexual abuse within CONTRACTOR facilities, programs, or offices, whether owned, operated or contracted. This includes the education of staff and offenders, conducting investigations, reporting incidents to DOCR, compiling incident data and aggregate data, and providing incident and aggregate data to DOCR on an annual basis. CONTRACTOR acknowledges that, in addition to its self-monitoring requirements, DOCR will conduct announced or unannounced compliance monitoring, including on-site monitoring. Failure to comply with PREA and applicable PREA Standards and DOCR Policies may result in termination of the contract."</i></p> <p>This PREA auditor concludes that JRCC is in compliance with PREA Standard 115.12.</p>
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115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard</p>

115.13. James River Correctional Center (JRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3A-03 as evidence of compliance with PREA Standard 115.13. This auditor reviewed JRCC’s “ND-DOCR Policy #3A-03” and concluded that it has the necessary language to align with PREA Standard 115.13.

While onsite, this auditor interviewed JRCC’s PREA Compliance Manager who shared that JRCC complies with the protocol identified in their staffing plan. When call-offs and time-offs occur, JRCC provides coverage through adjusting/rotating on-shift staffing, voluntary, or mandatory overtime. This allows JRCC’s staffing plan and staffing coverage to remain fulfilled. Furthermore, JRCC’s PREA Compliance Manager shared that staff could also voluntarily work shifts or switch shifts/dates. This auditor also reviewed JRCC’s “2024 Staffing Plan Review” which documented JRCC’s process of ensuring adequate staffing to protect inmates from sexual abuse. JRCC’s Staffing Plan contains all the components which need consideration when identifying staffing needs. An excerpt from “JRCC 2024 Staffing Plan Review” discusses their staffing cycle, to ensure adequate supervision to protect inmates from sexual abuse. The excerpt states, *“Using staff cycling, (staff cycling is the usage of staff from one unit to assist with other units’ activities. As often times, when a unit is secured per the daily schedule that housing unit officer can be utilized in a different capacity.) The institution can operate with normal programs and activities occurring while still being able to detect and control physical altercations, sexual abuse, self-harmful acts, misconduct, or escape with 22 staff; Captain, Lieutenant, Main Gate, Perimeter, Driver, Rover, Traffic Officer, Tunnel Officer, Control, 5 floor Sergeants, 3 housing unit officers, SAU Sergeant, 3 SAU officers, and 2 JRMU staff member.*

This number can be reduced to 20 while utilizing staff cycling and breaking recreation times down to a “per floor” status. Instead of conducting recreation periods on a Multi floor communal basis, each floor is rolled one-by-one. Each floor will have one hour of recreation and then be return to their respective units, to allow the next floor to participate in their recreation period. SAU officers, while there is no scheduled programming or occurrences, can be utilized for general population.”

JRCC’s PREA Compliance Manager also submitted JRCC’s “Staffing Plan Deviation Form (SPDF).” He explained that the SPDF is used when there’s deviations from the staffing plan, and after all other above-mentioned alternatives have been exhausted. JRCC also submitted their staffing deviation data (between 10/7/2022 through 5/31/2024) as evidence of compliance. This staff data analysis identified the date and reasons for the staffing deviation. This PREA auditor also observed the facility’s staffing roster for the previous 30 days, which showed adequate staffing coverage to protect inmates from sexual abuse.

Moreover, while onsite, this auditor interviewed the JRCC’s PREA Compliance Manager and Director of Security, who shared that supervisory unannounced rounds are conducted at least once daily. Wardens and Deputy Wardens are required to conduct unannounced rounds at least once weekly. JRCC submitted “All Supervisory Rounds” from 7/05/23 through 7/03/24 in OAS. While onsite, this auditor also requested and reviewed a randomly selected “Unannounced Supervisory Rounds.” This auditor

reviewed multiple unannounced supervisory rounds documented at minimum every 48 hours.

Finally, when conducting JRCC's exhaustive facility site assessment (tour), this auditor observed the entire laundry location where inmate workers and staff frequent with zero video monitoring coverage. Additionally, this auditor observed 4 inoperable cameras in critical blind spot areas in JRCC's JRMU housing location (community living, day area, recreation and eating locations). These locations are outside visible site of staff being able to easily observe. Additionally, JRCC's JRMU housing location sleeping rooms are 3-person dorm style rooms with adjoining bathrooms to another 3-person dorm style room. Each door to each dorm style room is solid with no window for safety and security monitoring. There is no video monitoring in the rooms as well. This is in essence a total of 6-persons in each dorm style group of rooms with zero monitoring access. This is a serious blind spot and barrier for JRCC staff to provide adequate supervision to prevent, detect, protect, and respond in keeping inmates free from sexual abuse.

This auditor recommended that JRCC add video monitoring in the laundry area where inmate workers and staff frequent. This auditor also recommended that JRCC repair or replace current inoperable cameras in JRMU's dining room area. Finally, this auditor recommended that JRCC's JRMU housing unit dorm style rooms have windows placed in each dorm style room door to increase access to immediate staff viewing or monitoring to prevent, deter, detect, and respond to potential inmate sexual abuse/activity. This PREA auditor concluded that JRCC was not in compliance with PREA standard 115.13. Corrective Action was required.

During JRCC's Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with ND-DOCR's PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, JRCC's PREA Compliance Manager submitted (uploaded to OAS) photo evidence of new windows placed in all dorm style rooms at JRCC's JRMU. JRCC's PCM also shared that they have identified additional locations at JRMU for more cameras as well as update existing cameras and these recommended cameras in JRMU's dining area have been placed as budgetary items for this upcoming biennium. JRCC's PCM further shared that when inmates are in the dining room area, staff are currently present. Additionally, JRCC submitted floor plans and email correspondence with engineers who are identified to run cabling for cameras in JRCC's laundry area. Floor plan locations for camera placement in JRCC's laundry area and JRMU's dining area have been uploaded to the OAS. This has also been placed as a budgetary item for this upcoming biennium. Currently, JRCC have two staff posts in the laundry area and have increased the presence by having a "roving" officer go through the area as a part of their unpredictable rounds.

Finally, ND-DOCR's PC and JRCC's PCM submitted (in OAS) a "Memo of Affirmation" sharing their plans to add recommended cameras to JRCC's JRMU dining room area, JRCC's laundry area, and other areas needing updated video monitoring as budgetary items for ND-DOCR's/JRCC's upcoming biennium. in ND-DOCR's upcoming biennium.

	<p>Excerpts from the memo states, <i>“The James River Correctional Center made significant physical plant changes to comply with the 2024 PREA audit. The most crucial being the addition of windows to group dorm rooms. Due to these changes, the budget for this biennium limits the number of additional cameras we can install. The addition of cameras was put into the budget for the next budget, with the intent to put them where the auditor suggested. Until that time, this is how the facility intends to maintain appropriate supervision of those areas. The areas of laundry that we are working toward having camera coverage are staffed with two security staff who do make rounds through the area. We will increase security supervision by having a roving officer complete rounds in this area as well. For the purposes of JRMU and the cameras in this unit; we have functioning cameras with the exception resident dining area. It has been put in the budget to increase our cameras at JRMU as well as update existing cameras. In the meantime, we do have staff patrolling the unit to include the resident dining area being staffed when residents are present.”</i></p> <p>This PREA auditor concludes that JRCC is in compliance with PREA standard 115.13.</p>
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115.14 Youthful inmates	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA auditor reviewed multiple random selected dates of JRCC facility rosters and counts while onsite. No youthful inmates were present on the rosters. ND-DOCR’s PREA Coordinator and JRCC’s PREA Compliance Manager also shared, and through OAS, that JRCC did not house youthful inmates. The daily counts while this auditor was onsite did not show youthful inmates being housed at JRCC. This auditor also interviewed a random selection of 23 specialized and security staff. Each responded that youthful inmates are not housed at JRCC. This auditor also interviewed a random selection of 27 inmates, selected from JRCC’s daily inmate roster. All 27 interviewed inmates shared that JRCC did not house youthful inmates. During this auditor’s exhaustive tour, this auditor informally asked multiple inmates if there were inmates under 18 housed at JRCC. Each response was similar, stating that there were no inmates under 18 years old at this facility.</p> <p>This PREA auditor concludes that JRCC is in compliance with PREA Standard 115.14.</p>

115.15 Limits to cross-gender viewing and searches	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit

evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.15. James River Correctional Center (JRCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3A-06 and 3C-09 as evidence of compliance with PREA Standard 115.15. This auditor reviewed JRCC's "ND-DOCR Policies #3A-06 and 3C-09," concluding that they have the necessary language to align with PREA Standard 115.15.

JRCC is an all-male inmate prison. While on-site, this PREA auditor interviewed 27 randomly selected inmates. This auditor asked, "Which gender staff pat down/frisk search inmates?" There were 24 out of 27 inmates who shared that both genders pat-down/frisk search inmates. There were 3 out of 27 who were transgender inmates who stated that female staff only pat-down-search them. This auditor then asked, "Which gender of staff conducts strip/unclothed searches inmates?" Each interviewed inmate verified that staff of the same gender conducts strip/unclothed searches unless the inmate is transgender stating, *"Transgender inmates choose the gender of staff they feel most comfortable."*

While onsite, this auditor interviewed a random selection of 12 JRCC security staff and asked, *"Which gender staff pat-down/frisk searches a transgender or intersex?"* There were consistent responses from the 10 out of 12 interviewed security staff that *"The transgender selects which gender staff they feel most comfortable being pat searched by."* This is then documented in the "Elite" system. The 2 out of 12 staff shared that female staff with supervision would pat search. All 12 out of 12 interviewed security staff agreed that strip searches are conducted by same gender staff, or the preferred gender of the transgender/intersex inmate. This auditor also requested the training of all 12 interviewed security staff. JRCC provided each staff's "Learner's Transcripts," as evidence showing that all interviewed JRCC security staff were up to date on their "PREA" and "Body Search Clothed and Unclothed" trainings.

During this auditor's interview of a 27 randomly selected inmates, this auditor asked, *"Do you feel like you have enough privacy to shower change your clothing, or use the toilet without non-medical staff/someone of the opposite gender viewing you?"* There were 25 of the 27 randomly selected interviewed inmates who shared that they do feel that they have enough privacy to shower, use toilet, perform bodily functions, and get dressed without being viewed by non-medical staff of the opposite gender. However, when this auditor asked, *"Do staff of the opposite gender announce themselves prior to entering your housing units?"* There were 14 of the 27 randomly selected interviewed inmates who shared that female staff "Sometimes" or "Never" announce when entering their multiple inmate dormitory sleeping quarters. Many inmates shared that female staff conduct their security checks in their dormitory sleeping quarters without announcing their entering. Many interviewed inmates also shared instances where they were using the toilet, showering, or exiting the shower and notice a female staff on their dormitory sleeping quarters conducting security rounds and without previously announcing. This could cause an opposite gender staff to see them minimally clothed, and the inmate could face consequences for such an

intersection.

This auditor observed signage posted near JRCC's housing units stating, *"ATTENTION, All gender of staff work in this area."* During this auditor's interview with the randomly selected 12 security staff and asked if female staff announce prior to entering inmate sleeping dormitory areas. Each staff shared similar responses stating that at the beginning of the day/shift they make a one time "all gender announcement," stating, *"All genders working this shift."* Also, during this auditor's interviews with the 12 randomly interviewed JRCC security staff, they shared that they are required to document opposite gender announcements in JRCC's *"Electronic Shift Log."* This auditor requested to see the electronic opposite gender announcements for the 3rd, 14th, 22nd, 29th, and 31st of December 2023 through June 2024. This auditor reviewed the submitted documentation and opposite gender announcement documentation was present.

Contrary to JRCC's practice, ND-DOCR's #3C-09 policy states, *"Staff of the opposite gender of an adult in custody housing unit shall announce 'Female on the Floor' (NDSP/JRCC/JRCC)/ 'Male on Floor' (JRCC) when entering an adult in custody's housing unit where adults in custody may be seen using the shower, toilet, or in different stages of undress."* During this auditor's tour, this auditor did observe female staff walking around the housing units, as well as entering the inmate's sleeping dorms without announcing. This auditor also observed female staff or JRCC staff only making one opposite gender announcement at the start of each shift stating aloud, *"All gender staff will be working this unit this shift."* Thereafter, the inmates are expected to remember that opposite gender staff are present and could walk through their sleeping quarters without pre-announcing. In essence, an inmate's personal space privacy could be breached at any moment of their stay at JRCC without their knowledge.

This auditor recommended that JRCC should place signage stating "OPPOSITE GENDER MUST ANNOUNCE THEMSELVES PRIOR TO ENTERING" at the entrances of JRCC's inmate dormitory sleeping locations. This auditor also recommended that JRCC retrain all staff on JRCC's policy and this PREA Standards regarding "opposite gender announcing" before entering JRCC's male dormitory sleeping locations. Finally, this auditor recommended that JRCC establish and demonstrates consistency before compliance can be determined. This PREA auditor concluded that JRCC was not in compliance with PREA standard 115.15. Corrective Action was required.

During JRCC's Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with ND-DOCR's PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, JRCC's PREA Compliance Manager submitted photos of signage currently stenciled on 9 randomly selected doors entering inmate housing dorms. The stenciled signage states, *"All Genders of Staff Working in this Area."* This stenciled signage is in English and Spanish. Additionally, JRCC policy regarding "opposite

	<p>gender announcing” was sent to all JRCC staff in an email, as well placed in JRCC’s “Shift Briefing” notes, where it is addressed with all shifts and reviewed by non-shift staff. The email policy reminder was sent to all JRCC staff (by PCM) and documented in “Shift Briefing Notes.” Finally, JRCC’s PCM submitted “Shift Logs” with entries which verify that announcements of “All genders of staff working in these areas” is being documented at each occurrence (or beginning of each shift for opposite gender staff working the post). These “Shift Logs” date ranges are from 12/5/25 to 2/15/25. JRCC’s policy, emails, photos of the signage, and shift logs are uploaded into OAS.</p> <p>This PREA auditor concludes that JRCC is in compliance with PREA standard 115.15.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.16. James River Correctional Center (JRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #4B-06 as evidence of compliance with PREA Standard 115.16. Additionally, JRCC shared that their policy 2A.03, “Policy for Provision of Auxiliary Aids and Services for Communication with People with Disabilities” provides guidance and procedures to ND-DOCR staff for providing meaningful access for those inmates with disabilities. This auditor reviewed JRCC’s “ND-DOCR Policies #4B-06” and 2A-03, concluding that both have the necessary language to align with PREA Standard 115.16.</p> <p>While on site, this auditor interviewed a random selection of 12 security staff. Each staff shared that there is a language service for interpretation and knew where and how to access the telephone number/information in case it was needed. Also, 11 out of the 12 interviewed security staff knew that there was access to services for blind or hearing-impaired inmates. The interviewed staff also shared that some staff speak English and Spanish and are also used to translate in exigent circumstances. They stated that the use of other inmates to translate is infrequently used. Finally, this auditor interviewed 2 randomly selected Limited English Proficient (LEP) inmates, as well as a total of 4 visually, auditorily, and physically disabled inmates. These inmates were able to share that the JRCC staff ensures that they receive and understand PREA information, through JRCC’s language interpretation services, staff, other inmates, or communication auxiliary aids for inmates with disabilities (as needed).</p> <p>Additionally, this auditor also interviewed ND-DOCR’s PREA Coordinator and JRCC’s</p>

PREA Compliance Manager. Both shared that JRCC provide translation/interpretation to non-English speaking inmates through "Language Link." This auditor later contacted the "Language Link" number (1-877-650-8027), provided JRCC's account and department number, and was allowed to speak to an interpreter of the language of choice. This auditor also observed PREA reporting postings in English and Spanish only. However, this auditor observed PREA reporting boxes, sick call boxes, medical, grievance, mailboxes, and other written communicative avenues for an inmate to report PREA at JRCC was in English only. This auditor was unable to view JRCC's video

This auditor recommended JRCC provide PREA-related pamphlets, PREA orientation documents, PREA Education written material, and PREA Education videos in English, Spanish, and closed captioned. This would allow Limited English Proficient (LEP) inmates adequate access to receive PREA education on JRCC's zero tolerance policy, their inmate's rights, and ways to report an incident of sexual abuse/sexual harassment. The PREA Resource Center has a selection of recent PREA inmate Education videos available to adult and juvenile facilities. These videos are in English, Spanish, closed captioned, and American Sign Language (ASL). This PREA auditor concluded that JRCC was not in compliance with PREA standard 115.16. Corrective Action was required.

During JRCC's Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with ND-DOCR's PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, JRCC's PREA Compliance Manager shared that JRCC has changed their PREA education and screening practice at intake to include a 6-minute video from PRC that is played for every inmate coming to JRCC. The video has English, Spanish, ASL, and closed-captioned options. The inmates are also given a JRCC specific PREA Pamphlet that identifies JRCC's Zero-Tolerance, inmates' rights, as well as how to report PREA incidents. This pamphlet is in English and Spanish. Treatment staff go over the pamphlet with each inmate upon intake as well as inquire if they have any PREA questions. Treatment staff complete the "PREA Temporary Leave/Transfer Screening" which consists of the 5 primary risk screening questions.

Within 30 days of the inmate's arrival, the assigned Case Manager completes the "30-day Interdepartmental Transfer PREA Re-assessment." During this time, they inmates are shown the "Comprehensive PREA Education" (13-14-minute PRC video) video and review the PREA pamphlet again. JRCC's PCM uploaded in OAS, JRCC's Resident Handbook, PREA Pamphlet, photo evidence of the location within JRCC's intake where the PREA Intake Video, and documentation of inmate acknowledgement which states, *"UPON ARRIVING AT JRCC HAVE WATCHED THE PREA EDUCATION VIDEO AND RECEIVED, READ, AND UNDERSTAND THE INFORMATION CONTAINED WITHIN THE JAMES RIVER CORRECTIONAL CENTER PREA EDUCATION PAMPHLET. STAFF REVIEWED THE INFORMATION WITH ME AT THE TIME IT WAS GIVEN TO ME."*

This PREA auditor concludes that JRCC is in compliance with PREA standard 115.16.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 338 1465 752">This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.17. James River Correctional Center (JRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policies and Procedures #1C-09 and 1C-11 as evidence of compliance with PREA Standard 115.17. This auditor reviewed JRCC’s “ND-DOCR’s Policies #1C-09 and 1C-11,” concluding that both have the necessary language to align with PREA Standard 115.17.</p> <p data-bbox="256 786 1458 1032">While on sight, this PREA auditor interviewed ND-DOCR’s Human Resource (HR) Manager and HR Coordinator, who identified that ND-DOCR conducts background checks on all employees and contractors during their 5-year background screenings. Additionally, ND-DOCR’s Human Resources Manager and HR Coordinator shared that background screenings include NCIC, Sex Offender Registry, VCIS (FBI Prints), and Elite Checks.</p> <p data-bbox="256 1066 1481 1559">This auditor randomly selected 18 employee files, 2 volunteers files, and 2 contractor files. This auditor’s random selection consisted of employees of various years of service. Six of the 18 selected employee files were staff who were promoted. The reviewed files also entailed PREA-related pre-employment screenings, local and national background check verifications, and affirmative duty to disclose. Seventeen of the 18 files had all the checks and screenings, aligning with 115.17. The one outlier was a reviewed file from an employee who was hired in 1999 (prior to the PREA law). This employee did have their 5-year background check completed on 7/9/18 and 9/26/23. The 2 volunteer files and 2 contractor files were compliant with 115.17. Finally, each year all ND-DOCR employees receive annual performance reviews. Each annual review has 3 PREA reaffirming acknowledgement zero tolerance questions for employees to complete.</p> <p data-bbox="256 1592 1441 1626">This PREA auditor concludes that JRCC is in compliance with PREA standard 115.17.</p>

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="256 1919 544 1953">Auditor Discussion</p> <p data-bbox="256 1993 1422 2072">This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System</p>

(OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.18. James River Correctional Center (JRCC) did not submit evidence of any facility upgrades in the OAS. Furthermore, JRCC has not acquired a new facility or made a substantial expansion to existing facilities since their last PREA Audit. While on site, JRCC's PREA Compliance Manager (PCM) shared with this auditor that about 30 cameras were updated in many housing units. Additionally, cameras were moved to the Special Assistance Unit (SAU), for better viewing and picture quality. Finally, this auditor interviewed JRCC's PREA Compliance Manager shared that the camera movement and additions of camera to the SAU enhances JRCC's supervision and monitoring abilities to protect inmates from sexual abuse.

Finally, when conducting JRCC's exhaustive facility site assessment (tour), this auditor observed the entire laundry location where inmate workers and staff frequent with zero video monitoring coverage. Additionally, this auditor observed 4 inoperable cameras in critical blind spot areas in JRCC's JRMU housing location (community living, day area, recreation and eating locations). These locations are outside visible site of staff being able to easily observe. Additionally, JRCC's JRMU housing location sleeping rooms are 3-person dorm style rooms with adjoining bathrooms to another 3-person dorm style room. Each door to each dorm style room is solid with no window for safety and security monitoring. There is no video monitoring in the rooms as well. This is in essence a total of 6-persons in each dorm style group of rooms with zero monitoring access. This is a serious blind spot and barrier for JRCC staff to provide adequate supervision to prevent, detect, protect, and respond in keeping inmates free from sexual abuse.

This auditor recommended that JRCC add video monitoring in the laundry area where inmate workers and staff frequent. This auditor also recommended that JRCC repair or replace current inoperable cameras in JRMU's dining room area. Finally, this auditor recommended that JRCC's JRMU housing unit dorm style rooms have windows placed in each dorm style room door to increase access to immediate staff viewing or monitoring to prevent, deter, detect, and respond to potential inmate sexual abuse/activity. This PREA auditor concluded that JRCC was not in compliance with PREA standard 115.18. Corrective Action was required.

During JRCC's Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with ND-DOCR's PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, JRCC's PREA Compliance Manager submitted (uploaded to OAS) photo evidence of new windows placed in all dorm style rooms at JRCC's JRMU. JRCC's PCM also shared that they have identified additional locations at JRMU for more cameras as well as update existing cameras and these recommended cameras in JRMU's dining area have been placed as budgetary items for this upcoming biennium. JRCC's PCM further shared that when inmates are in the dining room area, staff are currently present. Additionally, JRCC submitted floor plans and email correspondence with engineers who are identified to run cabling for cameras in JRCC's laundry area.

	<p>Floor plan locations for camera placement in JRCC's laundry area and JRMU's dining area have been uploaded to the OAS. This has also been placed as a budgetary item for this upcoming biennium. Currently, JRCC have two staff posts in the laundry area and have increased the presence by having a "roving" officer go through the area as a part of their unpredictable rounds.</p> <p>Finally, ND-DOCR's PC and JRCC's PCM submitted (in OAS) a "Memo of Affirmation" sharing their plans to add recommended cameras to JRCC's JRMU dining room area, JRCC's laundry area, and other areas needing updated video monitoring as budgetary items for ND-DOCR's/JRCC's upcoming biennium. in ND-DOCR's upcoming biennium. Excerpts from the memo states, <i>"The James River Correctional Center made significant physical plant changes to comply with the 2024 PREA audit. The most crucial being the addition of windows to group dorm rooms. Due to these changes, the budget for this biennium limits the number of additional cameras we can install. The addition of cameras was put into the budget for the next budget, with the intent to put them where the auditor suggested. Until that time, this is how the facility intends to maintain appropriate supervision of those areas. The areas of laundry that we are working toward having camera coverage are staffed with two security staff who do make rounds through the area. We will increase security supervision by having a roving officer complete rounds in this area as well. For the purposes of JRMU and the cameras in this unit; we have functioning cameras with the exception resident dining area. It has been put in the budget to increase our cameras at JRMU as well as update existing cameras. In the meantime, we do have staff patrolling the unit to include the resident dining area being staffed when residents are present."</i></p> <p>This PREA auditor concludes that JRCC is in compliance with PREA standard 115.18.</p>
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115.21	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.21. James River Correctional Center (JRCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #1A-27 as evidence of compliance with PREA Standard 115.21. This auditor reviewed JRCC's "ND-DOCR Policy #1A-27" and has concluded that it has the necessary language to align with PREA Standard 115.21.</p> <p>While on site, this auditor interviewed a random selection of 27 JRCC inmates. When asked about their knowledge of outside victim advocacy services provided for sexual</p>

abuse victims at JRCC, there were 26 out of 27 inmates who did not know that there were advocacy services available for inmate victims of sexual abuse. This auditor also interviewed a random selection of 12 JRCC security staff. This auditor shared a scenario with each security staff. This auditor shared a scenario of a sexual assault occurring in the shower area, where the victim immediately runs out and reports the assault to the security staff. Each knew their responsibilities if they were first to be informed, notified, or observe sexual abuse/sexual harassment of an inmate. All 12 interviewed security staff also shared their duties to preserve the potential crime scene of the scenario.

This auditor also reviewed ND-DOCR's Memorandum of Understanding (MOU) with North Dakota Highway Patrol to provide criminal investigations and confidential inmate sexual abuse reporting. This auditor also reviewed JRCC's MOU with Stutsman County Sheriff's Office (SCSO), Stutsman County Correctional Center (SCCC), Safe Shelter, and Jamestown Regional Medical Center (JRMC) to offer all JRCC victims' access to a SANE, SAFE, victim advocacy services, and emotional support for sexual abuse victims. The MOU has been open ended since 10/11/2016 stating, "Any party may terminate this agreement at any time, upon giving written notice to the others.

This auditor also interviewed JRCC's Director of Nursing who shared that they are aware of the MOU JRCC has with JRMC as their primary community hospital and Safe Shelter for victim advocacy services. They also shared that JRCC transports victim inmates to JRMC for SANE/SAFE. This auditor observed the posting of the victim advocacy telephone number posted on signage within the facility. This auditor was able to make contact with Safe Shelter's representative to verify collaboration with JRCC for victim advocacy.

This auditor recommended that ND-DOCR's JRCC provide inmate refresher education focused on JRCC's victim advocacy agreement with Safe Shelter, Safe Shelter's purpose and services for JRCC's inmates, how to contact via free phone number, and mailing address, and instructions to contact Safe Shelter. This inmate refresher education should include the agenda/curriculum and documented signature of inmates showing that they received and understand the refresher. Finally, JRCC should ensure that all new inmates receive education on their access to victim advocacy and emotional support services through Safe Shelter, as well as how to contact Safe Shelter. This auditor recommended that JRCC establishes and demonstrates consistency before compliance can be determined. This PREA auditor concluded that JRCC was not in compliance with PREA standard 115.21. Corrective Action was required.

During JRCC's Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with ND-DOCR's PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, JRCC's PREA Compliance Manager shared that when inmates call the "National Sexual Assault Hotline" the inmate is transferred to the "Stutsman Safe Shelter." JRCC's PCM further shared that the number for the "National Sexual Assault Hotline" is on the inmate PREA pamphlet inmates receive as well as on the PREA

	<p>signage posted throughout JRCC. JRCC's PCM also shared that Victim Advocacy availability is also discussed with inmates when intake staff goes over the PREA pamphlet during the resident's intake at JRCC, as well as during the inmate's 30-day "PREA Comprehensive Education" session with their assigned Case Manager. Furthermore, JRCC's PCM shared that PREA Investigators includes discussing the purpose of a victim advocate as well as how to contact them when doing each PREA investigation. This information is further relayed by JRCC's treatment staff when they meet with the victim during a PREA investigation. Finally, JRCC uploaded, in OAS, their PREA pamphlet which has JRCC's victim advocacy therein, photos of signage throughout JRCC which identifies victim advocacy access, and photo evidence of the JRCC's new PREA video, which discuss victim advocacy availability (not specific to JRCC).</p> <p>This PREA auditor concludes that JRCC is in compliance with PREA standard 115.21.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.22. James River Correctional Center (JRCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #1A-27 as evidence of compliance with PREA Standard 115.22. This auditor reviewed JRCC's "ND-DOCR Policy #1A-27" and has concluded that it has the necessary language to align with PREA Standard 115.22.</p> <p>While onsite, this auditor also interviewed 3 Administrative PREA Investigator. This auditor shared a scenario of an inmate running out of the shower and immediately reports to staff that another inmate sexually assaulted them. He was able to share first responders and evidence preservation, and reporting protocols. Additionally, JRCC's investigator shared his investigating procedures/responsibilities when a sexual abuse allegation is assigned to them. This auditor reviewed "ND-DOCR's Coordinated Response Plan," which aligned with JRCC's PREA Investigator's responses. This auditor interviewed a random selection of 23 JRCC specialized and security staff, 23 of 23 responded confidently their knowledge as first responders' duties and coordinated response responsibilities if a sexual abuse incident is reported, observed, or knowledge gained.</p> <p>Finally, this auditor reviewed ND-DOCR's MOU with North Dakota Highway Patrol (NDHP), which identifies that NDHP is responsible for conducting PREA criminal</p>

	<p>investigations. This auditor also reviewed the <i>“North Dakota Highway Patrol Criminal Investigation Manual.”</i> This manual describes the NDHP’s responsibilities when conducting criminal investigations. Finally, this auditor reviewed ND-DOCR’s website and viewed their investigative responsibilities for ALL allegations of sexual abuse.</p> <p>This PREA auditor concludes that JRCC is in compliance with PREA standard 115.22.</p>
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115.31	Employee training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.31. James River Correctional Center (JRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #1D-03 as evidence of compliance with PREA Standard 115.31. This auditor reviewed JRCC’s “ND-DOCR Policy #1D-03” and has concluded that it has the necessary language to align with PREA Standard 115.31.</p> <p>While onsite, this PREA interviewed 23 randomly selected security staff, specialized, support, volunteer, and contractors. Each acknowledged receiving PREA New Hire and/or PREA refresher training. Each knew their responsibilities as first responders and their coordinated duties. This auditor also requested to view the training files of each of the 23 randomly selected interviewed staff, to verify up-to-date annual PREA training. JRCC’s PREA Compliance Manager provided each staff’s <i>“Learner’s Transcripts,”</i> as evidence showing that all interviewed JRCC staff were up to date on their <i>“PREA New Hire and/or PREA Refresher”</i> trainings. JRCC’s electronic training <i>“Learner’s Transcripts”</i> entailed the staff’s name, name of the training course, the training type, and the date of training completion. The training tracking spreadsheet showed each staff’s training verification of attending. This auditor also reviewed the classroom in-person Power Point training curriculum, PREA Staff Training Lesson Plan, and web-based bi-annual refresher training curriculum used to train employees, contractors, and volunteers. The Power Point, lesson plan and web-based training covered the components identified in PREA Standard 115.31.</p> <p>This PREA auditor concludes that JRCC is in compliance with PREA standard 115.31.</p>

115.32	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>

	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.32. James River Correctional Center (JRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #1D-03 and #3C-04 as evidence of compliance with PREA Standard 115.32. This auditor reviewed JRCC’s “ND-DOCR Policies #1D-03” and #3C-04, concluding that both have the necessary language to align with PREA Standard 115.32.</p> <p>While onsite, this auditor interviewed JRCC’s PREA Compliance Manager, who shared that all unsupervised volunteers and contractors receive background checks, PREA training, and sign acknowledgement forms. He also shared that contractors are always supervised by JRCC staff. This auditor did observe staff supervision in the medical and mental health care contractor locations. This auditor also interviewed 1 randomly selected contractor. She acknowledged receiving PREA training, signed the PREA acknowledgement, and refresher training. She was able to thoroughly share her responsibilities if informed, observe, or gain knowledge of sexual abuse or sexual harassment.</p> <p>This auditor also requested, received, and viewed the training acknowledgement and documentation of the 1 randomly selected volunteer and 2 randomly selected contractors. Each acknowledgement and documentation reviewed was up to date with PREA training. Additionally, ND-DOCR’s JRCC’s PREA Compliance Manager submitted JRCC’s “PREA Contractor/Volunteer Training Lesson Plan” and an example “Contractor/Volunteer Acknowledgement Form.” The lesson plan and acknowledgement form covered the components identified in PREA Standard 115.31 and 115.32.</p> <p>This PREA auditor concludes that JRCC is in compliance with PREA standard 115.32.</p>
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115.33	Inmate education
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.33. James River Correctional Center (JRCC) submitted their “North Dakota</p>

Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #4A-01 and #4B-06 as evidence of compliance with PREA Standard 115.33. Additionally, JRCC shared that their policy #2A.03, "Policy for Provision of Auxiliary Aids and Services for Communication with People with Disabilities" provides guidance and procedures to ND-DOCR staff for providing meaningful access for those inmates with disabilities. This auditor reviewed JRCC's "ND-DOCR Policies #4A-01," #4B-06, and #2A-03, concluding that all have the necessary language to align with PREA Standard 115.33.

While onsite, this auditor interviewed 2 JRCC Staff Trainers. Both Staff Trainers shared that inmates are given a PREA pamphlet upon arrival at intake. They also shared that they do not provide inmate education within 30-days or PREA Education at all. Both further shared that inmates at JRCC receive their PREA Education at North Dakota State Prison (NDSP is the central inmate intake location), and because of that JRCC does not provide PREA Education. Additionally, this auditor reviewed JRCC PREA Compliance Manager's note in OAS which states, *"JRCC does not do intake as all residents go through intake and orientation at NDSP. However, we do provide them with a PREA pamphlet upon arrival during the mental health assessment. This is done at NDSP upon intake and orientation."*

This auditor also interviewed a random selection of 27 JRCC inmates. There were also 15 of 27 who reported that they did not receive PREA Information at Intake.

Furthermore, there were 27 out of 27 inmate who reported not receiving Comprehensive PREA Education within 30 days or at all. This same lack of providing PREA Comprehensive Education translated into inmates not knowing JRCC specific PREA-related reporting accesses to them. Though NDSP provides a global ND-DOCR and NDSP-related PREA Education to inmates, it is JRCC's responsibility to provide JRCC-specific Comprehensive PREA Education to JRCC transferred inmates. Though there's a global PREA Education NDSP can provide, each transferred facility has their own PREA-related nuances specific to their facility (reminder of zero-tolerance at the facility, reporting locations, locations of documents to report, retaliation monitoring, inmate tablet use, victim advocacy, etc.). Additionally, many times inmates are housed at NDSP for weeks and months before being transferred to another ND-DOCR facility. PREA information is often lost in the transfer process, so it is prudent for the transfer facility to re-acclimate the inmate to PREA at their new facility.

An excerpt from this PREA Standard 115.33 which states, *"(a) During the intake process, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.*

(b) Within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

(c) Current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall 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.

(d) *The agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills."*

This auditor recommended that JRCC verbally review their "Information about the Prison Rape Elimination ACT (PREA) Pamphlet" with every inmate who enters JRCC. Alternatively, JRCC could implement the FREE PRC Intake Video, which has closed captioned, English and Spanish, and ASL versions (6-7 minutes) (see the link: [New PREA Education Videos for Adult and Juvenile People in Confinement | PREA](#) (prearesourcecenter.org). This video can be followed with the inmate receiving the English or Spanish version of the "Information about the Prison Rape Elimination ACT (PREA) Pamphlet." Finally, this new procedure and practice should include sign-off/acknowledgement documentation as evidence of compliance.

Additionally, this auditor recommended JRCC provide "Comprehensive PREA Inmate Refresher Education" to ALL current JRCC inmates. This auditor also recommended JRCC implement a new policy, procedures, and practice of conducting "Comprehensive PREA Inmate Education" to all new arriving inmates within 30 days of their intake date. JRCC can implement the FREE PRC Education Video, which has closed captioned, English and Spanish, and ASL versions (13-15 minutes) (see the link: [New PREA Education Videos for Adult and Juvenile People in Confinement | PREA](#) (prearesourcecenter.org). This video viewing should be followed up with the JRCC facilitator sharing PREA-related access specific to JRCC, as well as providing opportunity for inmates to ask questions. This new procedure should include a comprehensive curriculum and sign-off/acknowledgement documentation as evidence of compliance. Moreover, JRCC should ensure that all new inmates receive documented "PREA Information" upon arrival and documented "Comprehensive PREA Education" within 30 days of arrival. This auditor recommended that JRCC establishes and demonstrates consistency before compliance can be determined.

Finally, though JRCC's red and white colored "PREA Reporting Signage" are in English and Spanish, this auditor observed that JRCC's PREA reporting access boxes, sick call boxes, and other communicative avenues for an inmate to report PREA at JRCC was in English ONLY. This auditor recommended that JRCC ensure that all PREA reporting access boxes, sick call boxes, and other communicative avenues for an inmate to report PREA at JRCC be in English and Spanish. This would allow Limited English Proficient (LEP) inmates adequate access to PREA reporting and communicating. This PREA auditor concluded that JRCC was not in compliance with PREA standard 115.33. Corrective Action was required.

During JRCC's Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with ND-DOCR's PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, JRCC's PREA Compliance Manager shared that JRCC has changed

	<p>their PREA education practice at intake to include a 6-minute video from PRC that is played for every inmate coming to JRCC. The video has English, Spanish, ASL, and closed-captioned options. The inmates are also given a JRCC specific PREA Pamphlet that identifies JRCC's Zero-Tolerance, inmates' rights, as well as how to report PREA incidents. This pamphlet is in English and Spanish. Treatment staff go over the pamphlet with each inmate upon intake as well as inquire if they have any PREA questions. Within 30 days of the inmate's arrival, the assigned Case Manager conducts "Comprehensive PREA Education," which consists of a 13 to 14-minute PRC video, followed by reviewing the PREA Pamphlet again. JRCC's PCM uploaded in OAS, JRCC's Resident Handbook, PREA Pamphlet, photo evidence of the location within JRCC's intake where the PREA Intake Video, and documentation of inmate acknowledgement which states, <i>"UPON ARRIVING AT JRCC HAVE WATCHED THE PREA EDUCATION VIDEO AND RECEIVED, READ, AND UNDERSTAND THE INFORMATION CONTAINED WITHIN THE JAMES RIVER CORRECTIONAL CENTER PREA EDUCATION PAMPHLET. STAFF REVIEWED THE INFORMATION WITH ME AT THE TIME IT WAS GIVEN TO ME."</i></p> <p>Furthermore, JRCC's PCM submitted photo evidence showing that all "mailboxes" on inmate housing units have been labeled in English and Spanish (for Outgoing Mail, Resident Requests, and Resident Sick Call). Additionally, PREA "Grievance Box" has been placed on JRCC's 1st floor, in the main area where all general population inmates walk through. The "Grievance Box" is labeled in English and Spanish, secured, and only the shift supervisor have access to retrieving grievances. This grievance box is checked frequently throughout the day with a minimum of at the beginning of each shift. Additionally, JRCC have created a "PREA Allegation" form on inmate tablets. All inmates can access through their individual tablets or the kiosks in the inmate dorm dayrooms. This reporting method allows for discreet reporting and the reports go directly to the Captains and Lieutenants without being viewed by anyone with access to the e-messaging system. Shift supervisors check the e-messaging system at the beginning of every shift. This "PREA Acknowledgement" form is in English and Spanish. Finally, JRCC submitted photo evidence, in OAS, of the "PREA Allegation" forms, Housing Unit boxes labeled in English and Spanish, the new PREA video, JRCC's PREA Pamphlet, Acknowledgement Form, and PREA posters</p> <p>This PREA auditor concludes that JRCC is in compliance with PREA standard 115.33.</p>
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115.34 Specialized training: Investigations	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site</p>

	<p>documents/files reviewed and observations to determine compliance for Standard 115.34. James River Correctional Center (JRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #1D-03 as evidence of compliance with PREA Standard 115.34. This auditor reviewed JRCC’s “ND-DOCR Policy #1D-03” and has concluded that it has the necessary language to align with PREA Standard 115.34.</p> <p>This PREA auditor also reviewed ND-DOCR’s 11 module “<i>Specialized Investigator’s Training and Agenda</i>” (16.0 hours) in OAS, as evidence of compliance. Each Module contained 10-25 Power Point slides covering topics related to PREA’s investigation standards. This auditor also interviewed 2 randomly selected JRCC administrative PREA investigators and JRCC’s PREA Compliance Manager (who’s also a PREA Investigator). Both knew their responsibilities in, evidence collection, Miranda/Garrity rights, interviewing procedures, understanding victim trauma, and investigation report-writing protocols. Both investigators identified the specialized training they received regarding investigating sexual abuse in confinement facilities. This auditor reviewed all 3 interviewed PREA investigator’s training transcript, submitted by JRCC’s PREA Compliance Manager. These training transcripts verified the specialized training of all three JRCC PREA investigators.</p> <p>This PREA auditor concludes that JRCC is in compliance with PREA standard 115.34.</p>
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115.35	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.35. James River Correctional Center (JRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #1D-03 as evidence of compliance with PREA Standard 115.35. This auditor reviewed JRCC’s “ND-DOCR Policy #1D-03” and has concluded that it has the necessary language to align with PREA Standard 115.35.</p> <p>While onsite, this PREA auditor also interviewed JRCC’s Treatment Coordinator and Director of Nursing. Each staff identified the training they received regarding effective and professional responding to sexual abuse victims, evidence preservation, reporting procedures, and forensic examination protocols. All knew their coordinated response responsibilities if an inmate is sexually abused at JRCC. This auditor also reviewed JRCC “<i>PREA Health Care Standards</i>” curriculum, which is used to train new medical and mental health staff. This auditor also reviewed JRCC’s Treatment Coordinator,</p>

	<p>Director of Nursing, and Case Manager’s training transcript, submitted by JRCC PREA Compliance Manager. These training transcripts verified the specialized training the entire JRCC medical and mental health staff received. JRCC’s Medical and Mental Health team received training through ND-DOCR classroom training or web-based training through the National Institute of Corrections (NIC).</p> <p>This PREA auditor concludes that JRCC is in compliance with PREA standard 115.35.</p>
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115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.41. James River Correctional Center (JRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 as evidence of compliance with PREA Standard 115.41. This auditor reviewed JRCC’s “ND-DOCR Policy #3C-04” and has concluded that it has the necessary language to align with PREA Standard 115.41.</p> <p>While on site, this auditor interviewed JRCC’s Treatment Coordinator, 1 of JRCC’s Case Managers, and 2 JRCC Unit Managers. Through these various interviews, this PREA auditor gathered that from the Unit Manager that prior to an inmate’s arrival to JRCC, the Unit Manager (male UM interviewed) completes the initial intake housing assessment/placement. The secondary Unit Manager (female interviewed) shared that she is the 2nd set of eyes to verify proper housing placement of inmates. Per this auditor’s interview with JRCC’s Treatment Coordinator (TC), when the inmate arrives to JRCC, the inmate receives a mental health screening. This mental health screening has 3 PREA screening questions on it, however, it is not captured in ND-DOCR’s “Elite” system. JRCC’s Case Manager or Housing Unit Floor Staff conducts a “24-hour PREA Transfer Screening” in the “Elite” system, prior to placing the inmate into a designated room on the previously assigned housing unit (assigned by the UM). The Case Manager further shared that each housing unit has an assigned Case Manager who initially assigns the inmate’s bedding location when the “24-hour PREA Transfer Screening” is completed. However, the floor staff could change the inmate’s bedding location, as needed.</p> <p>JRCC’s “24-hour PREA Transfer Screening” consists of 5 PREA transfer screening questions, which were approved by this PREA Auditor’s recommendation from another ND-DOCR facility’s audit. However, when this auditor reviewed JRCC’s “30-day PREA Transfer Reassessment Screening,” there were only the 3 original PREA screening</p>

questions, which were deemed non-compliant at ND-DOCR's previous facility's PREA Audit.

Additionally, though, this PREA Standard does not require "Annual PREA Screening Assessments" to be conducted (only event-based, new information, or new reports), ND-DOCR's JRCC's Case Managers are assigned to complete "Annual PREA Screening Assessments." During this auditor's interview with JRCC's Case Manager and Unit Managers, they shared that this is a ND-DOCR wide procedure. This auditor is not concerned with the addition of this annual risk screening. Rather, this auditor is concerned that the Case Manager shared that during these "Annual PREA Screening Assessments," a Potential Victim, Potential Aggressor, Known Victim, or Known Aggressor risk status can be re-classified/changed down, as far as being placed on "Unrestricted" risk status.

This auditor also reviewed an excerpt from "ND-DOCR Policy #3C-04" related to "Annual PREA Risk Reassessments" which states, "This form will also be utilized to conduct reassessments annually by an assigned case manager or designee at the same time the facility resident undergoes custody level reclassification. A reassessment should also be completed when there is a triggering event such as a substantial PREA related incident or the facility resident self-discloses an act of sexual predation or victimization. This auditor understands that a PREA risk score/status can be increased by new sexual abuse event occurrence, new information received, or a new/report of sexual victimization/perpetration received. However, the PREA-related risk score should not be decreased based on institutional "good behavior." Though this may be a practice within a facility's custody level classification and reclassification system, PREA risk screening does not entail behavioral based incentives, which could allow an inmate to be classified down based on their behavior within the institution. The results from the exhaustive "Initial PREA Risk Screening" (at NDSP), which identifies an inmate's initial risk status (Potential Victim, Potential Aggressor, Known Victim, or Known Aggressor, Unrestricted) are at minimum unchangeable (could increase). The "Initial PREA Risk Screening" score/status remains the same, and any reassessments/re-screenings are purposed for reaffirming current information and considering newly received information, not reclassifying an inmate down from their risk status.

Furthermore, this auditor reviewed JRCC's "Prior Victimization Report" for period 5/2023 through 5/2024. The report identified 23 Offender names. Of the 23 inmate names listed, there were 7 of the 23 inmates answered "Yes" to having a *"History of being a victim of predatory or aggressive actions."* These 7 were then scored/categorized as "Unrestricted" (rather than Known Victims). Additionally, of the 23 inmate names listed, there were 6 of the 23 inmates answered "Yes" to having a *"History of being a victim of predatory or aggressive actions."* These 6 were then scored/categorized as "Potential Victims" (rather than Known Victims). That's a total of 13 of the 23 inmates being mis-scored/categorized.

These inaccuracies in "PREA Risk Screenings" at JRCC ultimately create inaccuracies in bedding, housing, and programmatic decisions, when attempting to keep away those inmates who are high risk of sexual victimization from those inmates who are

high risk of abusiveness. There could very well be an inmate whose status was assessed as a "Known Aggressor" on their "Initial PREA Risk Screening" (at NDSP) housed in the same JRCC dormitory/room and housing unit with an inmate whose status was assessed as a "Known Victim" on their "Initial PREA Risk Screening" (at NDSP).

Finally, during this auditor's interview with JRCC's Case Manager, she informed that "30-Day PREA Reassessments" are not being done consistently by case managers. When requested the 30-day PREA Reassessments of the 27 interviewed inmates, this auditor did not receive any. This auditor reviewed ND-DOCR's "PREA Rating Assessment Manual" which stated the following regarding "PREA Risk 30-day Reassessments," *"This reassessment is due within 30 days of arrival after an inter-department transfer. This should be completed no sooner than seven days after the resident has arrived at the facility."*

This auditor recommended that ALL JRCC inmates receive documented "PREA Risk Screening Reassessments." This auditor also recommended that going forward, JRCC Case Managers conduct and document "30-day PREA Risk Reassessments all incoming inmates to JRCC receive. Additionally, this auditor recommended that all ND-DOCR Transfer/Leave, 24-hour, 30-day, and Annual PREA Risk Screenings utilize the same format and line of reaffirming questions. The screening tool's 5 Questions should be the following:

1. *History of being a victim of predatory or aggressive sexual actions in an institutional setting?*
2. *Verbalize fear for personal safety or sexual victimization?*
3. *History of institutional predatory behavior, including jail, since your last PREA Assessment?*
4. *Would you like to share any additional information that you did not share during your previous screening?*
5. *Have you reported or would like to report an incident of sexual abuse or sexual harassment that occurred since your previous screening?*

Moreover, this auditor also recommended that ND-DOCR and JRCC either discontinue using their "Annual PREA Risk Screening" or cease reclassifying down an inmate's initial PREA Risk score/status. Finally, this auditor recommended that JRCC establish "Standard Operating Procedures" (SOP) which JRCC's Unit Managers, Case Managers, and Floor Supervisors can uniformly follow, with physical documentation on how JRCC is placing inmates on housing units and room assignments, with the purpose of keeping away those inmates who are high risk of sexual victimization from those inmates who are high risk of abusiveness. This auditor recommended that JRCC establish and demonstrates consistency of practice before compliance can be determined. This PREA auditor concluded that JRCC was not in compliance with PREA standard 115.41. Corrective Action was required.

During JRCC's Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with ND-DOCR's PREA Coordinator and

	<p>PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, JRCC's PREA Compliance Manager conducted a review of all current "unrestricted" inmates. Staff viewed their Initial PREA Assessment for determination if they changed to unrestricted from anything but unrestricted during their initial assessment. Findings from the review revealed that 61 inmates had changed scores. JRCC's Unit Management then completed a review of the 61 identified residents. Of those 61 residents it was noted that 7 residents needed to have a "PREA 30-day Reassessment" completed. Those 7 reassessments were completed and uploaded to the OAS. It was also noted that 7 residents had the wrong "alert" in ND-DOCR's "ELITE" system. This also was corrected in the "ELITE" system. The 7 corrected assessments were uploaded in the OAS.</p> <p>Additionally, JRCC has implemented a new practice of "PREA 30-day Reassessments" being incorporate into the facility's reassessment process. JRCC has also implemented Case Managers conducting the "PREA Comprehensive Education," reviewing the "PREA Pamphlet," and inmates signing the "PREA Education Acknowledgement" form, alongside conducting inmate "PREA 30-day Reassessments." JRCC has uploaded random samples of inmate acknowledgements into OAS.</p> <p>Furthermore, JRCC submitted their revised "PREA Transfer Screening" and "30-Day PREA Reassessment Screening," as evidence of compliance. JRCC's revised "PREA Transfer Screening" and "30-Day PREA Reassessment Screening" were aligned which carried over the inmate's status from their initial intake screening, asked the same reaffirming questions allow the inmate to voluntary share new information, and capture any updated responses/information obtained.</p> <p>Finally, JRCC has discontinued the annual PREA reassessment screenings. ND-DOCR's PC submitted a "Memo" to all PCMs at all facilities to cease conducting annual PREA Reassessments on all ND-DOCR inmates, due to it not being required by PREA Standard 115.41. An excerpt from ND-DOCR's PC states, "We are required to conduct an initial PREA assessment at intake, a PREA reassessment within 30 days of the initial assessment at intake, a transfer PREA assessment if an individual is moved to a different facility, and a PREA reassessment within 30 days of the individual's initial assessment at transfer." The memo regarding the discontinuation from ND-DOCR's PC was uploaded to the OAS.</p> <p>This PREA auditor concludes that JRCC is in compliance with PREA standard 115.41.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit

evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.42. James River Correctional Center (JRCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 as evidence of compliance with PREA Standard 115.42. This auditor reviewed JRCC's "ND-DOCR Policy #3C-04" and has concluded that it has the necessary language to align with PREA Standard 115.42.

While on site, this auditor interviewed 27 randomly selected inmates, 3 of which were transgender. Each of the 3 interviewed transgender inmates, shared that they feel safe at JRCC, their safety is taken into consideration by staff, they are allowed to shower separate from other inmates (if request), and they are not placed in designated housing. Each shared that they are housed with the general population (small or single dormitory setting). Additionally, each of the 3 interviewed transgender inmates shared that they meet regularly with treatment staff and case managers, however they do not recall any reassessments beyond their initial and annual.

This auditor also interviewed JRCC's Treatment Coordinator, 1 of JRCC's Case Managers, and 2 JRCC Unit Managers. Through these various interviews, this PREA auditor gathered that from the Unit Manager that prior to an inmate's arrival to JRCC, the Unit Manager (male UM interviewed) completes the initial intake housing assessment/placement. The secondary Unit Manager (female interviewed) shared that she is the 2nd set of eyes to verify proper housing placement of inmates. Per this auditor's interview with JRCC's Treatment Coordinator (TC), when the inmate arrives to JRCC, the inmate receives a mental health screening. This mental health screening has 3 PREA screening questions on it, however, it is not captured in ND-DOCR's "Elite" system. JRCC's Case Manager or Housing Unit Floor Staff conducts a "24-hour PREA Transfer Screening" in the "Elite" system, prior to placing the inmate into a designated room on the previously assigned housing unit (assigned by the UM). The Case Manager further shared that each housing unit has an assigned Case Manager who initially assigns the inmate's bedding location when the "24-hour PREA Transfer Screening" is completed. However, the floor staff could change the inmate's bedding location, as needed.

JRCC's "24-hour PREA Transfer Screening" consists of 5 PREA transfer screening questions, which were approved by this PREA Auditor's recommendation from another ND-DOCR facility's audit. However, when this auditor reviewed JRCC's "30-day PREA Transfer Reassessment Screening," there were only the 3 original PREA screening questions, which were deemed non-compliant at ND-DOCR's previous facility's PREA Audit.

Additionally, though, this PREA Standard does not require "Annual PREA Screening Assessments" to be conducted (only event-based, new information, or new reports), ND-DOCR's JRCC's Case Managers are assigned to complete "Annual PREA Screening Assessments." During this auditor's interview with JRCC's Case Manager and Unit Managers, they shared that this is a ND-DOCR wide procedure. This auditor is not

concerned with the addition of this annual risk screening. Rather, this auditor is concerned that the Case Manager shared that during these “Annual PREA Screening Assessments,” a Potential Victim, Potential Aggressor, Known Victim, or Known Aggressor risk status can be re-classified/changed down, as far as being placed on “Unrestricted” risk status.

This auditor also reviewed an excerpt from “ND-DOCR Policy #3C-04” related to “Annual PREA Risk Reassessments” which states, “This form will also be utilized to conduct reassessments annually by an assigned case manager or designee at the same time the facility resident undergoes custody level reclassification. A reassessment should also be completed when there is a triggering event such as a substantial PREA related incident or the facility resident self-discloses an act of sexual predation or victimization. This auditor understands that a PREA risk score/status can be increased by new sexual abuse event occurrence, new information received, or a new/report of sexual victimization/perpetration received. However, the PREA-related risk score should not be decreased based on institutional “good behavior.” Though this may be a practice within a facility’s custody level classification and reclassification system, PREA risk screening does not entail behavioral based incentives, which could allow an inmate to be classified down based on their behavior within the institution. The results from the exhaustive “Initial PREA Risk Screening” (at NDSP), which identifies an inmate’s initial risk status (Potential Victim, Potential Aggressor, Known Victim, or Known Aggressor, Unrestricted) are at minimum unchangeable (could increase). The “Initial PREA Risk Screening” score/status remains the same, and any reassessments/re-screenings are purposed for reaffirming current information and considering newly received information, not reclassifying an inmate down from their risk status.

Furthermore, this auditor reviewed JRCC’s “Prior Victimization Report” for period 5/2023 through 5/2024. The report identified 23 Offender names. Of the 23 inmate names listed, there were 7 of the 23 inmates answered “Yes” to having a “*History of being a victim of predatory or aggressive actions.*” These 7 were then scored/categorized as “Unrestricted” (rather than Known Victims). Additionally, of the 23 inmate names listed, there were 6 of the 23 inmates answered “Yes” to having a “*History of being a victim of predatory or aggressive actions.*” These 6 were then scored/categorized as “Potential Victims” (rather than Known Victims). That’s a total of 13 of the 23 inmates being mis-scored/categorized.

These inaccuracies in “PREA Risk Screenings” at JRCC ultimately create inaccuracies in bedding, housing, and programmatic decisions, when attempting to keep away those inmates who are high risk of sexual victimization from those inmates who are high risk of abusiveness. There could very well be an inmate whose status was assessed as a “Known Aggressor” on their “Initial PREA Risk Screening” (at NDSP) housed in the same JRCC dormitory/room and housing unit with an inmate whose status was assessed as a “Known Victim” on their “Initial PREA Risk Screening” (at NDSP).

Finally, during this auditor’s interview with JRCC’s Case Manager, she informed that “30-Day PREA Reassessments” are not being done consistently by case managers.

When requested the 30-day PREA Reassessments of the 27 interviewed inmates, this auditor did not receive any. This auditor reviewed ND-DOCR's "PREA Rating Assessment Manual" which stated the following regarding "PREA Risk 30-day Reassessments," *"This reassessment is due within 30 days of arrival after an inter-department transfer. This should be completed no sooner than seven days after the resident has arrived at the facility."*

This auditor recommended that ALL JRCC inmates receive documented *"PREA Risk Screening Reassessments."* This auditor also recommended that going forward, JRCC Case Managers conduct and document *"30-day PREA Risk Reassessments"* all incoming inmates to JRCC receive. Additionally, this auditor recommended that all ND-DOCR Transfer/Leave, 24-hour, 30-day, and Annual PREA Risk Screenings utilize the same format and line of reaffirming questions. The screening tool's 5 Questions should be the following:

1. *History of being a victim of predatory or aggressive sexual actions in an institutional setting?*
2. *Verbalize fear for personal safety or sexual victimization?*
3. *History of institutional predatory behavior, including jail, since your last PREA Assessment?*
4. *Would you like to share any additional information that you did not share during your previous screening?*
5. *Have you reported or would like to report an incident of sexual abuse or sexual harassment that occurred since your previous screening?*

Moreover, this auditor also recommended that ND-DOCR and JRCC either discontinue using their *"Annual PREA Risk Screening"* or cease reclassifying down an inmate's initial PREA Risk score/status. Finally, this auditor recommended that JRCC establish *"Standard Operating Procedures"* (SOP) which JRCC's Unit Managers, Case Managers, and Floor Supervisors can uniformly follow, with physical documentation on how JRCC is placing inmates on housing units and room assignments, with the purpose of keeping away those inmates who are high risk of sexual victimization from those inmates who are high risk of abusiveness. This auditor recommended that JRCC establish and demonstrates consistency of practice before compliance can be determined. This PREA auditor concluded that JRCC was not in compliance with PREA standard 115.42. Corrective Action was required.

During JRCC's Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with ND-DOCR's PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, JRCC's PREA Compliance Manager conducted a review of all current *"unrestricted"* inmates. Staff viewed their Initial PREA Assessment for determination if they changed to unrestricted from anything but unrestricted during their initial assessment. Findings from the review revealed that 61 inmates had changed scores. JRCC's Unit Management then completed a review of the 61 identified residents. Of those 61 residents it was noted that 7 residents needed to have a *"PREA 30-day*

Reassessment” completed. Those 7 reassessments were completed and uploaded to the OAS. It was also noted that 7 residents had the wrong “alert” in ND-DOCR’s “ELITE” system. This also was corrected in the “ELITE” system. The 7 corrected assessments were uploaded in the OAS.

Additionally, JRCC has implemented a new practice of “PREA 30-day Reassessments” being incorporate into the facility’s reassessment process. JRCC has also implemented Case Managers conducting the “PREA Comprehensive Education, reviewing the “PREA Pamphlet,” and inmates signing the “PREA Education Acknowledgement” form, alongside conducting inmate “PREA 30-day Reassessments.” JRCC has uploaded random samples of inmate acknowledgements into OAS.

Furthermore, JRCC submitted their revised “PREA Transfer Screening” and “30-Day PREA Reassessment Screening,” as evidence of compliance. JRCC’s revised “PREA Transfer Screening” and “30-Day PREA Reassessment Screening” were aligned which carried over the inmate’s status from their initial intake screening, asked the same reaffirming questions allow the inmate to voluntary share new information, and capture any updated responses/information obtained.

JRCC also submitted, in OAS, their “Memorandum-Subject: PREA SOP Housing Unit Assignments” which discussed their Standard Operating Procedures (SOP) for housing JRCC inmates. The Memorandum SOP stated,

SUBJECT: PREA SOP Housing Unit Assignments

- ***Prior to the resident arriving to the unit, the unit team will review appropriate housing***
- ***Consideration of their PREA rating is reviewed and cross referenced with the bunks available***
- ***If there are Potential or Known Aggressors in a dorm they will only be allowed in that bunk if they are Unrestricted or an Aggressor***
- ***If there are Potential or Known Victims in a dorm they will only be allowed in that bunk if they are Unrestricted or a Victim.***
- ***If the resident answers yes to a history of victimization or sexual abuse this needs to be staffed with treatment and Mental Health must complete a follow-up meeting within 14-days of arrival.***

- Mental Health will include in their documentation of that 14-day follow-up that this follow-up is a result of the PREA Risk Assessment.

- ***Resident arrives to the unit and is met with by a housing unit Case Manager or Sgt.***
- ***A 72-hour contact questionnaire is completed with the resident***
- ***The 72-hour contact note is entered in Elite to include the current PREA rating and verification there are no Victims housed with Aggressors***

- Resident is unrestricted

	<p>- Resident is a Potential/Known Victim, and no aggressors are housed in the dorm</p> <p>- Resident is a Potential/Known Aggressor, and no victims are housed in the dorm</p> <p>• Resident is taken to the bunk assignment</p> <p>Finally, JRCC has discontinued the annual PREA reassessment screenings. ND-DOCR's PC submitted a "Memo" to all PCMs at all facilities to cease conducting annual PREA Reassessments on all ND-DOCR inmates, due to it not being required by PREA Standard 115.41. An excerpt from ND-DOCR's PC states, <i>"We are required to conduct an initial PREA assessment at intake, a PREA reassessment within 30 days of the initial assessment at intake, a transfer PREA assessment if an individual is moved to a different facility, and a PREA reassessment within 30 days of the individual's initial assessment at transfer."</i> The memo regarding the discontinuation from ND-DOCR's PC was uploaded to the OAS.</p> <p>This PREA auditor concludes that JRCC is in compliance with PREA standard 115.42.</p>
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115.43	Protective Custody
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.43. James River Correctional Center (JRCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3A-18 and Coordinated Response Plan" as evidence of compliance with PREA Standard 115.43. An excerpt from ND-DOCR's Policy and Procedures #3A-18 states, <i>"Generally, adults in custody who require separation and protective custody should not be placed in restrictive housing. c. Adults in custody are admitted and placed on protective custody status only when there is documentation that protective custody is warranted, and no other reasonable options are available. The chief of security is responsible for ensuring a full investigation is completed on all protective custody requests made by adults in custody or staff. In emergent cases, the shift supervisor may place an adult in custody in the segregation unit until the case is reviewed by the Warden."</i> An excerpt from ND-DOCR's Coordinated Response Plan states, <i>"Adults in custody 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</i></p>

	<p><i>separation from likely abusers. If an assessment cannot be completed immediately, the adult in custody may be held in involuntary segregated housing for less than 24 hours while assigned staff completes the assessment. If an involuntary segregated housing assignment is made, the case manager shall clearly document in ELITE the basis for the concern for the person's safety and the reason why no alternative means of separation can be arranged.</i></p> <p><i>Adults in custody placed in involuntary segregated housing for this purpose shall have access to their normal 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 any opportunities that have been limited, the duration of the limitation, and the reasons for any limitations.</i></p> <p><i>Adults in custody may 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. Efforts must be made to keep the victim in the victim's normal housing unit to prevent re-traumatization.</i></p> <p><i>Every seven days for the first two months and then 30 days thereafter, the Administrative Segregation review team shall afford each resident a review to determine whether there is a continuing need for separation from the general population."</i> After review of JRCC's "ND-DOCR Policy #3A-18 and Coordinated Response Plan," this auditor has concluded that it has the necessary language to align with PREA Standard 115.43.</p> <p>While on site, this auditor interviewed JRCC's PREA Compliance Manager and Warden. Each were consistent that involuntary protective custody/segregation is not primarily used at JRCC, due to JRCC being screened a "Potential Victim" or "Known Victim."</p> <p>Additionally, while onsite, this auditor conducted an exhaustive onsite assessment and did not identify any inmates in segregated housing for PREA Risk purposes. This auditor also interviewed 27 randomly selected inmates and informally interviewed 6 inmates in JRCC's segregation unit. Each of the 27 interviewed inmates shared that JRCC does not primarily house inmates who are at high risk of victimization. Three informally interviewed segregated inmates shared that an inmate could request protective custody or segregated housing. However, <i>"it goes through a committee first."</i></p> <p>This PREA auditor concludes that JRCC is in compliance with PREA standard 115.43.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System

(OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.51. James River Correctional Center (JRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Facility Handbook, Website Reporting Page, and Coordinated Response Plan” as evidence of compliance with PREA Standard 115.51. When this auditor reviewed the ND-DOCR’s Facility Handbook, Website Page, and Coordinated Response Plan, each shared 8-9 different ways to report a sexual abuse or sexual harassment allegation. This auditor concludes that “ND-DOCR’s Facility’s Handbook, Website Page and Coordinated Response Plan” has the necessary language to align with PREA Standard 115.51.

This PREA auditor interviewed a random selection of 27 JRCC inmates asking, *“Please share with me at least four different ways an inmate can report an incident of sexual abuse or sexual harassment?”* There were 16 of 27 who could only share 2 to 3 ways, in which most inmates stated different staff names and written avenues to report. There were also 16 out of 27 who knew that there was access to an external confidential hotline reporting. When this auditor conducted an exhaustive site assessment, this auditor observed that the PREA reporting signage throughout the facility was in English and Spanish, however some signage was torn or distorted. This auditor attempted to call the external hotline number. It was operable and went to “Safe Shelter.” This auditor spoke to the “Safe Shelter” representative, who shared that their agency provides victim advocacy services to JRCC, as well as serves as an external confidential reporting for JRCC inmates. Finally, Safe Shelter’s representative shared that if they receive a confidential report, they document, then forward reports to JRCC’s PCM and to Stutsman County Sheriff’s Office (if needed).

Additionally, while onsite conducting an exhaustive site assessment, this auditor observed a large rectangle “Brown Box” on each housing unit/floor with 4 front load slots for sick calls, request slips, outgoing mail, grievances, and other written material from JRCC inmates (as stated by JRCC’s Assistant Warden and PCM). This auditor observed that each “Brown Box” on each housing unit/floor was not consistently labeled for inmates to know what slot applies to what communication. Also, the large rectangular “Brown Box” opened from the front, allowing access to all individual slots, and all JRCC staff have key access. This type of box and this type of key access to all staff takes away the confidentiality of the written correspondence placed in the individual slots by the inmate. In essence, all staff have access to each inmate’s confidential sick calls, request slips, outgoing mail, grievances, and other written communicative material. Ultimately, if an inmate wanted to submit a PREA-related incident/allegation through this “Brown Box,” it is compromised. This auditor asked how the information is retrieved from the “Brown Boxes.” JRCC’s Assistant Warden and PREA Compliance Manager (PCM) shared that a staff opens the box, retrieve the written correspondence, sort it, and delivers it to the appropriate parties. Entry into this “Brown Box” does not make it a source of confidential written reporting. This was confirmed during this auditor’s randomly selected interviews with 12 security staff, who confirmed staff have private reporting access, however, the access to written inmate material placed in the “Brown Box” by inmates are accessible by multiple

staff, even a staff member who could be the alleged sexual perpetrator. These major reporting boxes not being confidential may deter an inmate from utilizing these avenues to report an incident of sexual abuse, especially if the perpetrator is a staff. Finally, the few labeled reporting boxes were titled in English only.

This auditor recommended JRCC add separate labeled boxes (grievance forms, request forms, sick call forms, mail, etc.) to provide confidential written reporting avenues for inmates to report. These boxes should have limited accessibility to only 1 to 2 specifically identified staff. Additionally, this auditor recommended JRCC develop written/documented procedures which describe the process for accessing and who has access to these boxes. These recommended changes to adding confidential written reporting boxes will encourage inmates who are victims of sexual abuse to utilize these avenues to report an incident of sexual abuse, especially if the perpetrator is a staff. This auditor also recommended that JRCC ensure that all PREA reporting access boxes, sick call boxes, and other communicative avenues for an inmate to report PREA at JRCC be labeled in English and Spanish. This will allow Limited English Proficient (LEP) inmates adequate access to PREA reporting and communicating.

Furthermore, this auditor recommended JRCC provide “Refresher Comprehensive Inmate Education” to ALL inmates regarding JRCC’s Zero-Tolerance Policy, the various ways to report sexual abuse (SA) or sexual harassment (SH) at JRCC (reporting through verbal, sick calls, request forms, grievance forms, medical slip, kites, 3rd Party Reporting access, confidential hotline, and anonymous reporting). Inmates should also be educated that PREA Investigations will be conducted for all allegations of SA and SH, as well as retaliation protections through JRCC’s retaliation monitoring. Finally, this auditor recommended that JRCC add additional PREA Zero-Tolerance postings/signage around facility to support JRCC’s PREA Zero Tolerance culture/efforts. This PREA auditor concluded that JRCC was not in compliance with PREA standard 115.51. Corrective Action was required.

During JRCC’s Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with ND-DOCR’s PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, JRCC’s PREA Compliance Manager shared that JRCC has changed their PREA education practice at intake to include a 6-minute video from PRC that is played for every inmate coming to JRCC. The video has English, Spanish, ASL, and closed-captioned options. The inmates are also given a JRCC specific PREA Pamphlet that identifies JRCC’s Zero-Tolerance, inmates’ rights, as well as how to report PREA incidents. This pamphlet is in English and Spanish. Treatment staff go over the pamphlet with each inmate upon intake as well as inquire if they have any PREA questions. Within 30 days of the inmate’s arrival, the assigned Case Manager conducts “Comprehensive PREA Education,” which consists of a 13 to 14-minute PRC video, followed by reviewing the PREA Pamphlet again. JRCC’s PCM uploaded in OAS, JRCC’s Resident Handbook, PREA Pamphlet, photo evidence of the location within JRCC’s intake where the PREA Intake Video, and documentation of inmate acknowledgement which states, *“UPON ARRIVING AT JRCC HAVE WATCHED THE PREA*

	<p><i>EDUCATION VIDEO AND RECEIVED, READ, AND UNDERSTAND THE INFORMATION CONTAINED WITHIN THE JAMES RIVER CORRECTIONAL CENTER PREA EDUCATION PAMPHLET. STAFF REVIEWED THE INFORMATION WITH ME AT THE TIME IT WAS GIVEN TO ME."</i></p> <p>Furthermore, JRCC's PCM submitted photo evidence showing that all "mailboxes" on inmate housing units have been labeled in English and Spanish (for Outgoing Mail, Resident Requests, and Resident Sick Call). Additionally, PREA "Grievance Box" has been placed on JRCC's 1st floor, in the main area where all general population inmates walk through. The "Grievance Box" is labeled in English and Spanish, secured, and only the shift supervisor have access to retrieving grievances. This grievance box is checked frequently throughout the day with a minimum of at the beginning of each shift. Additionally, JRCC have created a "PREA Allegation" form on inmate tablets. All inmates can access through their individual tablets or the kiosks in the inmate dorm dayrooms. This reporting method allows for discreet reporting and the reports go directly to the Captains and Lieutenants without being viewed by anyone with access to the e-messaging system. Shift supervisors check the e-messaging system at the beginning of every shift. This "PREA Acknowledgement" form is in English and Spanish. JRCC also submitted photo evidence, in OAS, of the "PREA Allegation" forms, Housing Unit boxes labeled in English and Spanish, the new PREA video, JRCC's "PREA Pamphlet," "PREA Acknowledgement Form," and PREA posters.</p> <p>Finally, JRCC's PCM provided "PREA Education Refresher" Acknowledgement/Rosters of 474 JRCC inmates who viewed the PREA Video, provided by the PRC, followed by reviewing and discussing JRCC "PREA Pamphlet." The Acknowledgements/Rosters signed by the inmates acknowledged their understanding of video content, the pamphlet, and the investigation process to include retaliatory monitoring. The signed "PREA Education Refresher" training acknowledgement/roster was uploaded to the OAS. JRCC submitted photo evidence of additional PREA "Zero-Tolerance" posting/signage placed throughout JRCC (11 randomly selected photos).</p> <p>This PREA auditor concludes that JRCC is in compliance with PREA standard 115.51.</p>
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115.52	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.52. James River Correctional Center (JRCC) submitted their "North Dakota</p>

Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-10 as evidence of compliance with PREA Standard 115.52. This auditor reviewed JRCC's "ND-DOCR Policy #3C-10" and it states, *"Although the Department allows allegations of sexual abuse to be submitted on a grievance form for investigation, the Department does not have grievance procedures to address allegations of inmate sexual abuse. If an allegation of sexual abuse is reported on a grievance form, it must be removed from the grievance process and processed under the PREA policy as though it were submitted using another permitted method."* This auditor has concluded that "ND-DOCR Policy #3C-10" has the necessary language to align with PREA Standard 115.52.

While onsite, this PREA interviewed JRCC's Warden, PREA Compliance Manager, and ND-DOCR's PREA Coordinator. Each shared that although the ND-DOCR allows allegations of sexual abuse to be submitted on a grievance form for investigation, the Department does not have grievance procedures to address allegations of inmate sexual abuse. James River Correctional Center (JRCC) also submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) Facility Handbook, Website Reporting Page, and Coordinated Response Plan" as evidence of compliance. When this auditor reviewed the ND-DOCR's Facility Handbook, Website Page, and Coordinated Response Plan, each shared that submitting "a grievance form" as one of the 8-9 different ways to report a sexual abuse or sexual harassment allegation. However, when this PREA auditor also interviewed a random selection of 27 JRCC inmates asking, *"Please share with me at least four different ways an inmate can report an incident of sexual abuse or sexual harassment?"* There was only 1 out of 27 interviewed inmates who shared that a "grievance form" was a way to report.

Additionally, while onsite conducting an exhaustive site assessment, this auditor observed a large rectangle "Brown Box" on each housing unit/floor with 4 front load slots for sick calls, request slips, outgoing mail, grievance forms, and other written material from JRCC inmates (as stated by JRCC's Assistant Warden and PCM). This auditor observed that each "Brown Box" on each housing unit/floor was not consistently labeled for inmates to know what slot applies to what communication. Also, the large rectangular "Brown Box" opened from the front, allowing access to all individual slots, and all JRCC staff have key access. This type of box and this type of key access to all staff takes away the confidentiality of the written correspondence placed in the individual slots by the inmate. In essence, all staff have access to each inmate's confidential sick calls, request slips, outgoing mail, grievances, and other written communicative material. Ultimately, if an inmate wanted to submit a PREA-related incident/allegation through this "Brown Box," it is compromised. This auditor asked how the information is retrieved from the "Brown Boxes." JRCC's Assistant Warden and PREA Compliance Manager (PCM) shared that a staff opens the box, retrieve the written correspondence, sort it, and delivers it to the appropriate parties. Entry into this "Brown Box" does not make it a source of confidential written reporting. This was confirmed during this auditor's randomly selected interviews with 12 security staff, who confirmed staff have private reporting access, however, the access to written inmate material placed in the "Brown Box" by inmates are accessible by multiple staff, even a staff member who could be the alleged sexual

perpetrator. These major reporting boxes not being confidential may deter an inmate from utilizing these avenues to report an incident of sexual abuse, especially if the perpetrator is a staff. Finally, the few labeled reporting boxes were titled in English only.

This auditor recommended JRCC add separate labeled boxes (grievance forms, request forms, sick call forms, mail, etc.) to provide confidential written reporting avenues for inmates to report. These boxes should have limited accessibility to only 1 to 2 specifically identified staff. Additionally, this auditor recommended JRCC develop written/documented procedures which describe the process for accessing and who has access to these boxes. These recommended changes to adding confidential written reporting boxes will encourage inmates who are victims of sexual abuse to utilize these avenues to report an incident of sexual abuse, especially if the perpetrator is a staff. This auditor also recommended that JRCC ensure that all PREA reporting access boxes, sick call boxes, and other communicative avenues for an inmate to report PREA at JRCC be labeled in English and Spanish. This will allow Limited English Proficient (LEP) inmates adequate access to PREA reporting and communicating.

Furthermore, this auditor recommended JRCC provide *"Refresher Comprehensive Inmate Education"* to ALL inmates regarding JRCC's Zero-Tolerance Policy, the various ways to report sexual abuse (SA) or sexual harassment (SH) at JRCC (reporting through verbal, sick calls, request forms, grievance forms, medical slip, kites, 3rd Party Reporting access, confidential hotline, and anonymous reporting). Inmates should also be educated that PREA Investigations will be conducted for all allegations of SA and SH, as well as retaliation protections through JRCC's retaliation monitoring. Finally, this auditor recommended that JRCC add additional PREA Zero-Tolerance postings/signage around facility to support JRCC's PREA Zero Tolerance culture/efforts. This PREA auditor concluded that JRCC was not in compliance with PREA standard 115.51. Corrective Action was required.

During JRCC's Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with ND-DOCR's PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, JRCC's PREA Compliance Manager shared that JRCC has changed their PREA education practice at intake to include a 6-minute video from PRC that is played for every inmate coming to JRCC. The video has English, Spanish, ASL, and closed-captioned options. The inmates are also given a JRCC specific PREA Pamphlet that identifies JRCC's Zero-Tolerance, inmates' rights, as well as how to report PREA incidents. This pamphlet is in English and Spanish. Treatment staff go over the pamphlet with each inmate upon intake as well as inquire if they have any PREA questions. Within 30 days of the inmate's arrival, the assigned Case Manager conducts *"Comprehensive PREA Education,"* which consists of a 13 to 14-minute PRC video, followed by reviewing the *"PREA Pamphlet"* again. JRCC's PCM uploaded in OAS, JRCC's Resident Handbook, *"PREA Pamphlet,"* photo evidence of the location within JRCC's intake where the PREA Intake Video, and documentation of inmate acknowledgement which states, *"UPON ARRIVING AT JRCC HAVE WATCHED THE PREA*

	<p><i>EDUCATION VIDEO AND RECEIVED, READ, AND UNDERSTAND THE INFORMATION CONTAINED WITHIN THE JAMES RIVER CORRECTIONAL CENTER PREA EDUCATION PAMPHLET. STAFF REVIEWED THE INFORMATION WITH ME AT THE TIME IT WAS GIVEN TO ME."</i></p> <p>Furthermore, JRCC's PCM submitted photo evidence showing that all "mailboxes" on inmate housing units have been labeled in English and Spanish (for Outgoing Mail, Resident Requests, and Resident Sick Call). Additionally, PREA "Grievance Box" has been placed on JRCC's 1st floor, in the main area where all general population inmates walk through. The "Grievance Box" is labeled in English and Spanish, secured, and only the shift supervisor have access to retrieving grievances. This grievance box is checked frequently throughout the day with a minimum of at the beginning of each shift. Additionally, JRCC have created a "PREA Allegation" form on inmate tablets. All inmates can access through their individual tablets or the kiosks in the inmate dorm dayrooms. This reporting method allows for discreet reporting and the reports go directly to the Captains and Lieutenants without being viewed by anyone with access to the e-messaging system. Shift supervisors check the e-messaging system at the beginning of every shift. This "PREA Allegation" form is in English and Spanish. JRCC also submitted photo evidence, in OAS, of the "PREA Allegation" forms, Housing Unit boxes labeled in English and Spanish, the new PREA video, JRCC's "PREA Pamphlet," "PREA Acknowledgement" Form, and PREA posters.</p> <p>Finally, JRCC's PCM provided "PREA Education Refresher" Acknowledgement/Rosters of 474 JRCC inmates who viewed the PREA Video, provided by the PRC, followed by reviewing and discussing JRCC "PREA Pamphlet." The Acknowledgements/Rosters signed by the inmates acknowledged their understanding of video content, the pamphlet, and the investigation process to include retaliatory monitoring. The signed "PREA Education Refresher" training acknowledgement/roster was uploaded to the OAS. JRCC submitted photo evidence of additional PREA "Zero-Tolerance" posting/signage placed throughout JRCC (11 randomly selected photos).</p> <p>This PREA auditor concludes that JRCC is in compliance with PREA standard 115.52.</p>
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.53. James River Correctional Center (JRCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) Facility Handbook and Coordinated</p>

Response Plan” as evidence of compliance with PREA Standard 115.53. When this staff reviewed the ND-DOCR’s Facility Handbook and Coordinated Response Plan. This auditor concludes that “ND-DOCR’s Facility’s Handbook and Coordinated Response Plan” has the necessary language to align with PREA Standard 115.53.

While on site, this auditor interviewed JRCC’s Director of Nursing who shared that they are aware of the MOU JRCC has with "Safe Shelter" for victim advocacy services. This auditor observed the posting of the victim advocacy telephone number posted on signage within the facility. This auditor was able to make contact with Safe Shelter’s representative to verify collaboration with JRCC for victim advocacy services and emotional support. This auditor also interviewed a random selection of 27 JRCC inmates. When asked about their knowledge of outside victim advocacy services provided for sexual abuse victims at JRCC and for emotional support, there were 26 out of 27 inmates who did not know that there were advocacy services available for inmate victims of sexual abuse, as well as emotional support.

This auditor reviewed JRCC’s MOU with Stutsman County Sheriff’s Office (SCSO), Stutsman County Correctional Center (SCCC), Safe Shelter, and Jamestown Regional Medical Center (JRMC) to offer all JRCC victims’ access to a SANE, SAFE, victim advocacy services, and emotional support for sexual abuse victims. The MOU has been open ended since 10/11/2016 stating, *“Any party may terminate this agreement at any time, upon giving written notice to the others.”*

This auditor recommended that ND-DOCR’s JRCC provide inmate refresher education focused on JRCC’s victim advocacy agreement with Safe Shelter, Safe Shelter’s purpose and services for JRCC’s inmates, how to contact via free phone number, and mailing address, and instructions to contact Safe Shelter. This inmate refresher education should include the agenda/curriculum and documented signature of inmates showing that they received and understand the refresher. Finally, JRCC should ensure that all new inmates receive education on their access to victim advocacy and emotional support services through Safe Shelter, as well as how to contact Safe Shelter. This auditor recommended that JRCC establishes and demonstrates consistency before compliance can be determined. This PREA auditor concluded that JRCC was not in compliance with PREA standard 115.53. Corrective Action was required.

During JRCC’s Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with ND-DOCR’s PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, JRCC’s PREA Compliance Manager shared that when inmates call the “National Sexual Assault Hotline” the inmate is transferred to the *“Stutsman Safe Shelter.”* JRCC’s PCM further shared that the number for the *“National Sexual Assault Hotline”* is on the inmate *"PREA Pamphlet"* inmates receive as well as on the PREA signage posted throughout JRCC. JRCC’s PCM also shared that Victim Advocacy availability is also discussed with inmates when intake staff goes over the *"PREA Pamphlet"* during the resident’s intake at JRCC, as well as during the inmate’s 30-day *“PREA Comprehensive Education”* session with their assigned Case Manager.

	<p>Furthermore, JRCC's PCM shared that PREA Investigators includes discussing the purpose of a victim advocate as well as how to contact them when doing each PREA investigation. This information is further relayed by JRCC's treatment staff when they meet with the victim during a PREA investigation. Finally, JRCC uploaded, in OAS, their PREA pamphlet which has JRCC's victim advocacy therein, photos of signage throughout JRCC which identifies victim advocacy access, and photo evidence of the JRCC's new PREA video, which discuss victim advocacy availability (not specific to JRCC).</p> <p>This PREA auditor concludes that JRCC is in compliance with PREA standard 115.53.</p>
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115.54 Third-party reporting	
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.54. James River Correctional Center (JRCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) Website and Coordinated Response Plan" as evidence of compliance with PREA Standard 115.54. When this staff reviewed the Website and the Coordinated Response Plan, each shared 8-9 different ways to report a sexual abuse or sexual harassment allegation, as well as third-party reporting on the behalf of a ND-DOCR inmate. This auditor concludes that "ND-DOCR's Website and Coordinated Response Plan" has the necessary language to align with PREA Standard 115.54.</p> <p>While on site, this auditor interviewed a random selection of 27 inmates, asking of ways an JRCC could report sexual abuse or sexual harassment. There were 12 out of the 27 interviewed inmates, who did not know that they could report through a 3rd Party. This auditor also reviewed JRCC's "Inmate Handbook," which provided information on ways to report sexual abuse/harassment through a third-party (legal, family, friend, trusting inmate). This auditor also reviewed the third-party reporting posted on JRCC's website.</p> <p>This auditor recommended that ND-DOCR's JRCC provide inmate refresher education focused on 3rd-Party Reporting, through legal, family, friend, trusting inmate, etc. This inmate refresher education should include the agenda/curriculum and documented signature of inmates showing that they received and understand the refresher. This PREA auditor concluded that JRCC was not in compliance with PREA standard 115.54. Corrective Action was required.</p> <p>During JRCC's Corrective Action Period (CAP), this auditor conducted and engaged in a</p>

series of meetings and email correspondence with ND-DOCR's PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, JRCC's PREA Compliance Manager shared that JRCC has changed their PREA education practice at intake to include a 6-minute video from PRC that is played for every inmate coming to JRCC. The video has English, Spanish, ASL, and closed-captioned options. The inmates are also given a JRCC specific "PREA Pamphlet" that identifies JRCC's Zero-Tolerance, inmates' rights, as well as how to report PREA incidents. This pamphlet is in English and Spanish. Treatment staff go over the pamphlet with each inmate upon intake as well as inquire if they have any PREA questions. Within 30 days of the inmate's arrival, the assigned Case Manager conducts "Comprehensive PREA Education," which consists of a 13 to 14-minute PRC video, followed by reviewing the "PREA Pamphlet" again. JRCC's

PCM uploaded in OAS, JRCC's Resident Handbook, "PREA Pamphlet," photo evidence of the location within JRCC's intake where the PREA Intake Video, and documentation of inmate acknowledgement which states, "UPON ARRIVING AT JRCC HAVE WATCHED THE PREA EDUCATION VIDEO AND RECEIVED, READ, AND UNDERSTAND THE INFORMATION CONTAINED WITHIN THE JAMES RIVER CORRECTIONAL CENTER PREA EDUCATION PAMPHLET. STAFF REVIEWED THE INFORMATION WITH ME AT THE TIME IT WAS GIVEN TO ME."

Furthermore, JRCC's PCM submitted photo evidence showing that all "mailboxes" on inmate housing units have been labeled in English and Spanish (for Outgoing Mail, Resident Requests, and Resident Sick Call). Additionally, PREA "Grievance Box" has been placed on JRCC's 1st floor, in the main area where all general population inmates walk through. The "Grievance Box" is labeled in English and Spanish, secured, and only the shift supervisor have access to retrieving grievances. This grievance box is checked frequently throughout the day with a minimum of at the beginning of each shift. Additionally, JRCC have created a "PREA Allegation" form on inmate tablets. All inmates can access through their individual tablets or the kiosks in the inmate dorm dayrooms. This reporting method allows for discreet reporting and the reports go directly to the Captains and Lieutenants without being viewed by anyone with access to the e-messaging system. Shift supervisors check the e-messaging system at the beginning of every shift. This "PREA Allegation" form is in English and Spanish. JRCC also submitted photo evidence, in OAS, of the "PREA Allegation" forms, Housing Unit boxes labeled in English and Spanish, the new PREA video, JRCC's "PREA Pamphlet," "PREA Acknowledgement" Form, and PREA posters.

Finally, JRCC's PCM provided "PREA Education Refresher" Acknowledgement/Rosters of 474 JRCC inmates who viewed the PREA Video, provided by the PRC, followed by reviewing and discussing JRCC "PREA Pamphlet" which discussed 3rd Party Reporting. The Acknowledgements/Rosters signed by the inmates acknowledged their understanding of video content, the pamphlet, and the investigation process to include retaliatory monitoring. The signed "PREA Education Refresher" training acknowledgement/roster was uploaded to the OAS. JRCC submitted photo evidence of additional PREA "Zero-Tolerance" posting/signage placed throughout JRCC (11 randomly selected photos).

	This PREA auditor concludes that JRCC is in compliance with PREA standard 115.54.
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.61. James River Correctional Center (JRCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) Policies and Procedures #1C-03 and 4E-53 as evidence of compliance with PREA Standard 115.61. This auditor reviewed JRCC's "ND-DOCR Policies #1C-03" and 4E-53, concluding that both have the necessary language to align with PREA Standard 115.61.</p> <p>This auditor also reviewed JRCC's Inmate Handbook, which provided information to inmates on ways to report sexual abuse/harassment through informing staff, third-party (legal, family member, friend), written reporting, and confidential hotline. This auditor also interviewed 23 randomly selected JRCC specialized staff, security staff, and contractors. Each knew their coordinated responsibilities if informed, suspects, receive information, or become aware of sexual abuse at JRCC. Finally, this auditor interviewed 27 randomly selected inmates and asked, <i>"How do JRCC staff respond to reports or information of sexual abuse or sexual harassment?"</i> All interviewed inmates shared that staff immediately respond to reports of sexual abuse or sexual harassment.</p> <p>This PREA auditor concludes that JRCC is in compliance with PREA standard 115.61.</p>

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.62. James River Correctional Center (JRCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) PREA Coordinated Response Plan" as</p>

	<p>evidence of compliance with PREA Standard 115.62. When this auditor reviewed the PREA Coordinated Response Plan, shared 8-9 different ways to report a sexual abuse or sexual harassment allegation, as well as staff responses to protect vulnerable inmates and inmates at imminent risk of sexual abuse. This auditor concludes that “ND-DOCR’s PREA Coordinated Response Plan” has the necessary language to align with PREA Standard 115.62.</p> <p>This auditor also interviewed 23 randomly selected JRCC specialized staff, security staff, and contractors, asking the question, <i>“If you learn that an inmate may be at imminent risk of sexual abuse, what steps you would take to protect?”</i> There was a consensus amongst the interviewed staff that they would immediately attempt to mitigate the risk by informing supervisory staff and recommending alternative dormitory or programming adjustments. Finally, this auditor interviewed 27 randomly selected inmates. When asked, <i>“How do staff respond to vulnerable inmate, who may be at risk of sexual abuse?”</i> Each interviewed inmate shared that JRCC staff protects vulnerable inmates, and they immediately respond to any reports of inmate risk of sexual abuse or sexual harassment.</p> <p>This PREA auditor concludes that JRCC is in compliance with PREA standard 115.62.</p>
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115.63	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.63. James River Correctional Center (JRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 as evidence of compliance with PREA Standard 115.63. This auditor reviewed JRCC’s “ND-DOCR Policy #3C-04” and has concluded that it has the necessary language to align with PREA Standard 115.63.</p> <p>While on site, this auditor interviewed JRCC’s PREA Compliance Manager (PCM) and Warden. JRCC’s Warden shared that if an inmate reports sexual abuse stemming from a previous facility, JRCC’s Warden will provide a written notice to the previous facility head within 72 hours. JRCC’s PCM further shared that JRCC will provide support through the investigation. Additionally, JRCC’s PREA Compliance Manager and Warden shared that there has been no JRCC inmate which reported sexual abuse from a previous confinement facility. JRCC’s Warden and PCM provided this auditor with a fillable example of JRCC’s <i>“Reporting to Other Confinement Facility”</i> memo which aligns with PREA Standard 115.63. This memo is used by JRCC’s facility head to</p>

	<p>inform other confinement facility heads of sexual abuse incidents which occurred at a previous confinement facility and was reported by an JRCC inmate.</p> <p>Finally, this auditor interviewed 27 randomly selected inmates. Each interviewed inmate shared they have not reported or have been informed by another inmate that they were a victim of unreported sexual abuse.</p> <p>This PREA auditor concludes that JRCC is in compliance with PREA standard 115.63.</p>
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115.64 Staff first responder duties	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.64. James River Correctional Center (JRCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) PREA Coordinated Response Plan" as evidence of compliance with PREA Standard 115.64. This auditor reviewed the PREA Coordinated Response Plan, which shared each specific staff's responsibility when an incident of sexual abuse is reported. It also shared specific responsibilities of the first responding staff. This auditor concludes that "ND-DOCR's PREA Coordinated Response Plan" has the necessary language to align with PREA Standard 115.64.</p> <p>While on site, this auditor interviewed 27 randomly selected inmates. Each inmate shared that they felt comfortable informing staff of any PREA-related incident. Additionally, the 27 interviewed inmates shared that staff protects vulnerable inmates and they immediately respond to any reports of inmate risk of sexual abuse or sexual harassment. This auditor also interviewed 23 randomly selected security staff, specialized, support, volunteer, and contractors. Each knew their responsibilities as first responders and their coordinated duties. Staff interviewed knew their roles from their initial response of separating and calling for assistance to crime scene preservation, suggesting/requesting inmates not to change clothing, use the toilet, or shower. Additionally, each of the 23 randomly selected specialized staff, security staff, contractors, and volunteers acknowledged receiving PREA New Hire and/or PREA refresher training.</p> <p>This auditor also requested to view the training files of each of the 23 randomly selected interviewed staff, to verify up-to-date annual PREA training. JRCC's PREA Compliance Manager provided each staff's "<i>Learner's Transcripts</i>," as evidence showing that all interviewed JRCC staff were up to date on their "PREA New Hire and/or PREA Refresher" trainings. JRCC's electronic training "<i>Learner's Transcripts</i>" entailed the staff's name, name of the training course, the training type, and the date</p>

	<p>of training completion. The training tracking spreadsheet showed each staff's training verification of attending. This auditor also reviewed the classroom in-person Power Point training curriculum, PREA Staff Training Lesson Plan, and web-based bi-annual refresher training curriculum used to train employees, contractors, and volunteers. The Power Point, lesson plan and web-based training covered the components identified in PREA Standard 115.31.</p> <p>This PREA auditor concludes that JRCC is in compliance with PREA standard 115.64.</p>
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115.65	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.65. James River Correctional Center (JRCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) PREA Coordinated Response Plan" as evidence of compliance with PREA Standard 115.65. This auditor reviewed the PREA Coordinated Response Plan, which shared each specific staff's coordinated responsibility when an incident of sexual abuse is reported. It also shared specific responsibilities of the first responding staff. This auditor concludes that "ND-DOCR's PREA Coordinated Response Plan" has the necessary language to align with PREA Standard 115.65.</p> <p>While on site, this auditor interviewed 27 randomly selected inmates. Each inmate shared that they felt comfortable informing staff of any PREA-related incident. Additionally, the 27 interviewed inmates shared that staff protects vulnerable inmates and they immediately respond to any reports of inmate risk of sexual abuse or sexual harassment. This auditor also interviewed 23 randomly selected security staff, specialized, support, volunteer, and contractors. Each knew their responsibilities as first responders and their coordinated duties. Staff interviewed knew their roles from their initial response of separating and calling for assistance to crime scene preservation, suggesting/requesting inmates not to change clothing, use the toilet, or shower. Additionally, each of the 23 randomly selected specialized staff, security staff, contractors, and volunteers acknowledged receiving PREA New Hire and/or PREA refresher training.</p> <p>Furthermore, this auditor specifically asked each interviewed specialized staff (JRCC's Warden, Medical, Mental Health, Facility Supervisory, PREA Compliance Manager, PREA Investigator, etc.) their coordinated responsibilities if an inmate is sexually abused while there are on duty (not the 1st Responder). JRCC's Warden, Medical,</p>

	<p>Mental Health, Facility Supervisory, PREA Compliance Manager, PREA Investigator knew their coordinated responsibilities.</p> <p>This PREA auditor concludes that JRCC is in compliance with PREA standard 115.65.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.66. James River Correctional Center (JRCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 as evidence of compliance with PREA Standard 115.66. ND-DOCR's PREA Policy #3C-04 states, <i>"Preservation of ability to protect facility residents from contact with abusers. Standard § 115.66 does not apply to North Dakota since there are no collective bargaining agreements. North Dakota is a right to work state."</i> This auditor reviewed JRCC's "ND-DOCR Policy #3C-04" and has concluded that it has the necessary language to align with PREA Standard 115.66.</p> <p>Additionally, this PREA Auditor did not receive any pre-audit documents to be reviewed by James River Correctional Center (JRCC) to determine compliance for Standard 115.66. This auditor interviewed ND-DOCR's Director, who shared that ND-DOCR employees are not union employees, as North Dakota is not a union state. James River Correctional Center (JRCC) Warden and PCM confirmed that ND-DOCR have not engaged in any collective bargaining on their agency's behalf or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>This PREA auditor concludes that JRCC is in compliance with PREA Standard 115.66.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System</p>

(OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.67. James River Correctional Center (JRCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 and PREA Coordinated Response Plan" as evidence of compliance with PREA Standard 115.67. An excerpt from this policy states, *"The department PREA compliance manager at each department facility protects all facility residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other facility residents, or staff. Refer to the DOCR Coordinated Response Plan."* An excerpt from ND-DOCR's Coordinated Response Plan states, *"Starting the date an allegation is made, the facility PREA compliance manager is responsible for ensuring all resident and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations are protected from retaliation by other residents or staff. For reports of sexual abuse, the DOCR PREA compliance manager will ensure monitoring continues and appropriate protection measures are available for at least 90 days following a report of sexual abuse. This monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. The DOCR's obligation to monitor expires if the investigation determines that the allegation is unfounded."* After reviewing JRCC's "ND-DOCR Policy #3C-04" and "PREA Coordinated Response Plan," the auditor concludes that both have the necessary language to align with PREA Standard 115.67, specifically retaliation monitoring procedures.

While on site, this auditor interviewed 3 JRCC Administrative PREA Investigators. JRCC's PREA Compliance Manager (PCM) is also a specialized trained PREA Investigator. All three provided documentation that they were specialized trained. Through these interviews, each knew their responsibilities regarding evidence collection, Miranda/Garrity rights, interviewing procedures, retaliation monitoring, and report-writing protocols. This auditor asked JRCC's PCM if he conducts retaliation monitoring or assigns monitoring to a designated staff member? JRCC's PCM stated that he completes or assigns retaliation monitoring, however, there is no designated monitor at this time. JRC's PCM shared that retaliation monitoring is weekly for the first month, then up to 90 days. He further shared that case managers usually meet and documents. They are turned in and filed.

This auditor requested to see a random selection of 7 completed PREA Administrative Investigations with their retaliation monitoring within the last 12 months. The investigation files submitted included 3 Sexual Abuse, 1 Sexual Misconduct, 3 Sexual Harassment. While reviewing each selected completed investigation packet, this auditor identified that 0 of the 7 investigation files had documented evidence of any retaliation monitoring such as: documented initial retaliation monitoring check, face-to-face check-ins (with inmate signature), documentation of program reviews, disciplinary report reviews for this auditor to conclude compliance. Finally, 4 of the 7 reviewed investigations did not identify/document that the victim was asked if they wanted to speak to mental health.

This auditor recommended JRCC develop a frequency of retaliation monitoring for

	<p>alleged victims of sexual abuse/sexual harassment. This auditor also recommended JRCC to develop/revise a “Retaliation Monitoring Form,” which can be used to document that victims/cooperating witnesses received retaliation monitoring. This form should consist of documented/dated initial retaliation monitoring check (with signature), documented face-to-face status checks (with signature). The “Retaliation Monitoring Form” should also document evidence of program reviews, disciplinary report reviewed by the staff monitor. Finally, the “Retaliation Monitoring Form” should be added to the final PREA investigation’s packet upon the investigator’s conclusion of the investigations (or conclusion of monitoring period). This will allow for easier evidentiary documentation reviewing. Finally, this auditor recommended that JRCC establish consistency in practice of ensuring documented retaliation monitoring before compliance could be determined. This PREA auditor concluded that JRCC was not in compliance with PREA Standard 115.67. Corrective Action was required.</p> <p>During JRCC’s Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with ND-DOCR’s PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, JRCC’s PREA Compliance Manager submitted, in OAS, JRCC’s newly revised/updated “Retaliation Monitoring” Form which is now consistent with what is being used across all ND DOCR institutions. JRCC have also updated their “Retaliation Monitoring” form where it tracks who will be completing the retaliation monitoring (with signatures). Additionally, “Retaliation Monitoring” forms have been included in the PREA Investigation files for each investigation since this auditor’s onsite facility audit.</p> <p>Furthermore, JRCC has increased the frequency of retaliation monitoring for alleged victims of sexual abuse/sexual harassment (initial monitoring and each 30 days). JRCC submitted 5 completed Retaliation Monitoring” forms associated with completed investigations, to demonstrate that each contained documented/dated initial retaliation monitoring check (with signature), documented face-to-face status checks (with signature), program reviews, and disciplinary report reviewed by the assigned staff monitor. All documentation has been uploaded to OAS</p> <p>This PREA auditor concludes that JRCC is in compliance with PREA standard 115.67.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site</p>

documents/files reviewed and observations to determine compliance for Standard 115.68. James River Correctional Center (JRCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3A-18 and Coordinated Response Plan" as evidence of compliance with PREA Standard 115.68. An excerpt from ND-DOCR's Policy and Procedures #3A-18 states, "Generally, adults in custody who require separation and protective custody should not be placed in restrictive housing. Adults in custody are admitted and placed on protective custody status only when there is documentation that protective custody is warranted, and no other reasonable options are available. The chief of security is responsible for ensuring a full investigation is completed on all protective custody requests made by adults in custody or staff. In emergent cases, the shift supervisor may place an adult in custody in the segregation unit until the case is reviewed by the Warden." An excerpt from ND-DOCR's Coordinated Response Plan states, "Adults in custody 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 an assessment cannot be completed immediately, the adult in custody may be held in involuntary segregated housing for less than 24 hours while assigned staff completes the assessment. If an involuntary segregated housing assignment is made, the case manager shall clearly document in ELITE the basis for the concern for the person's safety and the reason why no alternative means of separation can be arranged.

Adults in custody placed in involuntary segregated housing for this purpose shall have access to their normal 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 any opportunities that have been limited, the duration of the limitation, and the reasons for any limitations.

Adults in custody may 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. Efforts must be made to keep the victim in the victim's normal housing unit to prevent re-traumatization.

Every seven days for the first two months and then 30 days thereafter, the Administrative Segregation review team shall afford each resident a review to determine whether there is a continuing need for separation from the general population." After review of JRCC's "ND-DOCR Policy #3A-18 and Coordinated Response Plan," this auditor has concluded that it has the necessary language to align with PREA Standard 115.68 (via 115.43).

While on site, this auditor interviewed JRCC's PREA Compliance Manager and Warden. Each were consistent that involuntary protective custody/segregation is not primarily used because of an inmate reporting that they have suffered sexual abuse at JRCC. JRCC's PCM shared that JRCC follows ND-DOCR's Policy #3A-18 and Coordinated Response Plan. Additionally, while onsite, this auditor conducted an exhaustive onsite assessment and did not identify any inmates in segregated housing for PREA Reporting purposes. This auditor also interviewed 27 randomly selected inmates and

	<p>informally interviewed 6 inmates in JRCC's segregation unit. Each of the 27 interviewed inmates shared that JRCC does not primarily house inmates who "report a PREA." They are usually relocated to another housing unit. Three informally interviewed segregated inmates shared that an inmate could request protective custody or segregated housing. However, "it goes through a committee first."</p> <p>This PREA auditor concludes that JRCC is in compliance with PREA standard 115.68.</p>
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115.71	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.71. James River Correctional Center (JRCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #1A-27, #1A-09, and #3A-12," as evidence of compliance with PREA Standard 115.71. This auditor reviewed JRCC's "ND-DOCR Policies #1A-27, #1A-09, and #3A-12," concluding that all have the necessary language to align with PREA Standard 115.71, specifically investigation procedures.</p> <p>This PREA auditor also reviewed "ND-DOCR's Coordinated Response Plan," which discusses the conduct of Administrative PREA Investigations. An excerpt from "ND-DOCR's Coordinated Response Plans" states, <i>"The DOCR is responsible for conducting administrative investigations into allegations of sexual abuse. The DOCR shall identify a PREA Investigator, who shall initiate a thorough and objective investigation for all allegations within 24 hours or as circumstances dictate."</i></p> <p><i>PREA Investigators shall gather and preserve direct and circumstantial evidence, including available physical and DNA evidence and available electronic monitoring data; shall interview victims, perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.</i></p> <p><i>PREA Investigators shall assess the credibility of victims, perpetrators, and witnesses on an individual basis and not by the person's status as adult in custody/juvenile or staff. The DOCR may not require a person 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.</i></p> <p><i>Administrative investigations must include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative written report must include a description of the physical and testimonial evidence, the reasoning</i></p>

behind credibility assessments, and investigative facts and findings. The DOCR may not terminate the investigation based on the discharge or termination of employment of the perpetrator or victim.

CRIMINAL INVESTIGATIONS If, during the administrative investigation, it is found there were acts that are potentially criminal, the administrative investigation will stop until the conclusion of the criminal investigation unless directed to do otherwise by the DOCR Director.” This auditor also reviewed JRCC’s Memorandum of Understanding (MOU) with North Dakota Highway Patrol (NDHP) to conduct sexual abuse criminal allegations at JRCC.

While on site, this auditor interviewed 3 JRCC Administrative PREA Investigators. JRCC’s PREA Compliance Manager (PCM) is also a specialized trained PREA Investigator. All three provided documentation that they were specialized trained. Through these interviews, this auditor determined that each knew their responsibilities regarding evidence collection, Miranda/Garrity rights, interviewing procedures, retaliation monitoring, and investigation report-writing protocols. JRCC’s PCM shared that all PREA reports and completed investigations are retained electronically.

This auditor requested a random selection of 7 completed PREA Administrative Investigations within the last 12 months. JRCC’s PCM submitted 7 investigation files in 7 electronic folders on a USB. for this auditor to review. The investigation files submitted included 3 Sexual Abuse, 1 Sexual Misconduct, and 3 Sexual Harassment. (4 substantiated, 1 Unsubstantiated, and 2 Unfounded). These 7 files were not neatly organized. Though each fold had a “PREA Checklist” of required content and order, however, this auditor had to comb through each investigation file folders content to determine the order of the investigation.

Furthermore, investigation details were not robust in content (from details of the initial incident, interviews, evidence identification, and video evidence used), and reports did not provide clear details of how the investigator arrived at their outcome determination. Several investigations submitted shared that the investigator did not have video evidence, due to JRCC having many blind spot areas. This auditor could not find the retaliation monitoring, inmate notification, incident review meeting evidence, and mental health referral in 4 of the 7 submitted investigation files. All investigation conclusions did have preponderance of evidence conclusions (substantiated, unsubstantiated, or unfounded) and recommendations.

This auditor recommended that the JRCC PREA Investigators receive additional PREA Investigator training. This training should be focused on the requirements of this PREA Standard 115.71, investigative report writing training, investigation document structure and training on the proper application of “preponderance of evidence” to demonstrate clear understanding and support the investigation outcome. Finally, this auditor recommended that JRCC establishes consistency in investigation documentation and structure practice before compliance can be determined. This PREA auditor concluded that JRCC was not in compliance with PREA Standard 115.71. Corrective Action was required.

	<p>During JRCC’s Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with ND-DOCR’s PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, JRCC’s PREA Compliance Manager submitted, in OAS, certificates of 8 JRCC PREA Investigators who completed their PREA investigator training refresher course through the National Institute of Corrections (NIC) titled, “PREA-Investigating Sexual Abuse in Confinement Settings.” Additionally, JRCC and the ND-DOCR facilities have updated the forms investigators are uniformly using the same forms and all appropriate forms for each investigation are getting completed. Revised Forms submitted and uploaded to OAS as evidence include the following:</p> <ul style="list-style-type: none"> • “PREA Allegation Investigation Checklist” • “Retaliation Monitoring” Form, • “Notice of PREA Investigation Status” Form (Inmate Notification) • “Investigation’s Report” Guide (template with examples) <p>Finally, JRCC submitted 3 completed investigations, to demonstrate uniformity, investigation report structure/content, use of forms, appropriate application of preponderance of evidence.</p> <p>This PREA auditor concludes that JRCC is in compliance with PREA standard 115.71.</p>
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115.72	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.72. James River Correctional Center (JRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) PREA Coordinated Response Plan” as evidence of compliance with PREA Standard 115.72. This auditor reviewed the PREA Coordinated Response Plan which stated, <i>“For each allegation investigated under PREA, the PREA investigator shall make a final determination on whether the allegation is substantiated, unsubstantiated, or unfounded. The allegation will be considered substantiated if a preponderance (more than 50 percent) of the credible evidence supports this finding. If the investigation produced insufficient evidence to make a final determination as to whether the incident occurred, it will be considered unsubstantiated. If the investigation determines that the incident did not occur, the allegation will be considered unfounded. If the investigation reveals a resident made</i></p>

	<p><i>a false allegation in bad faith, disciplinary action may be imposed.”</i> After reviewing “ND-DOCR’s PREA Coordinated Response Plan,” this auditor concludes that it has the necessary language to align with PREA Standard 115.72.</p> <p>While on site, this auditor interviewed 3 JRCC Administrative PREA Investigators. JRCC’s PREA Compliance Manager (PCM) is also a specialized trained PREA Investigator. All three provided documentation that they were specialized trained. Through these interviews, this auditor determined that each knew their responsibilities regarding evidence collection, Miranda/Garrity rights, interviewing procedures, retaliation monitoring, and investigation report-writing protocols. JRCC’s PCM shared that all PREA reports and completed investigations are retained electronically.</p> <p>This auditor requested a random selection of 7 completed PREA Administrative Investigations within the last 12 months. JRCC’s PCM submitted 7 investigation files in 7 electronic folders on a USB. for this auditor to review. The investigation files submitted included 3 Sexual Abuse, 1 Sexual Misconduct, and 3 Sexual Harassment. (4 substantiated, 1 Unsubstantiated, and 2 Unfounded). These 7 files were not neatly organized. All investigation conclusions did have preponderance of evidence conclusions (substantiated, unsubstantiated, or unfounded) and recommendations.</p> <p>This PREA Auditor concludes that JRCC is in compliance with PREA Standard 115.72.</p>
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115.73 Reporting to inmates	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.73. James River Correctional Center (JRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) PREA Coordinated Response Plan” as evidence of compliance with PREA Standard 115.73. This auditor reviewed the PREA Coordinated Response Plan, which shared each specific staff’s coordinated responsibility when an incident of sexual abuse is reported. It also shared specific responsibilities of the Administrative PREA Investigator(s). This auditor concludes that “ND-DOCR’s PREA Coordinated Response Plan” has the necessary language to align with PREA Standard 115.73.</p> <p>While on site, this auditor interviewed 3 JRCC Administrative PREA Investigators. JRCC’s PREA Compliance Manager (PCM) is also a specialized trained PREA Investigator. All three provided documentation that they were specialized trained. Through these interviews, this auditor determined that each knew their</p>

responsibilities regarding evidence collection, Miranda/Garrity rights, interviewing procedures, retaliation monitoring, and investigation report-writing protocols. JRCC's PCM shared that all PREA reports and completed investigations are retained electronically.

This auditor requested a random selection of 7 completed PREA Administrative Investigations within the last 12 months. JRCC's PCM submitted the 7 investigation files in 7 electronic folders on a USB, for this auditor to review. The investigation files submitted included 3 Sexual Abuse, 1 Sexual Misconduct, and 3 Sexual Harassment. (4 substantiated, 1 Unsubstantiated, and 2 Unfounded). These 7 files were not neatly organized. Four of the 7 files were sexual abuse/sexual misconduct. Of the 4 reviewed, there were 3 files which should've had a "Notice of PREA Investigation Status" (1 investigation file was concluded to be unfounded). However, 0 of the 3 sexual abuse/sexual misconduct investigation files had a "Notice of PREA Investigation Status" (inmate notifications) present in the submitted files.

This auditor recommended that JRCC establish a consistency in practice of ensuring that each completed/documented sexual abuse investigation packet has a signed "Notice of PREA Investigation Status" in the investigation packet. This PREA Auditor concluded that JRCC was not in compliance with PREA Standard 115.73. Corrective Action was required.

During JRCC's Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with ND-DOCR's PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, JRCC's PREA Compliance Manager submitted, in OAS, certificates of 8 JRCC PREA Investigators who completed their PREA investigator training refresher course through the *National Institute of Corrections (NIC)* titled, "*PREA-Investigating Sexual Abuse in Confinement Settings*." Additionally, JRCC and the ND-DOCR facilities have updated the forms investigators are uniformly using the same forms and all appropriate forms for each investigation are getting completed. Revised Forms submitted and uploaded to OAS as evidence include the following:

- "*PREA Allegation Investigation Checklist*"
- "*Retaliation Monitoring*" Form
- "*Notice of PREA Investigation Status*" Form (Inmate Notification)
- "*Investigation's Report*" Guide (template with examples)

Finally, JRCC submitted 3 completed investigations, to demonstrate uniformity, investigation report structure/content, use of forms, appropriate application of preponderance of evidence. Each of the 3 completed investigations had completed "Notice of PREA Investigation Status" Forms present.

This PREA auditor concludes that JRCC is in compliance with PREA standard 115.73.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 338 1477 1043">This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.76. The James River Correctional Center (JRCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #1C-22 and #1A-09" as evidence of compliance with PREA Standard 115.76. "North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #1A-09" states. <i>"When administrative investigations are concluded with a finding of substantiated, any employee misconduct will become a part of the employee's permanent personnel file and sent to human resources. Unsubstantiated or unfounded will be maintained with human resources or the supervisor completing the inquiry. Disciplinary action will be determined by the human resource representative and the facility warden or director, and appropriate division director.</i> This auditor reviewed JRCC's "ND-DOCR Policies #1C-22 and #1A-09, concluding that all have the necessary language to align with PREA Standard 115.76, specifically disciplinary sanctions for staff.</p> <p data-bbox="256 1084 1477 1576">This PREA auditor also reviewed the ND-DOCR "Employee Handbook." This auditor also interviewed JRCC's Warden, JRCC's PREA Compliance Manager, and ND-DOCR's Human Resources Manager. Each individually and universally shared ND-DOCR's Employee Termination Policy which states, "Involuntary termination is the most severe disciplinary action and is intended as a final action. This level of discipline will normally be taken when previous disciplinary actions have been ineffective. Termination from employment may be used earlier in the disciplinary process when it is necessary and consistent with the serious nature of the performance or behavioral infraction. Termination from employment action requires the supervisor to carry out a pre-action process." JRCC's Warden and PCM further shared that JRCC responses for substantiated outcomes of sexual abuse and sexual harassment investigations can range in various forms of disciplinary actions, up to termination and criminal referral.</p> <p data-bbox="256 1617 1437 1650">This PREA auditor concludes that JRCC is in compliance with PREA standard 115.76.</p>

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="256 1930 544 1964">Auditor Discussion</p> <p data-bbox="256 2004 1422 2087">This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System</p>

	<p>(OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.77. James River Correctional Center (JRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 as evidence of compliance with PREA Standard 115.77. ND-DOCR’s PREA Policy (3C-04) states, <i>“Disciplinary measures for any contractor or volunteer who has been found to have engaged in sexual abuse or sexual harassment will be commensurate with disciplinary measures used with facility staff for similar offenses.”</i> This auditor reviewed JRCC’s “ND-DOCR Policy #3C-04” and has concluded that it has the necessary language to align with PREA Standard 115.77.</p> <p>While on site, this auditor also interviewed JRCC’s Warden, JRCC’s PREA Compliance Manager, and ND-DOCR’s Human Resources Manager. Each individually shared that the extent of ND-DOCR’s disciplinary actions for contractors and volunteers are based on the incident and review of actions ND-DOCR has historically taken with similar infractions. JRCC’s Deputy Warden further shared that JRCC responses for substantiated outcomes of sexual abuse and sexual harassment investigations can range in various forms of disciplinary measures, ceasing interaction with the facility/ agency, up to notifying licensing bodies and criminal referral.</p> <p>This PREA auditor concludes that JRCC is in compliance with PREA standard 115.77.</p>
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115.78	Disciplinary sanctions for inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.78. James River Correctional Center (JRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Facility Handbook” as evidence of compliance with PREA Standard 115.78. This auditor reviewed the PREA Coordinated Response Plan, which shared each specific staff’s coordinated responsibility when an incident of sexual abuse is reported. It also shared specific responsibilities of the Administrative PREA Investigator(s). This auditor concludes that “ND-DOCR’s PREA Coordinated Response Plan” has the necessary language to align with PREA Standard 115.78.</p> <p>This auditor interviewed 27 inmates and asked about JRCC’s rules and sanctions for inmate-on inmate sexual abuse or sexual harassment. Inmates were clear that sexual abuse and sexual harassment is not tolerated at JRCC. Each interviewed inmate</p>

	<p>stated that sexual abuse is not tolerated and is a “LEVEL 3” infraction. This auditor reviewed in the “Facility Handbook” to see what sanctions are connected to a “LEVEL 3” infraction, The handbook stated, <i>“The disciplinary committee may impose any of the following sanctions, or any combination of the following sanctions, for a Level III offense:</i></p> <ol style="list-style-type: none"> 1. <i>Stop accrual of Performance Based Sentence Reduction (good time).</i> 2. <i>Loss of PBSR already earned.</i> 3. <i>Disciplinary segregation up to 90 days.</i> 4. <i>Restriction to Quarters up to 30 days.</i> 5. <i>Financial sanctions, including fees, fines, restitution, and forfeiture of monies.</i> 6. <i>Loss of property up to expiration of sentence.</i> 7. <i>Loss of privileges up to expiration of sentence.</i> 8. <i>Removal from a program or transfer to more secure housing.</i> 9. <i>Any sanctions listed for Level I and II infractions.</i> <p><i>When multiple codes exist on a single report, you may receive a total of up to, but not more than, double the above-listed sanctions.</i></p> <p><i>In the event that the disciplinary committee chooses to reduce a Level III infraction report to a Level II or I infraction report, the committee may only apply any combination of those sanctions applicable to Level II or I infractions. If there is a reduction in sanctions from Level III to Level II or Level I, you cannot appeal to the Warden.</i></p> <p><i>The disciplinary committee has the authority to apply any sanction up to the maximum of the range indicated and suspend any portion thereof. The suspension of any sanctions by the disciplinary committee does not result in the dismissal of the infraction report.”</i></p> <p>Finally, this PREA auditor interviewed JRCC’s PREA Compliance Manager and JRCC’s Director of Security, who individually shared JRCC’s protocol on substantiated inmate-on-inmate sexual abuse investigations. Both were aligned with policy on inmate sanctions for sexual abuse/sexual harassment sharing that sanctions are 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. Each interviewed also shared that the disciplinary committee does take into consideration any diagnosed/documentated mental health history/mental disabilities prior to making sanction determinations.</p> <p>This PREA auditor concludes that JRCC is in compliance with PREA standard 115.78.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.81. James River Correctional Center (JRCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #4F-10 "Sex Offender Assessment" as evidence of compliance with PREA Standard 115.81. This auditor reviewed JRCC's "ND-DOCR Policy #4F-10" and has concluded that it has the necessary language to align with PREA Standard 115.81.

While on site, this auditor interviewed JRCC's Treatment Coordinator, 1 of JRCC's Case Managers, and 2 JRCC Unit Managers. Through these various interviews, this PREA auditor gathered that from the Unit Manager that prior to an inmate's arrival to JRCC, the Unit Manager (male UM interviewed) completes the initial intake housing assessment/placement. The secondary Unit Manager (female interviewed) shared that she is the 2nd set of eyes to verify proper housing placement of inmates. Per this auditor's interview with JRCC's Treatment Coordinator (TC), when the inmate arrives to JRCC, the inmate receives a mental health screening. This mental health screening has 3 PREA screening questions on it, however, it is not captured in ND-DOCR's "Elite" system. JRCC's Case Manager or Housing Unit Floor Staff conducts a "24-hour PREA Transfer Screening" in the "Elite" system, prior to placing the inmate into a designated room on the previously assigned housing unit (assigned by the UM). The Case Manager further shared that each housing unit has an assigned Case Manager who initially assigns the inmate's bedding location when the "24-hour PREA Transfer Screening" is completed. However, the floor staff could change the inmate's bedding location, as needed.

JRCC's "24-hour PREA Transfer Screening" consists of 5 PREA transfer screening questions, which were approved by this PREA Auditor's recommendation from another ND-DOCR facility's audit which asks,

1. *History of being a victim of predatory or aggressive sexual actions in an institutional setting?*
2. *Verbalize fear for personal safety or sexual victimization?*
3. *History of institutional predatory behavior, including jail, since your last PREA Assessment?*
4. *Would you like to share any additional information that you did not share during your previous screening?*
5. *Have you reported or would like to report an incident of sexual abuse or sexual harassment that occurred since your previous screening?*

During the interviews with JRCC's Case Manager, this auditor asked the Case Manager, "What happens when an inmate answers "yes" to question #1 or #3; or the assessment screening identifies the inmate as having a history of being a victim or predatory ("yes" to #1 or #3)?" JRCC's Case Manager shared, "Nothing further happens." As this auditor probed more, JRCC's Case Manager further shared that the

Case Manager administering the *“24-hour PREA Transfer Screening”* did not pass this information on/refer the inmate to mental health for a follow-up to be conducted within 14-days of the screening. Additionally, in this auditor’s interview with JRCC’s Treatment Coordinator, she also informed this auditor that she doesn’t engage in any further actions. She also shared that she had no knowledge that a 14-day follow-up should occur. This auditor informed JRCC’s Case Manager and Treatment Coordinator that the person administering the *“24-hour PREA Transfer Screening”* should make a referral to mental health staff to follow-up with inmates who have history of sexual victimization and/or sexual abusiveness. This follow-up meeting with these JRCC inmates, who have been identified with a history of sexual victimization and/or sexual abusiveness, should occur within 14 days of the intake screening and should be specifically documented.

Finally, this auditor reviewed JRCC’s *“Prior Victimization Report”* for period 5/2023 through 5/2024. The report identified 23 Offender names. There were 0 out of 23 inmates with prior victimization that received a follow-up meeting with a mental health practitioner. Also, when this auditor reviewed ND-DOCR’s 4F-10 policy, it stated that each arriving inmate will receive a mental health screening, if the inmate has history of sexual abuse, the screener shall complete a *“Sexual Risk Notification Form”* and forward it to the Multidisciplinary staff scheduler. The scheduler should then assign a behavioral health counselor to conduct a *“Sex Offender Assessment.”* JRCC’s Treatment Coordinator did not share knowledge of this process from the policy. This auditor also reviewed ND-DOCR’s *“PREA Rating Assessment Manual,”* which provides PREA screening, assessment, and re-assessment procedures for various inmate-types who goes through JRCC’s intake (Initial Intake, Temporary Leave, Transfer, and Parole violating inmates). JRCC also shared the PREA Admissions Screening form for each mentioned inmate-type being assessed. There was no mention of 14-day follow-up, except for the following instructions, *“If any question is answered yes, activate the facility-coordinated response, and refer to unit management for reassessment.”* Finally, this auditor could not identify any reference to 14-day follow-up with mental health in JRCC *“Coordinated Response”* procedures.

This auditor recommended that JRCC coordinate adjustments to their Intake procedures to add a follow-up meeting referral to mental health staff to conduct follow-up meetings with inmates who have history of sexual victimization or sexual abusiveness. This referral from intake should be submitted immediately concluding the PREA risk screening, and the follow-up meeting with mental health should be within 14 days of the conclusion of the PREA risk screening. This auditor also recommended that 14-day follow-up documentation should show that the follow-up meetings were a result of PREA risk screening. Finally, this auditor recommended that JRCC establishes a consistency in practice of ensuring that each inmate who is identified as having history of sexual victimization or sexual abusiveness are referred to mental health, and the referral is conducted within 14 days and properly documented. This PREA auditor concluded that JRCC was not in compliance with PREA standard 115.81. Corrective Action was required.

During JRCC’s Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with ND-DOCR’s PREA Coordinator and

PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, JRCC's PREA Compliance Manager submitted, in OAS, their "Memorandum-Subject: PREA SOP Housing Unit Assignments" which discussed their Standard Operating Procedures (SOP) for housing JRCC inmates, as well as follow-up referrals. The Standard Operating Procedure (SOP) stated,

SUBJECT: PREA SOP Housing Unit Assignments

- ***Prior to the resident arriving to the unit, the unit team will review appropriate housing***
- ***Consideration of their PREA rating is reviewed and cross referenced with the bunks available***
- ***If there are Potential or Known Aggressors in a dorm they will only be allowed in that bunk if they are Unrestricted or an Aggressor***
- ***If there are Potential or Known Victims in a dorm they will only be allowed in that bunk if they are Unrestricted or a Victim.***
- ***If the resident answers yes to a history of victimization or sexual abuse this needs to be staffed with treatment and Mental Health must complete a follow-up meeting within 14-days of arrival.***

- Mental Health will include in their documentation of that 14-day follow-up that this follow-up is a result of the PREA Risk Assessment.

- ***Resident arrives to the unit and is met with by a housing unit Case Manager or Sgt.***
- ***A 72-hour contact questionnaire is completed with the resident***
- ***The 72-hour contact note is entered in Elite to include the current PREA rating and verification there are no Victims housed with Aggressors***

- Resident is unrestricted

- Resident is a Potential/Known Victim, and no aggressors are housed in the dorm

- Resident is a Potential/Known Aggressor, and no victims are housed in the dorm

- ***Resident is taken to the bunk assignment***

All Mental Health have been instructed/trained on this SOP, to establish consistency. Finally, JRCC has not had any inmate intakes since the onsite facility audit, that has identified as having a history of sexual victimization or sexual abusiveness.

This PREA auditor concludes that JRCC is in compliance with PREA standard 115.81.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.82. James River Correctional Center (JRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) PREA Coordinated Response Plan” as evidence of compliance with PREA Standard 115.82. This auditor reviewed the PREA Coordinated Response Plan, which shared each specific staff’s coordinated responsibility when an incident of sexual abuse is reported. It also shared specific responsibilities of Medical Services and Mental Health Care. This auditor concludes that “ND-DOCR’s PREA Coordinated Response Plan” has the necessary language to align with PREA Standard 115.82.</p> <p>While on site, this auditor conducted an exhaustive tour of the JRCC medical triage area. Due to spacing and onsite resources, this area is equipped to manage peripheral medical needs and dental services. This auditor interviewed JRCC’s Nursing Supervisor and JRCC’s Treatment Coordinator. JRCC’s Nursing Supervisor shared that the medical team pick up inmate <i>“sick call forms”</i> daily, by the specific nurse is on duty. Additionally, inmate victims of sexual abuse are informed about emergency contraception by the local hospital and followed-up by JRCC medical team. JRCC’s Director of Nursing also shared that inmate victims of sexual abuse receive unimpeded access to medical services with community partner hospitals for acute/serious medical services, specifically Jamestown Regional Medical Center.</p> <p>JRCC Nursing Supervisor and Treatment Coordinator further shared that they work together to ensure that the inmate victims receive appropriate medical and mental health care, as well as emotional support provisions. Both shared that decisions are made based on their and their team’s professional judgements. JRCC’s Treatment Coordinator further shared that JRCC work in collaboration with them as well as the victim advocate provided through JRCC’s MOU with Safe Shelter Inc. This auditor interviewed JRCC’s PREA Compliance Manager shared that all medical services provided in response to sexual assault are through the local hospital. Finally, JRCC’s PCM, Warden, Nursing Supervisor, and Treatment Coordinator shared that medical, mental health, and crisis intervention services are provided to the victims of sexual abuse without financial cost.</p> <p>Finally, this auditor interviewed a random selection of 27 inmates, asking about the effectiveness of medical and mental health care. All 27 inmates shared positive responses about the provision of services by JRCC medical and mental health team. There was consistency in all 27 interviewed inmate responses that the <i>“sick call”</i> requests turnaround time is within 24 hours.</p>

	This PREA auditor concludes that JRCC is in compliance with PREA standard 115.82.
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.83. James River Correctional Center (JRCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) PREA Coordinated Response Plan" as evidence of compliance with PREA Standard 115.83. This auditor reviewed the PREA Coordinated Response Plan, which shared each specific staff's coordinated responsibility when an incident of sexual abuse is reported. It also shared specific responsibilities of Medical Services and Mental Health Care. This auditor concludes that "ND-DOCR's PREA Coordinated Response Plan" has the necessary language to align with PREA Standard 115.83.</p> <p>While onsite, this auditor conducted an exhaustive site assessment of JRCC's medical triage area. Due to spacing and onsite and Nursing Supervisor and Treatment Coordinator. JRCC's Nursing Supervisor shared that the medical team picks up inmate "sick call forms" at minimum once daily by the nurse on duty. She also shared that decisions are made based on the team's professional judgements. Furthermore, JRCC's Nursing Supervisor further stated that victim inmates are offered sexually transmitted infections tests, information about emergency contraception, and follow-up medical services.</p> <p>JRCC Nursing Supervisor and Treatment Coordinator both concurred that they work together to ensure that the inmate victims receive appropriate medical and mental health care, as well as emotional support provisions. They further shared that inmate victims of sexual abuse receive unimpeded access to medical services with community partner hospitals for acute/serious medical services, primarily Jamestown Regional Medical Center. Both also shared that JRCC's medical follow the discharge plan upon the inmate's return and mental, as well as additional emotional support follow up services by the JRCC's mental health team. Additionally, JRCC's Treatment Coordinator affirmed that they do offer and provide services to the perpetrator to discuss underlining triggers to current behaviors. Moreover, JRCC's Warden, PREA Compliance Manager, Nursing Supervisor, and Treatment Coordinator shared that medical, mental health, and crisis intervention services are provided to the victims of sexual abuse without financial cost. Finally, this auditor interviewed a random selection of 27 inmates, asking about the effectiveness of medical and mental health</p>

	<p>care. All 27 inmates shared positive responses about the provision of services by JRCC's medical and mental health team.</p> <p>This PREA auditor concludes that MSCF is in compliance with PREA standard 115.83.</p>
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115.86	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.86. James River Correctional Center (JRCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 as evidence of compliance with PREA Standard 115.86. This auditor reviewed JRCC's "ND-DOCR Policy #3C-04" and has concluded that it has the necessary language to align with PREA Standard 115.86.</p> <p>While on site, this auditor interviewed 3 JRCC Administrative PREA Investigators. JRCC's PREA Compliance Manager (PCM) is also a specialized trained PREA Investigator. All three provided documentation that they were specialized trained. Through these interviews, this auditor determined that each knew their responsibilities regarding evidence collection, Miranda/Garrity rights, interviewing procedures, retaliation monitoring, and investigation report-writing protocols. JRCC's PCM shared that all PREA reports and completed investigations are retained electronically.</p> <p>This auditor requested a random selection of 7 completed PREA Administrative Investigations within the last 12 months. JRCC's PCM submitted the 7 investigation files in 7 electronic folders on a USB, for this auditor to review. The investigation files submitted included 2 Sexual Abuse, 2 Sexual Misconduct, and 3 Sexual Harassment. (4 substantiated, 1 Unsubstantiated, and 2 Unfounded). These 7 files were not neatly organized. Four of the 7 files were sexual abuse/sexual misconduct. Of the 4 reviewed, there were 3 files which should've had a "<i>Sexual Abuse Incident Review</i>" (SAIR) meeting conducted (1 investigation file was concluded to be unfounded). However, 0 of the 3 sexual abuse/sexual misconduct investigation files had evidence of a "<i>Sexual Abuse Incident Review</i>" (SAIR) meeting conducted.</p> <p>This auditor asked JRCC's PREA Compliance Manager (PCM) if "<i>Sexual Abuse Incident Review</i>" (SAIR) meetings being conducted within 30 days of the conclusion of sexual abuse investigations. JRCC's PCM shared that JRCC has not conducted any SAIR meetings for any sexual abuse substantiated or unsubstantiated investigations.</p>

	<p>This auditor recommended that JRCC assemble a Sexual Abuse Incident Review (SAIR) team consisting of at minimum JRCC PREA compliance Manager, an upper-level management staff, a line supervisor, an investigator, medical/mental health practitioners. The goal of this team is to review sexual abuse incidents (unless unfounded) to see if the incident was motivated by policy or practice flaws, race and ethnicity, physical barriers, staffing levels, monitoring practice and technology flaws. Finally, the SAIR team leader should prepare a report on its findings and any recommendations for improvement, then submit the report to the facility head and PREA compliance manager. Finally, this auditor recommended that JRCC establish consistency in practice of conducting SAIRs within 30-days of the conclusion of the sexual abuse investigation, ensuring that a meeting agenda, meeting minutes, and a signed findings report are documented and submitted to the PREA Compliance Manager and Warden. This PREA auditor concluded that JRCC was not in compliance with PREA standard 115.86. Corrective Action was required.</p> <p>During JRCC's Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with ND-DOCR's PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, JRCC's PREA Compliance Manager submitted, in OAS, evidence of establishing a "<i>Sexual Abuse Incident Review Team</i>" (SAIRT) that consists of JRCC's PREA Compliance Manager, an upper-level management staff, a line supervisor, an investigator, medical/mental health practitioner. Per JRCC's PCM, the team could also include the PREA Coordinator and Warden, if they are needed. JRCC also submitted their most recent "<i>Sexual Abuse Incident Team Report</i>," which consisted of assessing if the incident was motivated by policy or practice flaws, race and ethnicity, physical barriers, staffing levels, monitoring practice and technology flaws.</p> <p>This PREA auditor concludes that JRCC is in compliance with PREA standard 115.86.</p>
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.87. James River Correctional Center (JRCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 as evidence of compliance with PREA Standard 115.87. This auditor reviewed JRCC's "ND-DOCR Policy #3C-04" and has concluded that it has the necessary language to align with PREA Standard 115.87.</p>

	<p>This PREA auditor reviewed ND-DOCR's website: https://www.docr.nd.gov/prison-rape-elimination-act-overview/docr-prea-audit-reports-and-annual-reports and able to view <i>James River Correctional Center's 2021, 2022, and 2023 Annual Reports</i>. This auditor was able to verify that uniformed data is collected and disseminated to the public. These annual reports also consisted of JRCC's incident-based sexual abuse data collected annually. ND-DOCR's PREA Coordinator was able to show how their data is collected and stored for audit, review, and corrective action purposes.</p> <p>This PREA auditor concludes that JRCC is in compliance with PREA standard 115.87.</p>
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115.88	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.88. James River Correctional Center (JRCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 as evidence of compliance with PREA Standard 115.88. This auditor reviewed JRCC's "ND-DOCR Policy #3C-04" and has concluded that it has the necessary language to align with PREA Standard 115.88.</p> <p>This PREA auditor reviewed ND-DOCR's website: https://www.docr.nd.gov/prison-rape-elimination-act-overview/docr-prea-audit-reports-and-annual-reports and able to view <i>James River Correctional Center's 2021, 2022, and 2023 Annual Reports</i>. This auditor was able to verify that uniformed data is collected and disseminated to the public. These annual reports also consisted of JRCC's incident-based sexual abuse data collected annually. ND-DOCR's PREA Coordinator was able to show how their data is collected, personal information is redacted, and stored for audit, review, and corrective action purposes.</p> <p>This PREA auditor concludes that JRCC is in compliance with PREA standard 115.88.</p>

115.89	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed James River Correctional Center (JRCC) pre-audit</p>

	<p>evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.89. James River Correctional Center (JRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 as evidence of compliance with PREA Standard 115.89. This auditor reviewed JRCC’s “ND-DOCR Policy #3C-04” and has concluded that it has the necessary language to align with PREA Standard 115.89.</p> <p>This PREA auditor reviewed ND-DOCR’s website: https://www.docr.nd.gov/prison-rape-elimination-act-overview/docr-prea-audit-reports-and-annual-reports and able to view <i>James River Correctional Center’s 2015 through 2023 Annual Reports</i>. This auditor was able to verify that uniformed data is collected and disseminated to the public. These annual reports also consisted of JRCC’s incident-based sexual abuse data collected annually. ND-DOCR’s PREA Coordinator was able to show how their data is collected and stored for review, personal identifiers redacted, review, and corrective action purposes.</p> <p>JRCC also reported that PREA-related sexual abuse data is stored and maintained for a minimum of 10 years (pursuant to 115.87). JRCC submitted their ND-DOCR Chapter 25-03.3 “Commitment to Sexually Dangerous Individuals” Policy -(25-03.3-04 Retention of records) which states, <i>“Notwithstanding any other provision of law, all adult and juvenile case files and court records of an alleged offense defined by chapters 12.1-20 and 12.1-27.2 must be retained for twenty-five years and made available to any state's attorney for purposes of investigation or proceedings pursuant to this chapter. If the subject of a case file or court record has died before the expiration of the twenty-five-year period, the official, department, or agency possessing the case files and records shall maintain the case files and records in accordance with the case file and records retention policies of that official, department, or agency. For purposes of this section, "adult and juvenile case files" mean the subject's medical, psychological, and treatment clinical assessments, evaluations, and progress reports; offenses in custody records; case notes; and criminal investigation reports and records.”</i></p> <p>This PREA auditor concludes that JRCC is in compliance with PREA standard 115.89.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>JRCC understands PREA Standard 115.401, which states, <i>“During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private</i></p>

	<p><i>organization on behalf of the agency, is audited at least once.”</i> JRCC plans to continue to have a PREA audit conducted every three years. This is JRCC’s fourth PREA Facility Audit and the first year of the current audit cycle. The auditor had access to, and the ability to observe, all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents. The auditor was permitted to conduct private interviews with inmates. The JRCC inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p>This PREA auditor concludes that JRCC is in compliance with PREA standard 115.401.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>North Dakota Corrections and Rehabilitation (ND-DOCR) submitted their ND-DOCR’s website: https://www.docr.nd.gov/prison-rape-elimination-act-overview/docr-prea-audit-reports-and-annual-reports. This auditor was able to view James River Correctional Center’s Cycle 1, Cycle 2, and Cycle 3 PREA Audit Final Reports. This auditor was also able to see <i>James River Correctional Center’s 2021, 2022, and 2023 Annual Reports</i>. This website is available for public viewing.</p>

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
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Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
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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
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Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
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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
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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
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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
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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.)	yes
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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	yes
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	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.)	yes
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.)	na
	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	na

	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)?	na
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	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	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	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	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 formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
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	yes

	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?	
	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 U.S.C. 1997)?	yes
	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, whichever is later.)	no
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.)	na
	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.)	yes
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).)	yes
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 inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	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 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)?	yes
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	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	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 prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
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	yes

	suspicious 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.)	
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.)	yes
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	yes

	screening instrument?	
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
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	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)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
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	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
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 being sexually abusive, to inform: Work 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: 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	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
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.)	na
	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.)	na
	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.)	na
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	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	yes
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.	yes
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.)	na
	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.)	na
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	na

	this standard.)	
	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 is exempt from this standard.)	na
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.)	na
	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.)	na
	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.)	na
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.)	na
	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.)	na
	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.)	na
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.)	na
	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.).	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
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.)	na
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,	yes

	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.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
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	yes

	abuse or sexual harassment or retaliation?	
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 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?	yes
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	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities 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?	yes
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	yes

	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?	
	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 any inmate disciplinary reports?	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 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	yes

	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).)	
	Does the agency conduct such investigations for all allegations, 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).)	yes
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 order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
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	yes

	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?	
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	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does 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.)	yes
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).	yes
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.)	yes
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	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
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.)	na
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.)	na
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.)	yes

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 has been determined to be unfounded?	yes
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
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	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	yes

	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?	
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 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	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.)	yes
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	Audit contents and findings	

(f)	
	<div data-bbox="320 185 1273 555"> <p>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 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.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>