

PREA AUDIT REPORT  Interim  Final

**ADULT PRISONS & JAILS**

**Date of report:** June 13, 2017

<b>Auditor Information</b>	
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<b>Telephone Number:</b>	505-977-7607
<b>Date of Facility Visit:</b>	June 12-13, 2017
<b>Facility Information</b>	
<b>Facility name:</b>	Pembina County Jail
<b>Facility physical address:</b>	308 Courthouse Drive, #2 Cavalier, North Dakota 58220
<b>Facility mailing address:</b>	SAA
<b>Facility telephone number:</b>	701-265-4122
<b>The facility is:</b>	<input type="checkbox"/> Federal <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Military <input type="checkbox"/> Municipal <input type="checkbox"/> Private for profit <input type="checkbox"/> Private not for profit
<b>Facility type:</b>	<input type="checkbox"/> Prison <input checked="" type="checkbox"/> Jail
<b>Name of facility's Chief Executive Officer:</b>	Terry Meidinger, Pembina County Sheriff
<b>Number of staff assigned to the facility in the past 12 months:</b>	6
<b>Designed facility capacity:</b>	16
<b>Current population of facility:</b>	5
<b>Facility security levels/inmate custody levels:</b>	Minimum, Medium Maximum
<b>Age range of population:</b>	18+
<b>Name of PREA Compliance Manager:</b>	Terry Meidinger
<b>Email address:</b>	<a href="mailto:tmeidinger@nd.gov">tmeidinger@nd.gov</a>
<b>Title:</b>	Sheriff
<b>Telephone number:</b>	701-265-4122
<b>Agency Information</b>	
<b>Name of Agency:</b>	Pembina County Sheriff's Office.
<b>Governing authority or parent agency:</b>	County Commission <i>(If applicable)</i>
<b>Physical address:</b>	308 Courthouse Drive #2, Cavalier North Dakota 58220
<b>Mailing address:</b>	<i>(If different from above)</i> SAA
<b>Telephone number:</b>	701-265-4122
<b>Agency Chief Executive Officer</b>	
<b>Name</b>	Terry Meidinger
<b>Title:</b>	Sheriff
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<b>Telephone Number:</b>	701-265-4122
<b>Agency-Wide PREA Coordinator</b>	
<b>Name:</b>	Meidinger
<b>Title:</b>	Sheriff
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# AUDIT FINDINGS

**NARRATIVE:** On June 12-13, 2017 Shannon McReynolds, a USDOJ certified PREA auditor, conducted an on-site visit as part of PREA audit of the Pembina County Jail in Cavalier, North Dakota. The facility point of contact was Terry Meidinger, Sheriff for Pembina County. The pre-audit activities included a review of facility policy and documentation reflecting that processes were actually employed to prevent, detect, and respond to sexual victimization. Sheriff Meidinger supplied the documentation provided for pre-audit reviews and activities, and subsequently provided additional documentation necessary to make conclusive findings for the audit. The on-site visit consisted of an inspection of every housing unit, all service areas, program areas, and administrative offices.

In addition to document reviews and facility inspection, Nine staff members were interviewed, including senior management, medical staff, human resources staff, and members of the sexual abuse review team. Further, five inmates (100% of the population) were interviewed, (four males and one female). No inmates were identified as being members of the LGTBI community, limited English proficient (LEP), scoring at high risk for sexual abuse, disabled, or as being housed in segregation status. Further, Staci Jenson from the Domestic Violence and Abuse Center and Lisa Letexier, the director of emergency services at Pembina County Memorial Hospital, were interviewed. The facility has 16 beds and a library. Food service is delivered from a local restaurant by personnel who have no contact with the inmates.

Features of the Pembina County Jail include:

1. The use of Customs and Border Patrol personnel to provide interpreter assistance for LEP inmates;
2. A certified law enforcement officer as the investigator.
3. Extensive video camera coverage.

The facility reports that there have been 0 substantiated reports of sexual abuse made by inmates at the facility within the past 12 months. Criminal investigations are conducted by the Pembina County Sheriff's Department or the North Dakota Bureau of Criminal Investigations, (CBI).

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

The Pembina County Jail is comprised of one building of predominantly multiple occupancy cells. The building is equipped with video monitoring cameras to supplement rounds by security staff at the entrance to the building as well as in the corridors of each area of the building. The physical plant also includes visiting space, and administrative offices.

**SUMMARY OF AUDIT FINDINGS:**

Under North Dakota Statute, and as a result of a review by the North Dakota Department of Corrections and Rehabilitation, the Pembina County Jail was directed to take steps to comply with PREA in order to maintain required certification. At the time of the site visit, the jail was holding 5 inmates or detainees. A review of documentation and education materials indicates that when inmates and/or detainees are received into the facility, they receive education on PREA through printed material and a video produced by Just Detention International that is shown during the booking process. The documents included the formal PREA screening process, which was confirmed by the Pre-Audit Questionnaire submitted by the facility and by screening forms produced by the facility. All staff who were formally interviewed, county medical staff, as well as those who were interviewed during the facility tour, indicated that they knew the various mechanisms for reporting sexual abuse.

Pembina County Jail staff cooperated with the interviews and all expressed support for the goals of PREA. All staff indicated that they had received training on PREA. The Pembina County Jail relies on the Pembina County Memorial Hospital to provide SANE exams and the Domestic Violence and Abuse Center (DVAC) provides advocacy services to victims of sexual abuse. Both Staci Jenson from the Domestic Violence and Abuse Center and Lisa Letexier, the director of emergency services at Pembina County Memorial Hospital indicated that their protocol for SANE exams and victim advocacy are based on the National Protocol for Sexual Assault Medical Forensic Exams, Adults/Adolescents.

Number of standards exceeded: 1

Number of standards met: 42

Number of standards not met: 0

**Standard****Number here: 115.11**, Zero Tolerance of sexual abuse and sexual harassment; Prison Rape Elimination Act (PREA) coordinator

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.11 has three elements that the facility must meet for a finding of "meets standard".

The first element requires a written policy mandating zero tolerance towards all forms of sexual abuse and harassment and an outline of the agency's approach to preventing, detecting, and responding to such conduct. The Policy 606.4 establishes the zero-tolerance policy for all forms of sexual abuse and harassment and outlines the facility's approach to preventing, detecting, and responding to such conduct by mandating training for staff (including first-responder training) and inmates, screening staff and inmates, a credible investigation process, and providing a multi-route reporting mechanism. Thus the facility meets this element.

The second element requires that the agency employ an upper-level agency-wide PREA coordinator with sufficient time and authority to oversee agency efforts to comply with PREA standards in all of its facilities. The Pembina County Jail produced documentation showing Sheriff Meidinger as the Agency's PREA coordinator who reports directly to the County Commission. Sheriff Meidinger reported in his interview that he has sufficient time to develop, implement, and oversee efforts to comply with PREA. Thus the facility meets this element.

The third element requires that each facility designate a PREA Compliance Manager with sufficient time and authority to oversee agency efforts to comply with PREA standards in all its facilities. The Pembina County Sheriff's Office operates one jail facility, and thus there is no PREA Compliance Manager. Thus the facility meets this element.

**RECOMMENDATION:** None

**Standard****Number here: 115.12** Contracting with other entities for the confinement of Inmates.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.12 has two elements that a facility must meet for a finding of "meets standard".

The first element requires that contracts with private agencies or other entities include the entities obligation to adopt and comply with the PREA standards. Sheriff Meidinger indicates that the Pembina County Jail does not have any contract with any facility to house inmates or detainees remanded to their custody. Because there are no contracts with any other facilities, the Pembina County Jail is meeting this element of the standard.

The second element requires that new contracts or contract renewals provide for agency contract monitoring to ensure the contractor is complying with the PREA standards. As previously noted, there are no contracts with any other facilities to house inmates or detainees remanded to the custody of the Pembina County Jail. The audit tool indicates that if there are no contracts that this element is to be considered non-applicable. Thus, the facility is compliant with this element of the standard.

**RECOMMENDATION:** None

**Standard**

**Number here: 115.13** Supervision and monitoring

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.13 has four elements that a facility must meet for a finding of "meets standard".

The first element requires that the facility develop, document, and make best efforts to comply on a regular basis with a staff plan that provides for adequate staffing and video monitoring, and take into consideration 11 conditions. The facility produced a staffing schedule that specifically addressed each of the 11 conditions consistent with the facility's mission and population size, and number of personnel for adequate facility staffing. The tour of the facility confirmed that assigned staff and supervisors were actually at their assigned post. The video monitoring technology employed by the facility was extensive and deployed in strategic areas. Based on the quality of the video monitoring, the facility exceeds the requirements of this standard.

The second element requires that where the staffing plan is not complied with, the facility documents and justifies the deviation. Sheriff Meidinger reports that deviations from staffing plan are due to sick leave, training, staff vacations and family emergencies, as well as inclement weather. Thus the facility meets this element.

The third element requires that at least once each year, the agency, in consultation with the PREA Coordinator, assess, determines, and document where adjustments are needed to the staffing plan, technology assets, and resources to ensure adherence to the staffing plan. The Pembina County Jail provided their staffing plan and their first annual staffing review. It meaningfully assessed, determined, and documented where adjustments were needed. Thus the facility meets this element of the standard.

The fourth element requires that the facility have a policy requiring supervisors to conduct and document unannounced rounds for all shifts and that staff are prohibited from alerting other staff that these supervisor rounds are occurring. Policy 606.4 has these requirements, and logs provided by the Pembina County Jail show that unannounced supervisor rounds are occurring on each of the three shifts. In an interview with the jail supervisor, he indicated that he makes unannounced rounds on a random basis in order to prevent staff from alerting other staff that he is making those unannounced rounds. Thus the facility meets this element.

**RECOMMENDATION:** None.

**Standard****Number here: 115.14** Youthful inmates

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.14 has three elements that a facility must meet for a finding of "meets standard".

The first element requires that youthful inmates will not be placed in a housing unit where they will have sight, sound, or physical contact with adult offenders through the use of shared day rooms, shower areas, or sleeping quarters. Youthful offenders are housed in a separate facility and the Pembina County Jail does not house youthful offenders. The audit tool instructs that if a facility does not house youthful offenders, then this standard is to be counted as Non Applicable. Thus the facility meets this element of the standard.

The second element requires that outside of the housing unit sight and sound separation is maintained for your offenders or that there is direct supervision when youthful inmates have contact with adult offenders. The Pembina County Jail does not house youthful offenders and the audit tool instructs that if a facility does not house youthful offenders, then this standard is to be counted as Non-Applicable. Thus the facility meets this element of the standard.

The third element requires that agencies make its best efforts to avoid placing inmates in isolation and do not deny youthful inmates daily large muscle exercise or legally required education services. The Pembina County Jail does not house youthful offenders and the audit tool instructs that if a facility does not house youthful offenders, then this standard is to be counted as Non-Applicable. Thus the facility meets this element.

**RECOMMENDATION:** None.

**Standard****Number here: 115.15** Limits to cross-gender viewing and searches.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.15 has six elements that a facility must meet for a finding of "meets standard".

The first element requires that the facility shall not conduct cross-gender strip searches or cross gender body cavity searches except in exigent circumstances or when performed by medical practitioners. Policy 513.4.4 has language prohibiting cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or by medical practitioners. Thus the facility meets this element.

The second element in the standard has a date parameter starting August 20, 2015 and it requires a prohibition on cross-gender pat searches of female inmates, absent exigent circumstances, and that female inmates will not have access to programs restricted in order to comply with this element. Policies 513 and

201 prohibit cross gender pat searches of female inmates and provides that female inmates will not be denied access to programs in order to comply with this provision. Further, the North Dakota Jail regulations requires that a female officer is on duty at all times to facilitate pat searches of female inmates and detainees. In her interview, the one female inmate confirmed that female inmates and detainees are not pat searched by male officers and that they are not restricted from programs due to a shortage of female officers. Thus the facility meets this element.

The third element in the standards requires that the facility document all cross-gender strip searches and cross-gender visual body cavity searches. Policy 513.1(c) requires that the facility document all cross-gender strip searches and cross-gender visual body cavity searches. The facility reported that no cross-gender strip searches or cross-gender cavity searches had been performed in the past 12 months, so there was no documentation of any such searches to be reviewed. Interviews with staff indicate that cross-gender strip searches and cross-gender visual body cavity searches are not performed. Inmates indicated in interviews that cross-gender strip searches and cross-gender visual body cavity searches are not performed. In view of the policy statement, interviews with inmates, and staff interviews, the facility is determined to be meeting the intent of this element.

The fourth element requires that the facility have policies and procedures that enable inmates to shower, perform bodily functions and change clothes without non-medical staff of the opposite gender viewing them except in exigent circumstances, and that opposite gender staff announce themselves when entering the housing unit. Policy 804.8 prohibits cross-gender viewing and requires opposite gender staff to announce their presence when entering a housing unit. A tour of the shower and toilet areas in the housing units indicates that there are adequate visual barriers to prevent opposite gender viewing. Interviews with officers and supervisors uniformly indicated that staff announce their presence when entering a housing unit with opposite gender inmates. Inmates indicated in interviews that staff announce their presence and that they are able to shower, dress, and use the toilet without staff observing them, except when incidental to security rounds. The electronic surveillance system has blacked-outs over the toilet areas. Based on the policy statement, inspection of the video monitoring system, and the staff interviews, the facility meets this element of the standard.

The fifth element in the standard requires that the facility shall not perform strip-searches or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Policy 513.5 prohibits such searches. The interviews with the intake staff indicate that they do not perform such searches. The facility reported no incidents in which inmates who identified as transgendered were searched for the sole purpose of determining genital status. No inmates were identified as transgender inmates, so no inmate interviews were conducted. Thus, the facility meets this element.

The sixth element requires that security staff receive training in conducting cross-gender pat down searches and searches of transgender and intersex inmates in the least intrusive manner possible, consistent with security needs. Policy 513 has the protocol on performing cross gender searches and searches of transgender and intersex inmates. The Pembina County Jail provided documentation that officers had received this training and interviews of staff establish that staff have received this training. Because no transgender inmates were housed in the facility at the time of the site visit, no inmate interviews could be conducted to confirm that searches of transgender and intersex were performed in the least intrusive manner possible consistent with security needs. In view of the policy statement and the staff interviews, the facility is determined to be meeting the intent of this element of the standard.

**RECOMMENDATION:** None.

**Standard****Number here: 115.16** Inmates with disabilities and inmates who are limited English proficient.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.16 has three elements that a facility must meet for a finding of "meets standard".

The first element requires that the agency shall take *appropriate* steps to ensure inmates with disabilities have equal opportunity to participate in or benefit from efforts to prevent, detect, and respond to sexual abuse, including the use of written materials, interpreters, etc. Policies 602 and 606 have this requirement. The facility also provided written materials available for hearing impaired inmates and those with developmental disabilities, and provided video information for those who are sight impaired on preventing, detecting, and responding to sexual abuse. An inspection of inmate living areas shows that this information is readily available. Thus the facility meets this element of the standard.

The second element of the standard requires that the agency shall take *reasonable* steps to ensure meaningful access to the facility's efforts for inmates who are limited English proficient, including the use of interpreters. Policy 606 has this requirement and the facility uses Customs and Border Patrol personnel for interpreter services. No LEP inmates were housed in the facility at the time of the site visit, so no interviews could be done to confirm that LEP inmates had meaningful access to the facility's efforts to prevent, detect, and respond to incidents of sexual abuse. Based on the policy statement, the use of Customs and Border Patrol personnel, and a review of the available materials for inmates, the facility is determined to be meeting the intent of this element of the standard.

The third element of the standard requires that the facility shall not rely on inmate interpreters except in limited circumstances. Policy 606.7 reflects this requirement, and interviews with staff confirmed that interpreter services are available through Customs and Border Patrol personnel. Staff also indicated in interviews that in the case of a sexual assault, they do not use other inmates to interpret for the victim. Thus the facility meets this element.

**RECOMMENDATIONS:** None.

**Standard****Number here: 115.17** Hiring and promotion decisions.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.17 has eight elements that a facility must meet for a finding of "meets standard".

The first element of the standard requires that the agency shall not hire or promote anyone who may have contact with inmates and shall not enlist the services of any contractor who may have contact with inmates



and who has engaged in certain prohibited behaviors. Policy 304 has language prohibiting the hiring or promotion of those who have engaged in those prohibited behaviors. Sheriff Meidinger indicated in his interview that the facility does not hire or promote anyone who has engaged in the prohibited behaviors. Tanya Wiler, the HR administrator for the jail indicated in her interview that the facility does not hire or promote anyone who has engaged in the prohibited behaviors. A review of background checks in personnel files indicates that none of the current employees has engaged in any prohibited behavior. Thus the facility meets this element.

The second element requires that the agency consider incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates. Policy 304.3.10 has language that requires considering incidents of sexual harassment in the hiring or promotion of anyone who may have contact with inmates. In an interview, both Sheriff Meidinger and Ms. Wiler confirmed that the facility considers incidents of sexual harassment in the hiring or promotion of anyone who may have contact with inmates. Thus the facility meets this element.

The third element requires that the agency conduct a criminal background check on new employees and make best efforts to contact prior institutional employers for information of substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation. Policy 304.3.1 requires such reviews, and a review of the documentation provided and of personnel documents indicated that criminal background checks are being conducted on new employees. Sheriff Meidinger produced documentation of background checks and documentation that prior institutional employers are contacted to acquire information related to substantiated allegations of sexual abuse or any resignation. Ms. Wiler indicated in her interview that prior institutional employers are contacted. Thus, the facility meets this element.

The fourth element requires that criminal background checks are conducted on contractors. Policy 304.3.1 requires background checks on contractors. However, Sheriff Meidinger indicated in his interview that the Pembina County Jail does not contract with any contractors for any services in the jail. A review of jail operations during the site visit did not reveal any contractors providing services to inmates or detainees in the jail, and interviews with inmate confirm that no contractors have contact with inmates. Based on the policy statement, the interview with Sheriff Meidinger, and the review of jail operations in the site visit, the facility is determined to be meeting this element of the standard.

The fifth element requires that the facility conduct criminal background checks on employees at least every five years, or have some other system of capturing such information. Policy 304.3.1 has language requiring background checks on employees at least every five years. Chief Deputy Fred Marquardt indicated that the Bureau of Criminal Investigations (BCI) has a system for regular criminal background checks. Because the standards requiring the 5-year background check went into force only four years ago there has not been a sufficient passage of time to measure whether the 5-year background checks have been performed. Nevertheless, due to the policy statement and interview with Chief Deputy Marquardt, the facility is determined to be meeting the intent of this element.

The sixth element requires that the agency ask all applicants and employees about misconduct in written applications or interviews or self-evaluations, and that employees have an affirmative duty to disclose misconduct. Policy 304.3.10 includes a policy statement that supports this requirement. Additionally, Sheriff Meidinger indicated in his interview that all applicants and employees are asked about misconduct and that staff have an affirmative duty to disclose misconduct. Based on the policy statement and interview with Sheriff Meidinger, the facility meets this element of the standard.

The seventh element requires that material omissions or false information are grounds for termination. Policy 304.3.10 has a policy statement that material omissions or false information are grounds for termination. Sheriff Meidinger indicated in his interview that employment candidates who provide material

omissions or false information are subject to termination. Based on the policy statement and interview, the facility meets this element of the standard.

The eighth element requires that unless prohibited by law, the agency shall provide information on substantiated allegations involving former employees upon receiving a request from an institutional employer for whom the employee has applied to work. Policy 304.3 has language supporting this requirement and Ms. Wiler indicated in her interview that the county would report information on substantiated allegations involving former employees to an institutional employer at which the employee has applied. Thus the facility meets this element of the standard.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.18** Upgrades to facilities and technologies.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.18 has two elements that a facility must meet for a finding of "meets standard".

The first element requires that when designing or acquiring any new facility, and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect on the agency's ability to protect inmates. The facility has not experienced any new expansion or modification since August 20, 2012 and the audit tool directs that if there have been no expansions or modifications, then this element is N/A. Thus the facility meets this element of the standard.

The second element requires that when installing or updating a video monitoring system or other monitoring technology, the agency must consider how it will enhance the agency's ability to protect inmates from sexual abuse. The new facility design included updated video monitoring capability with visual capability blacked-out over the toilet areas. Sheriff Meidinger produced documentation showing that the facility considered their ability to protect inmates from sexual abuse by the system's design and placement. Thus the facility meets this element of the standard.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.21** Evidence protocol and forensic medical exams.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.21 has eight elements that a facility must meet for a finding of "meets standard".

The first element requires the facility follow a uniform evidence protocol. Policy 606.7 included the facility's evidence collection protocol. Interviews with staff confirm that they know the protocol for collecting and preserving evidence. Thus the facility meets this element of the standard.

The second element requires that the protocol be based on or adapted from the *National Protocol for Sexual Assault Medical Forensic examinations, Adults/Adolescents*. Policy #606.10 has language that is materially compliant with "A *National Protocol for Sexual Assault Medical Forensic Exams, Adults/Adolescents*. The interviews with Staci Jenson from the Domestic Violence and Abuse Center and Lisa Letexier, the director of emergency services at Pembina County Memorial Hospital also confirmed that the protocol for gathering evidence is based on the *National Protocol for Sexual Assault Medical Forensic examinations, Adults/Adolescents*. Thus the facility meets this element.

The third element requires that the agency shall offer all victims access to forensic medical exams without cost where medically or evidentiarily appropriate performed by a SANE or SAFE and that the facility shall document efforts to provide SANEs or SAFEs. Policy 606.9 requires that victims receive SANE exams without cost. Staci Jenson from the Domestic Violence and Abuse Center and Lisa Letexier confirmed that SANE exams are provided without cost and that they receive and examine victims of sexual abuse from the Pembina County Jail. Thus the facility meets this element.

The fourth element requires that the facility attempt to make available to the victim a victim advocate from a rape crisis center and if unavailable, the facility shall document its attempts to make one available. Telephonic interviews with Staci Jenson from the Domestic Violence and Abuse Center and Lisa Letexier confirmed that they provide victim advocates to victims in coordination with the SANE exams. Thus the facility meets this element.

The fifth element requires that, as requested by the victim, the victim advocate shall accompany and support the victim through the exam process and the investigatory process and provide emotional support, crisis intervention, information and referrals. The policy provided by the facility requires that the facility allow the victim advocate to support the victim throughout the exam and investigation, and telephonic interviews with Staci Jenson from the Domestic Violence and Abuse Center and Lisa Letexier confirm that a victim advocate may accompany the victim through the exam process and investigatory process if the victim requests. Inmates indicated in interviews that victim advocates are available for victims of sexual abuse. In view of the policy requirement and the interviews with inmates, and with Staci Jenson and Lisa Letexier, the facility is meeting the intent of this element.

The sixth element requires the agency request that outside investigating agencies follow the requirements enumerated thus far. The audit tool indicates that if the facility is responsible for administrative and criminal investigations, that this element is N/A. Thus, the facility is meeting the intent of this element.

The seventh element requires that outside state agencies or DOJ component that conduct investigations comply with all the elements of this standard. However, guidance from the PRC indicates that this element is to be counted as N/A.

The eighth element requires that those persons providing advocacy services be screened for appropriateness and received education concerning sexual assault and forensic exams. However, guidance from the PRC indicates that this element is to be counted as N/A.

**RECOMMENDATIONS:** None.

**Standard****Number here: 115.22** Policies to ensure referrals for investigations.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.22 has five elements that a facility must meet for a finding of "meets standard".

The first element requires that an administrative or criminal investigation be completed for all allegations. Policy 606.7 requires that an investigation be completed for all allegations of sexual abuse and sexual harassment. Chief Deputy Fred Marquardt is the designated investigator for the facility, who indicated in his interview that an administrative or criminal investigation is completed for all allegations of sexual abuse. The facility has received no allegations of sexual abuse in the past 12 months, so no investigation reports could be inspected. Based on the policy statement and interview with Chief Deputy Marquardt, the facility meets this element.

The second element requires that the agency shall have a policy that all allegations rising to the level of criminal violations are referred for investigation by an agency with legal authority to conduct criminal investigations, that the referral is documented, and that the policy is on the website. The Pembina County Sheriff's office conducts criminal investigations, and the Bureau of Criminal Investigations (BCI) is used to investigate allegations against staff. Policy 606 addresses referrals for criminal investigations, including investigations by BCI. The policy is available to the public from the Sheriff's Office through the county's public records law and on the website. Thus the facility meets this element of the standard.

The third element requires that if a separate entity is responsible for criminal investigations, that the policy describes the responsibilities of the agency and the investigating entity. The Pembina County Sheriff's Office conducts criminal investigations and the audit tool instructs that if the agency is responsible for criminal investigations, then this element is N/A. Thus the facility meets this element.

The fourth element requires that any state entity responsible for investigations in a prison or jail shall have a policy governing the conduct of investigations. The audit tool designates this element as N/A.

The fifth element requires that any DOJ component responsible for conducting criminal investigations or administrative investigations have in place a policy governing the conduct of such investigations. The audit tool designates this element as N/A.

**RECOMMENDATIONS:** None.

**Standard****Number here: 115.31** Employee Training

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.31 has four elements that a facility must meet for a finding of "meets standard".

The first element requires that the agency train all employees on 10 different topics related to PREA. Policy 310.3 requires employees to receive training. A review of the training material developed by the National Institute of Corrections (NIC) confirms that the 10 topics are covered. Sheriff Meidinger produced training certificates for employees who have completed the NIC PREA training for employees. Interviews with staff also confirm that they have received training on the 10 topics required by the standard. Thus the facility meets this element.

The second element requires that training is tailored to the gender of the inmates at the employee's facility and that if an employee is re-assigned to a facility that houses a different gender then they will receive additional training. The facility houses male and female inmates. The training materials used to train employees produced by the NIC included gender-specific training points. Thus the facility meets this element of the standard.

The third element requires that all current employees who have not received training shall be trained within one year of the effective date of PREA and shall receive refresher training every two years, and the facility provides refresher information in years when refresher training is not given. Policy 310 requires staff to receive refresher training. Documentation provided by Sheriff Meidinger, showed that all current employees have received training and that refresher training occurs through staff briefings and policy updates. Thus, the facility meets this element of the standard.

The fourth element requires that the agency document through employee signature or electronic verification that employees understand the training they have received. Policy 310 requires that employees acknowledge that they understand the material being presented before being credited with having completed the course. The facility provided electronically produced documents/certificates to support this element. Thus the facility meets this element of the standard.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.32** Volunteer and contractor training.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.32 has three elements that a facility must meet for a finding of "meets standard".

The first element requires that all volunteers and contractors receive training on their responsibility under the agency's PREA policy. The Pembina County Jail does not contract for services with any contractor that has contact with inmates and does not have a program for allowing volunteers to provide services to inmates/detainees, so no documentation of training was available. In view of the prohibition of contractor and volunteer services, the facility is determined to be meeting the intent of this element of the standard.

The second element requires that the level and type of training received by volunteers and contractors is based on the level of contact they have with inmates and includes the agency's zero-tolerance policy and how to report sexual abuse. In view of the prohibition of contractor and volunteer services, the facility is determined to be meeting the intent of this element of the standard.

The third element requires that the facility maintain documentation confirming that contractors/volunteers understand the training they have received. In view of the prohibition of contractor and volunteer services, the facility is determined to be meeting the intent of this element of the standard.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.33** Inmate Education

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.33 has six elements that a facility must meet for a finding of "meets standard".

The first element requires that inmates are informed at intake of the agency's zero tolerance policy and how to report. Policy 606.3 requires that inmates receive and this information at intake and sign documentation acknowledging their understanding of it. The facility also produced records showing that inmates receive this information at intake. Interviews with booking staff confirmed that this information was provided to inmates. Inmates indicated in interviews that they received information about the zero-tolerance policy and on how to report incidents of sexual abuse. In view of the policy statement, the provided training materials, and staff and inmate interviews, the facility is determined to be meeting the intent of this element of the standard.

The second element requires that within 30 days of intake, the agency provides comprehensive education to inmates either in person or through video on their right to be free from sexual abuse and retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Policy 606.3 requires that inmates receive comprehensive training within 30 days of intake, and that this training developed by Just Detention International is delivered to inmates via video presentation. Inmates indicated in interviews that they had viewed the video at intake. In view of the policy statement, review of materials, and staff interview, the facility is determined to be meeting the intent of this element of the standard.

The third element requires that current inmates who have not received the training receive it within one year of the effective date of the standards and receive training upon transfer to another facility to the extent that the policies and procedures of the new facility differ from the previous facility. Policy 606.3 has this requirement. Additionally, the facility provided materials for visually impaired inmates and for inmates who were developmentally disabled. Inmates indicated in interviews that they all had received the training. In view of the policy statement, inmate interviews, and the review of materials, the facility is determined to be meeting this element of the standard.

The fourth element of the standard requires that the agency provide inmate education in formats accessible to all inmates including those who are LEP, deaf, visually impaired, or otherwise disabled. The video and written material provided included materials for visually impaired inmates or inmates who are developmentally disabled. Thus the facility meets this element of the standard.

The fifth element of the standard requires the facility to maintain documentation of inmate participation in these education sessions. The facility produced records as evidence that inmates receive the training. Thus the facility meets this element of the standard.

The sixth element requires that the facility shall ensure that key information is continuously available to inmates through posters, inmate handbooks, and other written formats. A tour of the facility confirmed that this information was available to inmates. Inmates indicated that information is available in handbooks and on posters in the units. Thus the facility meets this element of the standard.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.34** Specialized training: investigations.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.34 has four elements that the facility must meet for a finding of "meets standard".

The first element requires that investigators received training in conducting sexual abuse investigations in confinement settings. Fred Marquardt produced documentation of his having taken a NIC produced PREA training for investigators. Thus the facility meets this element.

The second element requires that the training include techniques for interviewing, Miranda/Garrity warnings, evidence collection and the criteria and evidence required to substantiate a case. The lesson materials developed by the NIC included all these topics. Thus, the facility meets this element.

The third element requires that the facility maintain documentation that the investigators have completed the training. The training certificate provided by Fred Marquardt met this element of the standard.

The fourth element requires that any state entity that investigates sexual abuse in confinement settings provides training to it agents and investigators. Under interpretive guidelines promulgated by the PRC, the facility cannot be held accountable for agents not under its direct control. Thus the facility meets this element.

**RECOMMENDATIONS:** None.

**Standard**

**Number here: 115.35** Specialized training: medical and mental health care

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.35 has four elements that the facility must meet for a finding of "meets standard".

The first element requires that medical and mental health staff received training in detecting and assessing signs of sexual abuse, preserving evidence, responding to victims, and how to report allegations or suspicions of sexual abuse. Policy 310.4 requires that medical staff receive such training. However, the Pembina County Jail does not employ an on-site medical provider to provide medical services. County Nurse Rachel Ramsey indicated in her interview that she had received the training. In view of the policy statement, the fact that the facility has no on-site medical staff, and the interview with Nurse Ramsey, the facility is determined to be meeting this intent of this element of the standard.

The second element requires that *if* medical staff conduct forensic exams, that they shall receive the training referenced in this standard. Forensic exams are performed at the local medical clinic by medical staff employed there. The audit tool indicates that if this is the case, the element is N/A.

The third element requires that the agency maintain documentation that medical and mental health staff received the training. The Pembina County Jail does not employ an on-site medical provider to provide medical services. However, the facility produced documentation that Nurse Ramsey had received PREA training. In view of the policy statement, the fact that the facility employs no on-site medical staff, and the interview with Nurse Ramsey, the facility is determined to be meeting this intent of this element of the standard.

The fourth element requires that medical and mental health staff also receive the training mandated for employees. Policy 310.4 has this requirement. However, the Pembina County Jail does not employ an on-site medical provider to provide medical services. In view of the policy statement and the fact that the facility has no on-site medical staff, the facility is determined to be meeting this intent of this element of the standard.

**RECOMMENDATIONS:** None.

**Standard**

**Number here: 115.41** Screening for risk of victimization and abusiveness.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.41 has nine elements that a facility must meet for a finding of "meets standard".

The first element requires that all inmates are screened during the intake process and upon transfer to another facility. Policy 508 has this requirement. The facility also provided completed screening documents. All inmates indicated in interviews that they had participated in the screening process. In view of the policy statement, interviews with inmates, and a review of the completed screening tools, the facility is determined to be meeting the intent of this element of the standard.

The second element requires that the screening take place within 72 hours of arrival. Policy 508 has a statement that supports this element. Inmates indicated in interviews that they had been screened at intake. The facility provided documentation showing that inmates at the Pembina County Jail have been through the 72-hour screening process by classification staff. Thus the facility meets this element of the standard.



The third element requires that the assessments shall be conducted using an objective screening instrument. Sheriff Meidinger provided copies of its screening tool that has the required objective criteria for measuring an inmate's level of risk. Thus, the facility meets this element of the standard.

The fourth element requires that the screening consider 10 criteria for the risk of sexual victimization. The facility provided a copy of its screening tool showing all 10 criteria. Thus the facility meets this element of the standard.

The fifth element requires that the screening consider three criteria to measure an inmate's the risk of sexual abusiveness. The facility provided a copy of its screening tool showing all three criteria. Thus the facility meets this element of the standard.

The sixth element requires that inmates are re-screened within 30 days. Policy 508 requires re-screening within 30 days. However, the average length of stay at the Pembina County Jail is less than 10 days, so documentation of 30-day re-screening was unavailable. Three inmates indicated in interviews that they had not been at the facility for 30 days. Two inmates were rescreened within 30 days of the initial screening. However, based on the policy statement, the facility is determined to be meeting the intent of this element of the standard.

The seventh element requires that an inmate's risk level will be re-assessed when warranted, requested, or additional information is received. Policy 508 governing PREA Victim/Predator Screening had language that supports this element. Because there had been no allegations of sexual abuse, there has been no occasion to rescreen inmates when warranted, requested or when additional information was received, with the result that there were no re-screening documents to review. In view of the policy statement, the facility is determined to be meeting the intent of this element of the standard.

The eighth element mandates that inmates may not be disciplined for refusal to answer questions or disclose information during screening. Policy 508 prohibits disciplining inmates for refusing to disclose or answer questions. No evidence was identified showing that inmates had been disciplined for refusing to answer or disclose, and no inmates indicated in their interviews that they had received such disciplinary action. Thus the facility meets this element of the standard.

The ninth element requires that the agency implement controls on the dissemination within the facility to ensure sensitive information is not exploited to the inmate's detriment. Policy 606.15 requires that the screening tool and information is kept confidential in the inmate files, restricting access to areas where files are stored, and limiting authorized access to designated staff. Thus the facility meets this element of the standard.

**RECOMMENDATIONS:** None.

**Standard**

**Number here 115.42:** Use of screening information.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.42 has seven elements that the facility must meet for a finding of "meets standard".

The first element requires that the agency shall use screening information to inform housing and program decisions with regard to inmates' safety. Policy 508.10 includes language that the information from the screening tool is to be used to inform housing and program decisions with regard to the inmates' safety. Interviews with staff at the Pembina County Jail also confirmed that this is the practice. Thus the facility meets this element of the standard.

The second element requires that the agency makes individualized determinations to ensure the safety of each inmate. Policy 508.10 has this requirement and interviews with booking staff confirm that this is the practice at the Pembina County Jail. Thus the facility meets this element of the standard.

The third element requires that decisions are made on a case-by-case basis regarding the placement of transgendered and intersex inmates in male or female facilities. Policy 508.10 has this requirement and interviews booking staff indicate that this is the practice at the Pembina County Jail. There were no transgender or intersex inmates housed in the facility at the time of the site visit so no inmate interviews could be completed. However, in view of the policy statement and interviews with staff, the facility is determined to be meeting the intent of this element of the standard.

The fourth element requires that placement and programming assignments for each transgender or intersex inmate be Pembina County Jail and a tour of the facility did not result in the identification of any transgender inmates, so no reviews and had occurred and no interviews could be completed. Nevertheless, based on the policy statement, the facility is found to be meeting the intent of this element of the standard.

The fifth element requires that a transgender or intersex inmate's views are given consideration. Policy 508.10 has this requirement and interviews with staff confirm this is the practice. There were no transgender or intersex inmates housed in the facility at the time of the site visit, so no inmate interviews could be conducted. In view of the policy statement and interviews with staff, the facility is determined to be meeting the intent of this element of the standard.

The sixth element requires that transgender and intersex inmates can shower separately from other inmates. Policy 804.8 has a statement that supports this element of the standard. A physical inspection of the shower facilities confirmed that each housing unit has showers with three walls and a door that can only be used by one inmate at a time, providing the ability for transgender and intersex inmates to shower separately from the rest of the inmate population. Thus, the facility meets this element.

The seventh element requires that the agency does not place LGTBI inmates in dedicated facilities, wings, or units based solely on such identification or status. Policy 508.10 has a statement that supports this element of the standard. Sheriff Meidinger indicated in his interview that no such units exist in the facility. At the time of the site visit there were no LGTBI inmates housed in the facility that the auditor could have interviewed. Interviews with the staff did not result in the identification of any LGTBI inmates who had been previously housed at the facility. Thus the facility meets this element.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.43** Protective custody

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.43 has five elements that a facility must meet for a finding of "meets standard".

The first element requires that at-risk inmates shall not be placed in involuntary segregation unless an assessment of all alternative placements has been made. Policy 606.12 has this requirement. In his interview, Sheriff Meidinger indicated that no placements into segregation are made without an assessment of alternative placements. No inmates were housed in the segregation at the time of the site visit, so no inmate interviews could be conducted. In view of the policy statement, the interview with Sheriff Meidinger, and the absence of any inmates housed in segregation status, the facility is determined to be meeting the intent of this element of the standard.

The second element requires that inmates placed into involuntary segregation based solely on their risk level have access to privileges and programs and if access is limited, the limited opportunities and reasons for those limitations are documented. Policy 606.12 has this requirement. No inmates were identified as being placed into involuntary segregation based solely on their risk level at the time of the site visit, so no interviews could be conducted. In view of the policy statement and lack of inmates in segregation, the facility is determined to be meeting the intent of this element of the standard.

The third element requires that inmates are only placed into involuntary segregation until alternative placements can be identified and that the assignment shall not exceed 30 days. Policy 606.12 has this requirement and no inmates were identified as being in segregation for more than 30 days. Thus the facility meets this element of the standard.

The fourth element requires that if such an inmate is placed into involuntary segregation the facility shall document the basis for the facility's concern for his safety and why no alternatives are available. Policy 606.12 has this requirement and is verbatim from the standard. However, no inmates were housed segregation at the time of the site visit, so no inmate interviews could be conducted and no documents were available. Thus, the facility meets this element of the standard.

The fifth element requires that inmates who are placed in segregation have their placement reviewed every 30 days to determine if there is a continuing need for placement. Policy 606.12 has this requirement. Interviews with staff also indicate that this is the practice at the Pembina County Jail. No inmates were housed in segregation at the time of the site visit, so no inmate interviews could be conducted. In view of the policy statement and staff interviews, the facility is determined to be meeting the intent of this element of the standard.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.51** Inmate reporting

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.51 has four elements that a facility must meet for a finding of "meets standard".

The first element requires that the agency provide multiple ways for inmates to privately report sexual abuse and harassment, retaliation, or staff neglect. Policy 606.5 has language the supports this element. Inmates at the Pembina County Jail have multiple ways to report sexual victimization, including a reporting

hotline, telling any staff person, reporting it to outside contacts (DVAC), submitting a complaint, or making a third-party report using a facility issued I-Pad to text persons out of the facility. Thus, the facility meets this element.

The second element requires that the facility provide at least one way for inmates to report to a private entity or office that is not part of the agency and that is able to immediately forward reports to agency officials, allowing the inmate to remain anonymous. The facility has an MOU with the DVAC allowing inmates to call them to report incidents of sexual abuse. Thus the facility meets this element of the standard.

The third element requires that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Policy 606.5 requires staff to accept verbal, written, and anonymous reports, document verbal reports, and that third-party reports will be accepted. Staff acknowledged this requirement in interviews. Thus the facility meets this element.

The fourth element requires that the agency provide a method for staff to privately report sexual abuse and harassment of inmates. Policy 606.5 has language that supports this element. Interviews with facility staff indicate that they have several options for reporting incidents of sexual misconduct in a confidential manner that do not require following the chain of command, and include reporting directly to Sheriff Meidinger. Thus the facility meets this element.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.52** Exhaustion of administrative remedies.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.52 has six elements that a facility must meet for a finding of "meets standard". However, the first element requires that an agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse. Sheriff Meidinger produced documentation that the facility does not require inmates to exhaust administrative remedies regarding allegations of sexual abuse. Thus, the facility is exempt from this standard.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.53** Inmates access to outside confidential support services.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.53 has three elements that a facility must meet for a finding of "meets standard".

The first element states that facilities shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers of local, state, or national victim advocacy or rape crisis organizations, and for persons detained solely for immigration purposes, immigrant service agencies. Policy 604.3 has this requirement and a tour of the facility showed that contact information for DVAC and immigration service agencies is posted throughout the facility and in the inmate handbook. No inmates were housed in the facility at the time of the site visit, so no inmate interviews could be conducted. In view of the policy statement and facility tour, the facility is determined to be meeting the intent of this element of the standard

The second element requires that facility inform the inmates the extent to which their communication will be monitored and the extent to which the report will be forwarded to authorities in accordance with mandatory reporting laws. Policy 606.4 has this requirement and this information is provided in printed material provided to inmates. Thus the facility meets this element of the standard.

The third element requires that the facility enter into or attempt to enter into MOUs with community service providers who can provide inmates with confidential emotional support services. The Pembina County Jail has an MOU with the DVAC. Thus the facility meets this element.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.54** Third-party reporting.

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

**Auditor comments, including corrective actions needed if does not meet standard.**

Standard 115.54 has one element that a facility must meet for a finding of "meets standard".

The standard requires that the facility shall establish a method to receive third-party reports of sexual abuse and harassment and publicly distribute information on how to report on behalf of an inmate.

Policy 606.3.K.2 has this requirement and a dedicated phone line is published on the jail's website. No inmates were housed in the facility at the time of the site visit so no inmate interviews could be conducted.

The agency's webpage indicates that information on making a third-party report is also available at the facility. Thus the facility meets this element of the standard.

**RECOMMENDATION:** None.

**Standard****Number here: 115.61** Staff and agency reporting duties

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.61 has five elements that a facility must meet for a finding of "meets standard".

The first element requires that staff are required to immediately report knowledge, suspicion, or information regarding an incident of sexual abuse or harassment, retaliation, or staff neglect of duties. Policy 606.5 requires staff to immediately report knowledge, suspicion, or information regarding an incident of sexual abuse or harassment, retaliation, or staff neglect of duties. Interviews with staff confirm that they are informed of this duty in the training they receive. Thus the facility meets this element.

The second element requires that staff shall not reveal information to anyone other than make treatment, investigation, and other security/management decisions. Policy 606.5 establishes this requirement. Interviews with staff confirm that this is practice at the facility. Thus the facility meets this element.

The third element requires that medical and mental health practitioners are required to report sexual abuse pursuant to this standard and that they are required to inform the inmate of this duty. Policy 606.5 has a statement to support this element. However, the Pembina County Jail does not employ any on-site medical staff, so no medical staff were available for interviews. Nurse Ramsey indicated in her interview that she understands that she is required to report incidents of sexual abuse. In view of the policy statement, the facility is determined to be meeting the intent of this element of the standard.

The fourth element requires that if a victim is under the age of 18 or is considered a vulnerable person under statute, the agency shall report the allegation to the designated state or local services agency. Policy 606.5 has this requirement. In interviews, staff indicated that incidents involving victims under the age of 18 or considered vulnerable are reported to the state agency responsible for these cases. Thus, the facility meets this element.

The fifth element requires that all third-party reports are reported to the designated investigators. Policy 606.5 contains this requirement and interviews with Fred Marquardt confirm that this is the practice at the facility. Thus the facility meets this element.

**RECOMMENDATION:** None

**Standard****Number here: 115.62** Agency protection duties

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.62 has one element that a facility needs to meet for a finding of "meets standard".

The standard requires that when an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmates. Policy 606.5 has this requirement. Additionally, interviews with facility staff indicate that this is the established practice at the Pembina County Jail, that the inmate is separated from the potential threat, and that victims are instructed to avoid actions that could destroy evidence. Thus the facility meets this standard.

**RECOMMENDATION:** None

**Standard**

**Number here: 115.63** Reporting to other confinement facilities.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.63 has four elements that a facility must meet for a finding of "meets standard".

The first element requires that upon receiving an allegation that an inmate was sexually abused at another facility, the head of the facility shall notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred. Policy 606.35.1 contains this requirement, and Sheriff Meidinger indicated in his interview that this is the practice at the Pembina County Jail. Thus the facility meets this element.

The second element requires that such notification is provided as soon as possible but no later than 72 hours after receiving the allegation and Sheriff Meidinger indicated in his interview that this is the practice at the Pembina County Jail. Policy 606.5.1 also contains this requirement; thus, the facility meets this element.

The third element requires that the agency shall document that it has provided such notification. Policy 606.5 has this requirement; thus, the facility is meeting the intent of this element.

The fourth element requires that the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. The Policy 606.5 contains this requirement and Sheriff Meidinger indicated in his interview that even though the facility has not received such a notification, this is the practice at the Pembina County Jail. Thus the facility meets this element.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.64** Staff first responder duties.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.64 has two elements that a facility must meet for a finding of "meets standard".

The first element requires that upon learning that an inmate was sexually abused the victim and the abuser are separated, the crime scene is preserved, and that the victim is requested to take no actions that could destroy evidence. The coordinated response plan in the policy 606.7, and the lesson plan for employees include the requirement to preserve the crime scene and to instruct the victim to take no actions that could destroy evidence. The staff training lesson plan developed by the NIC has this requirement. Interviews with staff show that this is the practice at the facility. Thus the facility meets this element.

The second element requires that if the first staff responder is not a security staff member, the responder is required to request that the victim not take any action that could destroy evidence and then notify security staff. Policy 606.7 has a statement to support this element. Thus the facility meets this element of the standard.

**RECOMMENDATIONS:** None.

**Standard**

**Number here: 115.65** Coordinated response.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.65 has one element that a facility must meet for a finding of "meets standard".

This standard requires that the facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical practitioners, investigators, and facility leadership. Policy 606 has the written institutional plan to coordinate actions in response to an incident of sexual abuse. Interviews with facility staff confirm that they are familiar with this plan. Thus the facility meets this standard.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.66** Preservation of ability to protect Inmates from contact with abusers.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.66 has two elements that a facility must meet for a finding of "meets standard".

The first element requires that agency not enter into any collective bargaining agreement that limits the agency's ability to remove alleged staff abusers from contact with inmates pending the outcome of an investigation. Policy 606.3 has this requirement and in his interview, Sheriff Meidinger indicated Pembina



County Jail employees are not represented by a collective bargaining unit. Thus the facility meets this element.

The audit tool marks the second element as non-applicable.

**RECOMMENDATION:** None

**Standard**

**Number here 115.67** Agency protection against retaliation.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.67 has six elements that a facility must meet for a finding of "meets standard".

The first element requires the agency to establish a policy to protect all inmates and staff who report sexual abuse or harassment or cooperate with investigations from retaliation by other inmates or staff, and designates staff members or departments with monitoring retaliation. Policy 606.6 protects inmates and staff from retaliation. Rich Johnson is designated as the person who oversees the process of monitoring inmates for retaliation. Thus the facility meets this element.

The second element requires the agency to employ multiple protection measures for inmates or staff who fear retaliation for reporting or cooperating. Policy 606.6 expressly prohibits retaliation and include instructions for the protection of those who fear retaliation, including housing changes and transfers to another facility. Rich Johnson outlined in his interview the multiple measures used to protect inmates and staff who fear retaliation, including reassignment and monitoring. Interviews with staff confirm that they know what these steps are. Thus the facility meets this element.

The third element requires monitoring those staff or inmates who make reports or cooperate with investigations for retaliation for 90 days. Policy 606.6 states that monitoring lasts at least 90 days. Mr. Johnson stated in his interview that monitoring extends for at least 90 days. Thus, the facility meets this element.

The fourth element requires that monitoring includes periodic status checks. Policy 606.6 contains language that establishes periodic status checks. Mr. Johnson indicated in his interview that monitoring includes periodic status checks. Thus, the facility meets this element of the standard.

The fifth element requires that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. Policy 606.6 contains language that includes "other individuals". Thus the facility meets this element of the standard.

**RECOMMENDATIONS:** None.

**Standard****Number here: 115.68** Post-allegation protective custody.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.68 has one element that the facility must meet for a finding of "meets standard".

The standard requires that the use of segregation to house inmates who are alleged to have suffered sexual abuse shall be subject to the requirements of 115.43.

Standard 115.43 has five elements that a facility must meet for a finding of "meets standard".

The first element requires that at-risk inmates shall not be placed in involuntary segregation unless an assessment of all alternative placements has been made. Policy 606.12 has this requirement. In his interview, Sheriff Meidinger indicated that no placements into segregation are made without an assessment of alternative placements. No inmates were housed in segregation at the time of the site visit, so no inmate interviews could be conducted. In view of the policy statement, the interview with Sheriff Meidinger, and the absence of any inmates housed in segregation status, the facility is determined to be meeting the intent of this element of the standard.

The second element requires that inmates placed into involuntary segregation based solely on their risk level have access to privileges and programs and if access is limited, the limited opportunities and reasons for those limitations are documented. Policy 606.12 has this requirement. No inmates were identified as being placed into involuntary segregation based solely on their risk level at the time of the site visit, so no interviews could be conducted. In view of the policy statement and lack of inmates in segregation, the facility is determined to be meeting the intent of this element of the standard.

The third element requires that inmates are only placed into involuntary segregation until alternative placements can be identified and that the assignment shall not exceed 30 days. Policy 606.12 has this requirement and no inmates were identified as being in segregation for more than 30 days. Thus, the facility meets this element of the standard.

The fourth element requires that if such an inmate is placed into involuntary segregation the facility shall document the basis for the facility's concern for his safety and why no alternatives are available. Policy 606.12 has this requirement and is verbatim from the standard. However, no inmates were housed in segregation at the time of the site visit, so no inmate interviews could be conducted and no documents were available. Thus, the facility meets this element of the standard.

The fifth element requires that inmates who are placed in segregation have their placement reviewed every 30 days to determine if there is a continuing need for placement. Policy 606.12 has this requirement. Interviews with staff also indicate that this is the practice at the Pembina County Jail. No inmates were housed in segregation at the time of the site visit, so no inmate interviews could be conducted. In view of the policy statement and staff interviews, the facility is determined to be meeting the intent of this element of the standard.

**RECOMMENDATION:** None.

**Standard****Number here: 115.71** Criminal and administrative agency investigations

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.71 has twelve elements that a facility must meet for a finding of "meets standards".

The first element requires that when an agency conducts its own investigations, it does so promptly. Policy 606.10 requires that investigations are initiated promptly for all allegations, including third-party and anonymous reports. The facility has not received any allegations of sexual abuse, so there were no investigation documents to review that could demonstrate that allegations are promptly investigated. Thus the facility meets this element.

The second element requires that the facility uses investigators that have received the specialized training required by 115.34. The facility provided a training certificate from the NIC in support this element. Thus the facility meets this element.

The third element requires that investigators collect evidence, interview those named in the investigation, and review prior complaints against the suspected perpetrator. Policy 606.10 has this requirement. In an interview with Sheriff Meidinger, he indicated that this requirement was part of their investigative procedure, thus the facility meets this element of the standard.

The fourth element requires that when the quality of evidence supports criminal prosecution, the investigators conduct interviews only after consulting with prosecutors. Policy 606.10 has language to support this requirement. Fred Marquardt stated in his interview that if the evidence supports a criminal investigation, he initiates contact with the district attorney. Thus the facility meets this element of the standard.

The fifth element requires that the credibility of a person is not determined by their status as an inmate or staff member and that there is no requirement that a person submit to a truth telling device as a condition for proceeding with the investigation. Policy 606.10 has a statement on the determination of the credibility of a person that is consistent with the standard and that there is no requirement to submit to a truth telling device. Fred Marquardt also indicated that there is no requirement that a person submit to a polygraph test or truth-telling device as a condition of proceeding with the investigation. Thus the facility meets this element of the standard.

The sixth element requires that administrative investigations shall include an effort to determine whether staff actions or failures contributed to the abuse, and that administrative investigations shall be documented with a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and the facts and findings. Policy 606.12 has a statement that meets this element of the standard. Fred Marquardt indicated in his interview that investigations include an effort to determine whether staff actions or failures contributed to the abuse, and that administrative investigations shall be documented with a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and the facts and findings. Thus, the facility meets this element of the standard.

The seventh element requires that criminal investigations shall be documented in a written report with thorough descriptions of evidence. Policy 606.10 has a policy statement to support this element. Thus the facility meets this element of the standard.

The eighth element requires that substantiated allegations of conduct that appear to be criminal are referred for prosecution. Fred Marquardt indicated in his interview that substantiated allegations of conduct that appear to be criminal are referred for prosecution. Policy 606.10 also has language that supports this element of the standard.

The ninth element requires that case files are kept for as long as the abuser is incarcerated or employed plus 5 years. Policy 606.15 requires that case files are kept for as long as the abuser is incarcerated or employed plus 5 years. However, the audit cycle has not yet gone far enough to unequivocally say that records are kept for five years beyond the subject's exit date. Nevertheless, the facility is determined to be meeting the intent of this element.

The tenth element requires that the departure of accused employees from employment does not provide a basis for terminating the investigation. Policy 606.10 has a policy statement to support this element and the interview with Fred Marquardt confirmed that this is the practice. Thus the facility meets this element of the standard.

The eleventh element requires that any State component that conducts investigations shall do so pursuant to the above requirements. Pursuant to the interpretive guidelines promulgated by DOJ, the facility is not held accountable for other State investigation components.

The twelfth element requires that when outside agencies investigate, the facility cooperates with outside investigators and remain informed of the progress of the investigations. The Pembina County jail conducts internal investigations. Pursuant to the interpretive guidelines promulgated by DOJ, this element is to be marked N/A if an outside agency does not conduct administrative or criminal investigations.

**RECOMMENDATIONS:** None.

**Standard**

**Number here: 115.72** Evidentiary standard for administrative investigations.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.72 has one element that the facility must meet for a finding of "substantial compliance". The standard requires that the agency impose no higher standard than a preponderance of evidence in determining whether allegations of sexual abuse or harassment are substantiated. Policy 606.10.1 establishes preponderance of evidence as the standard of evidence in administrative investigations. An interview with Fred Marquardt confirmed that this is the standard of evidence used to make a finding of substantiated. Thus the facility meets this element.

**RECOMMENDATIONS:** None.

**Standard****Number here: 115.73** Reporting to inmates.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.73 has six elements a facility must meet for a finding of "meets standard".

The first element requires that at the completion of an investigation, the facility must inform the inmate whether the allegations were substantiated, unsubstantiated, or unfounded. Policy 606.10.2 has a statement to support this element. However, because there had been no allegations in the past 12 months and thus no investigations conducted, there was no investigation documentation to review for evidence that inmates were informed of the outcomes of the investigations into their allegations. In his interview, Fred Marquard also indicated that they informed inmates of the outcome of investigations. Thus the facility meets this element.

The second element requires that if the agency did not conduct the investigation, it will request relevant information in order to inform the inmate. Pursuant to the interpretive guidelines promulgated by DOJ, this element is N/A if the agency is responsible for conducting administrative and criminal investigations. Thus the facility meets this element.

The third element requires that inmates must be informed when an accused staff member is no longer posted in the inmate's unit, no longer employed, has been indicted, and has been convicted. Policy 606.10.2 has a policy statement to support this element. Sheriff Meidinger also indicated that even though there has never been a report of inmate sexual abuse at the Pembina County Jail, that inmates were informed of investigation outcomes. Thus the facility meets this element.

The fourth element requires that when another inmate is indicted or convicted on a charge of sexual abuse, the facility will inform the victim. Policy #606.10.2 has a policy statement to support this element. Sheriff Meidinger also indicated that even though there has never been a report of inmate sexual abuse at the Pembina County Jail, inmates were informed of investigation outcomes. Thus the facility meets this element.

The fifth element requires that all such notifications are documented. Policy 606.10.2 has a policy statement to support this element. Sheriff Meidinger indicated that there have been no reports of inmate abuse, so no documentation of inmates being informed were available. Based on the policy statement and the interview with Sheriff Meidinger, the facility is determined to be meeting the intent of this element of the standard.

The sixth element requires that an agency's obligation to report the above is terminated if the inmate is released from the agency's custody. No finding is required for this element.

**RECOMMENDATION:** None.

**Standard****Number here: 115.76** Disciplinary sanctions for staff.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.76 has four elements that a facility must meet for a finding of "meets standard".

The first element requires that staff who engage in sexual abuse or harassment are subject to discipline up to and including termination. Policy 606.10.1 has a policy statement to support this element. However, there have been no findings of substantiated on investigations of staff members. Sheriff Meidinger indicated in his interview that staff who engage in sexual abuse or harassment are subject to discipline up to and including termination. Based on the policy statement, the interview with Sheriff Meidinger, and the available documentation, the facility is determined to have met the intent of this element.

The second element requires that termination is the presumptive disciplinary sanction for staff who have engaged in sexual touching. Policy 606.10.1 includes this requirement. Based on the policy statement, the facility is determined to have met the intent of this element.

The third element requires disciplinary sanctions for violations of agency policy shall be commensurate with the nature and circumstances of the acts committed, disciplinary history, and sanctions imposed for comparable offenses by other staff. Policy 606.10.1 reflects the requirements of this element. Based on the available policy documentation and in the absence of any evidence in the past twelve months that the facility is not doing this, the facility is determined to have met the intent of this element.

The fourth element requires that all terminations or resignations for violations of the agency's policies are reported to law enforcement agencies and relevant licensing bodies unless the activity was not criminal. Policy 606.10.1 has a policy statement to support this element. Thus the facility meets this element.

**RECOMMENDATIONS:** None.

**Standard****Number here: 115.77** Corrective actions for contractors and volunteers.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.77 has two elements that a facility must meet for a finding of "meets standard".

The first element requires that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies unless the activity was not criminal, and to relevant licensing bodies. Policy 606.11.1 has a statement to support this element. However, the interview with Sheriff Meidinger indicates that no contractors or volunteers have contact with

inmates and submitted documentation to support that claim. In view of the policy statement and the fact that no contractors or volunteers have contact with inmates at the Pembina County Jail, the facility is determined to be meeting the intent of this element of the standard.

The second element requires that facilities take remedial measures and consider whether to prohibit further contact with inmates when contractors or volunteers violate sexual abuse or harassment policies. Policy 606.11.1 has a policy statement to support this element. However, the interview with Sheriff Meidinger indicates that no contractors or volunteers have contact with inmates and submitted documentation to support that claim. In view of the policy statement and the fact that no contractors or volunteers have contact with inmates at the Pembina County Jail, the facility is determined to be meeting the intent of this element of the standard.

**RECOMMENDATIONS:** None.

**Standard**

**Number here: 115.78** Disciplinary sanctions for Inmates

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.78 has seven elements that a facility must meet for a finding of "meets standard".

The first element requires a formal disciplinary process for inmates who engage in sexual abuse. Policy 600 has a policy statement requiring a formal disciplinary process used for inmates who engage in sexual abuse. Thus the facility meets this element.

The second element requires that sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and sanctions imposed for comparable offenses by other inmates. Policy 600.7 has a policy statement that supports this element. Thus, the facility meets this element.

The third element requires that the disciplinary process consider an inmate's mental disabilities or mental illness when determining what type of sanction is imposed. Policy 600.5.8 has a policy statement that supports this requirement. Thus, the facility meets this element.

The fourth element requires that *if* the facility offers interventions to address the abuse, the facility shall consider requiring the inmate to participate in such interventions as a condition of access to programming or other benefits. The Pembina County Jail does not provide any interventions to correct underlying reasons or motivations for the abuse. In view of the conditional requirement of this element, the facility is determined to be meeting the intent of this element of the standard.

The fifth element requires that inmates are sanctioned for contact with staff only if staff did not consent to it. Policy 606.6 has a policy statement that meets this requirement. Sheriff Meidinger confirmed that this is also the practice at this facility. Thus the facility meets this element.

The sixth element requires that a report made in good faith shall not constitute false reporting or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation. Both

Policy 606.6 and the employee training material have a policy statement that supports this requirement. Thus, the facility meets this element.

The seventh element requires that a facility may prohibit all sexual activity between inmates, but that non-coerced activity does not constitute sexual abuse. Policy 600.6 has statement that supports this requirement. Sheriff Meidinger indicated in his interview that the Pembina County Jail prohibits sexual activity between inmates and the practice at the Pembina County Jail is that non-coerced sexual activity does not constitute sexual abuse. Thus the facility meets this element.

**RECOMMENDATIONS:** None.

**Standard**

**Number here: 115.81** Medical and mental health screenings; history of sexual abuse.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.81 has five elements that a facility must meet for a finding of "meets standard".

The first and third elements require that inmates who disclose past sexual abuse during screening shall be offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake screening. Policy 705.3.1 has a statement that supports this element of the standard. An interview with County Nurse Rachel Ramsey indicated that she responds to referrals for intervention. In view of the policy statement and interviews with DVAC staff, the facility is determined to be meeting the intent of this element of the standard.

The second element requires that if intake screening indicates that a prison inmate has perpetrated sexual abuse, staff shall ensure that the inmate is offered a follow up meeting with a mental health practitioner within 14 days of the screening. The audit tool indicates that this element is N/A if the facility is not a prison.

The third element requires that any information related to sexual victimization or abuse shall be strictly limited to staff as necessary to inform treatment plans, and security and management decisions. Policy 606.9 includes language that supports this element of the standard. Interviews with staff who perform screenings indicate that the information is used only to inform treatment plans and security/management decisions. Thus the facility meets this element.

The fourth element requires that staff shall obtain informed consent before reporting prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. Policy 606.9 has a statement that supports this element of the standard. In her interview, Nurse Ramsey indicated that she obtains informed consent before reporting prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18. Thus the facility meets this element of the standard.

**RECOMMENDATIONS:** None.



**Standard****Number here: 115.82** Access to emergency medical and mental health services.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.82 has four elements a facility must meet for a finding of "meets standard".

The first element requires that victims shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as determined appropriate by practitioners according to their professional judgment. Interviews with Rachel Ramsey, Stacie Jenson and Lisa Letexier indicate that inmates at the Pembina County Jail have unimpeded and timely access to medical and mental health services as determined by their professional judgment. Thus the facility meets this element.

The second element requires that if no qualified medical or mental health staff are on duty, first responders take steps to protect the victim and notify medical and mental health staff. Policy 606.7 has a statement that meets this element and staff indicated in their interviews that this was the practice at Pembina County Jail. Thus the facility meets this element of the standard.

The third element requires that inmates are offered timely information about pregnancy related medical services and sexually transmitted infections prophylaxis. Policy #606.9 has a statement to support this element. Interviews with, Rachel Ramsey, Stacie Jenson and Lisa Letexier also confirmed that this is the practice in place. Thus the facility meets this element.

The fourth element requires that treatment services are provided to victims without cost regardless of whether they name the abuser. Policy 606.9 has a policy statement to support this element and interviews with Rachel Ramsey, Stacie Jenson and Lisa Letexier confirmed that this is the practice at the Pembina County Jail. Thus the facility meets this element of the standard.

**RECOMMENDATION:** None.

**Standard****Number here: 115.83** Ongoing medical and mental health care for sexual abuse victims and abusers.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.83 has eight elements that the facility must meet for a finding of "meets standard".

The first element requires that ongoing medical and mental health evaluations and treatment are offered to victims who, during the time of their current incarceration have been victimized. Policy 606.9 has a policy statement to support this element. In interviews, Rachel Ramsey, Stacie Jenson and Lisa Letexier also indicated that this is the practice at the Pembina County Jail. Thus, the facility meets this element.

The second element requires that evaluation and treatment include follow up services, treatment plans, and referrals for continued care following transfer, placement in, or release from custody. Policy 606.9 has a policy statement to support this element. Interviews with Stacie Jenson and Lisa Letexier confirmed that evaluations, treatment, and referrals are made for inmates. Thus the facility meets this element.

The third element requires that the level of care provided is consistent with community levels of care. Rachel Ramsey, Stacie Jenson, and Lisa Letexier in their interviews indicated that the level of care provided is consistent with community levels of care. Thus the facility meets this element of the standard.

The fourth element requires that victims of vaginal penetration are offered pregnancy tests. The Policy 606.9 has a statement that meets this element. Interviews with Rachel Ramsey, Staci Jenson, and Lisa Letexier confirmed that pregnancy tests are offered to victims. Thus the facility now meets this element.

The fifth element requires that if pregnancy results from the conduct described in paragraph (d) of this section, such victims will receive timely and comprehensive information about, and timely access to, all lawful pregnancy related services. Policy 606.9 requires that victims receive such information. In their interviews, Rachel Ramsey, Staci Jenson, and Lisa Letexier also stated that victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy related services. Thus the facility meets this element.

The sixth element requires that victims are offered tests for STIs as medically appropriate. Policy 606.9.e has this requirement. Interviews with Rachel Ramsey, Staci Jenson and Lisa Letexier confirmed that this is the practice. Thus the facility meets this element.

The seventh element requires that on-going treatment is provided without cost. Policy 606.9 has this requirement. Interviews with inmates also indicate that this is the information they received at this facility. Thus the facility meets this element.

The eighth element requires that known inmate abusers have a mental health evaluation within 60 days of learning of such abuse history and are offered treatment. The audit tool indicates that this element is N/A if the facility is a jail. Thus the facility meets this element.

**RECOMMENDATIONS:** None.

**Standard**

**Number here: 115.86** Sexual abuse incident reviews.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.86 has five elements a facility must meet for a finding of "meets standard".

The first element requires that the facility conducts an incident review at the conclusion of every investigation, including where the finding is unsubstantiated, unless the finding is unfounded. Policy 606.13 has a policy statement to support this element. The incident review team indicated in the interview that they would conduct reviews of incidents, but that there have been no reports of sexual abuse at the Pembina County Jail, so no incident reviews have been documented. In view of the policy statement the facility is determined to be meeting the intent of this element of the standard.

The second element requires that such reviews occur within 30 days of the conclusion of the investigation. Policy 606.13 statement to support this element. The incident review team indicated that incidents are reviewed within 30 days of the conclusion of the investigation. However, because there have been no reports of sexual abuse at the Pembina County Jail, there were no reviews provided for inspection. In view of the policy statement and the interviews of the incident review team the facility is meeting the intent of this element of the standard.

The third element requires that the review team include upper management officials with input from line supervisors, investigators, and medical or mental health practitioners. Policy 606.13 has a statement to support this element. The review team that was interviewed included upper management officials who received input from supervisors, investigators and medical/mental health practitioners. Thus, the facility meets this element.

The fourth element requires the incident review team to include six specific requirements in the incident review. Policy 606.13 has a statement to support this element including the six specific elements. In the interview with the Incident Review Team, they indicated that they review the six specific requirements. Thus the facility meets this element.

The fifth element requires that the facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. Policy 606.13 has a statement to support this element that is verbatim from the standard. In his interview, Sheriff Meidinger indicated that where recommendations involve changes in practice, procedure, or policy revision, those recommendations are made according to the recommendations. Where recommendations involve significant capital improvement, the recommendations are presented to the county commission and the reasons for approving or denying the requested improvement are documented as part of the public record. Thus, the facility meets this element.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.87** Data Collection

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.87 has five elements a facility must meet for a finding of "meets standard".

The first element requires that the agency collect accurate uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions, and that it shall include at a minimum all the data necessary to answer all the questions from the most recent version of the Survey of Sexual Victimization (SSV). Policy 606.4 requires the facility to collect data, and provided a copy the most recent version of the Survey of Sexual Victimization (SSV) used to collect information. The facility provided the SSV as their data collection form. However, due to the small size of the facility, there have been no allegations of sexual abuse for which to collect data. In view of the policy statement, the size of the facility, the occupancy levels of the facility, and the lack of allegations, the facility is determined to be meeting the intent of this element of the standard.

The second element requires that the agency shall aggregate incident based data annually. Policy 606.4 has a verbatim statement to support this element. However, due to the small size of the facility and the occasions when no inmates are housed in the facility there have been no allegations of sexual abuse for which to collect data. In view of the policy statement, the size of the facility, the occupancy levels of the facility, and the lack of allegations, the facility is determined to be meeting the intent of this element of the standard.

The third element requires that the agency maintains, reviews, and collects data from all incident based documents including reports, investigation files, and sexual abuse incident reviews. Policy 606.4 has a statement that supports this element. However, due to the small size of the facility and the occasions when no inmates are housed in the facility there have been no allegations of sexual abuse and no investigations, reports, and incident reviews provided for the audit. In view of the policy statement, the size of the facility, the occupancy levels of the facility, and the lack of allegations, the facility is determined to be meeting the intent of this element of the standard.

The fourth element requires that the agency collect information from every privately-operated facility with which it contracts to hold inmates. The Pembina County Jail does not contract with a privately-operated facility, so this element is N/A.

The fifth element requires that the agency provides upon request all such data to the DOJ no later than June 30. The DOJ has not made this request and the instructions from the audit tool indicate that in the case where the DOJ has not made the request, this element is to be considered N/A.

**RECOMMENDATIONS:** None.

**Standard**

**Number here: 115.88** Data review for corrective action.

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.88 has four elements a facility must meet for a finding of "meets standard".

The first element requires that the agency review aggregated data to identify problem areas, take corrective action, and prepare a report of its findings and corrective action. Policy 606.14 requires the facility to collect and review the data and make the required assessments. The facility developed a report identifying problem areas and noting needs for corrective action. However, because this was the first annual report it did not have previous data to compare, except to say that there have not been any incidents of sexual abuse at the facility. In view of the policy statement and the report provided, the facility is determined to be meeting this element of the standard.

The second element requires that the report contain a comparison to the data of the previous year and provide an assessment of the agency's progress in addressing sexual abuse. Sheriff Meidinger provided a copy of Pembina County Jail's first annual report prepared with findings and corrective action, though because it was the first, it did not contain a comparison of data from the previous year. Nevertheless, thus the facility is determined to be meeting the intent of this element of the standard.

The third element requires that the report be approved by the agency's head and that it is made readily available to the public through its website or if it does not have one, through other means. Policy 606.14 requires the report to be developed and to make the report publicly available. Further, the report is available on the facility website. Thus, the facility meets this element.

The fourth element requires that the agency redact information that, if published, would present a clear and specific threat to the safety and security of the facility and that the nature of the redacted material is indicated. Policy 606.14 has a policy statement to support this element of the standard, and the facility produced the developed the report without any personal identifiers. Thus the facility meets this element of the standard.

**RECOMMENDATION:** None.

**Standard**

**Number here: 115.89 Data storage, publication, and destruction.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Standard 115.89 has four elements that a facility must meet for a finding of "meets standard".

The first element requires that the agency ensure that the data collected is securely retained. Policy 606.15 requires that data is securely retained in a designated area with restricted access. Thus the facility meets this element.

The second element requires that the agency makes aggregated data available to the public at least annually through its website or if it does not have a website, through other means. The facility has placed the report on the agency website.

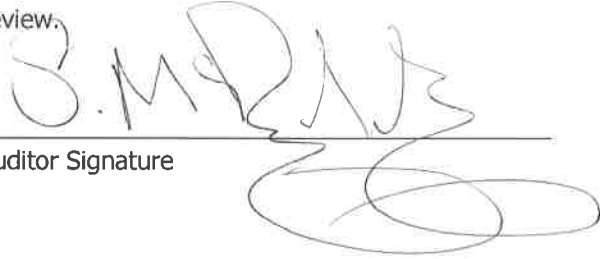
The third element requires the agency to remove all personal identifiers before making the data publicly available. Policy 606.14 requires that personal identifiers be removed from the report. The report provided did not have any personal identifiers. Thus, the facility meets this element.

The fourth element requires that the agency maintain the data for at least 10 years after the date of its initial collection unless Federal, State, or local law require otherwise. The data collected by the agency only goes back to 2016, so the ten-year threshold has not yet been met. Having determined that the data goes back to at least 2016, the date when the facility began gathering data, the Pembina County Jail meets the intent of this element.

**RECOMMENDATION:** None.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his/his knowledge and no conflict of interest exists with respect to his or his ability to conduct an audit of the agency under review.

A handwritten signature in black ink, appearing to read "S. M. R. A. B.", is written over a horizontal line. Below the line, there are several large, overlapping loops and scribbles, likely representing a stylized signature or initials.

Auditor Signature

June 13, 2017

Date