

**HOUSE EDUCATION COMMITTEE
REPRESENTATIVE PAT HEINERT, CHAIR
MARCH 5, 2025**

**CHERYL THOMAS, WOMEN'S SERVICES MANAGER
PRESENTING TESTIMONY IN SUPPORT OF SENATE BILL 2352**

Chair Heinert and members of the House Education Committee, my name is Cheryl Thomas, and I am the Women's Services Manager for the North Dakota Department of Corrections and Rehabilitation (DOCR). The DOCR has made tremendous gains regarding our incarcerated women's population by implementing gender responsive and trauma informed care, along with having a deeper understanding that women's pathways into incarceration are much different than men. We also know that relationships are critical to women, as women's identities are often relationally based. Women are often the main care givers of their children, as most incarcerated women are parents to children under the age of 18. From 1991 to 2016, there was a 96 percent increase in incarcerated mothers.¹ There is significant research that supports a mother and their babies bond starting during gestation and continuing to grow after birth.² More than 52 percent of women reported living with their minor children at the time of their arrest. Women are also more likely to lead a single-parent household, as 39 percent of incarcerated mothers of minors lived with their children with

¹ Ghandnoosh, Ph.D., N., Stammen, E., & Muhitch, K. (2021, November 17). *Parents in Prison*. Retrieved from The Sentencing Project: <https://www.sentencingproject.org/policy-brief/parents-in-prison/>

² Team, S. (2024, March 13). The Mom - Baby Bond: The Science Behind the Magic. Retrieved from soulside: <https://www.getsoulside.com/blog/the-mom-baby-bond-the-science-behind-the-magic>

no spouse.³ I stand before you today to provide testimony in support of Senate Bill 2352 which will authorize the children of incarcerated women to reside at the Heart River Correctional Center (HRCC). This will create and enact a new subsection to section North Dakota Century Code § 54-23.3-04 which would allow the DOCR to employ personnel and establish policies and procedures to authorize a child of a female inmate to reside at the HRCC under the care and general control of the female inmate if the child is 18 months of age or younger. The policies must include considerations of the residential safety of the child, the length of time the child may reside within the facility, and treatment or other penological interests.

In my career, I have been on the front lines of child welfare, working at the county level within Foster Care case management, In-home, which at the time was called Wrap-Around case management, as well as in Child Protection Services. I stayed working within child welfare as a case manager at Prairie Learning Center, formally a boys group home in Raleigh, ND. Almost 17 years ago I joined the DOCR, working for the Division of Juvenile Services (DJS). My last three years have been as the Women's Services Manager, where I also lead the Children of Incarcerated Parents Initiative (COIPI) for the department. Through these positions, I have witnessed the impact that an out-of-home placement of a child can have on the child and family. Children affected by parental incarceration are at a higher risk of adverse childhood experiences (ACEs), insecure attachment, social stigma, unstable family relationships, physical and mental

³ [Both sides of the bars: How mass incarceration punishes families | Prison Policy Initiative](#)

health issues and low educational attainment.⁴ I have also seen the impact of having an incarcerated parent on her children. Contact between incarcerated parent(s) and their children can help reduce risk factors for the children affected by parental incarceration as well as reducing recidivism for the incarcerated parent, as more than 40 percent of incarcerated parents lived with their children prior to their incarceration.⁵

Prison nursery programs, where incarcerated mothers can care for their child within a correctional facility, have proven to offer significant benefits to both the mothers and their children. When an incarcerated mother can care for her child, it has a profound positive effect on a mother's mental health and rehabilitation. Incarcerated mothers often face overwhelming challenges related to separation from their children, which can intensify feelings of hopelessness and depression. Allowing mothers to bond with their infants in a supportive environment gives them a sense of purpose and responsibility, which can help reduce recidivism rates.⁶ Studies show that incarcerated mothers who are able to maintain a connection with their children are more likely to succeed upon reentry into the community. There are currently 12 states that have a nursery within their women's correctional facilities and three more, including North Dakota, in the process of planning or expanding their current program. New York state started their program in 1901, Washington state, started their program in 1999, resulting

⁴ Turney, Kristin (2018, June). *Adverse childhood experiences among children of incarcerated parents*. Retrieved from Children and Youth Services Review: <https://www.sciencedirect.com/science/article/pii/S0190740918300525>

⁵ Martin, Eric (2017, March 01). *Hidden Consequences: The Impact of Incarceration on Dependent Children*. Retrieved from National Institute of Justice Journal: <https://nij.ojp.gov/topics/articles/hidden-consequences-impact-incarceration-dependent-children>

⁶ John, C. (2018, March 04). *Parenting in prison: Ohio nursery offers inmate moms, children a chance to bond*. Retrieved from Cleveland.com: https://www.cleveland.com/metro/2018/03/parenting_behindBars_ohios_pr.html

in a decrease in recidivism by 3 to 5 percent. Nebraska opened their nursery program in 1994, has seen a 10 percent decrease in recidivism, Indiana opened their nursery program in 2008, and saw a 16 percent decrease in recidivism, due to these programs. In addition to those recidivism rates, in the state of Illinois, between 2007 and 2016, only three of 78 nursery program participants returned to prison. In Ohio, in a five-year period, seven out of 74 nursery program participants returned to prison. In West Virginia, no nursery program participants that completed the program returned to prison. In California, their nursery opened in 2011 and since opening only two mothers have returned to prison. And in Delaware, in a one-year period, 23 participants completed the nursery program and only one returned to prison.

Children raised in a nursery program are provided with an opportunity to form an early attachment to their mother, which is crucial for their emotional and cognitive development. Research consistently highlights the importance of maternal bonding during the early stages of life. Having a nursery at HRCC would decrease a child's likelihood of separation trauma, avoiding the harmful effects of being placed away from their mother.

The DOCR will make the wellbeing of any infant within its facility the priority. The plan is to have the nursery program within one unit of the designed women's facility, which is inside the secure perimeter of the facility. Please note that the draft policy of the Nursery Program and facility drawings are included in your handouts. This apartment is a secure unit and will be staff supervised 24 hours a day, 7 days a week. This unit will allow the DOCR to use the apartment unit as either housing for a resident or a nursery program depending on our population needs. The policy states that the

program starts from the birth of the child to 18 months of age. There is a comprehensive application and review process for participation in the nursery program. An incarcerated mother must meet the following criteria to be eligible to participate in the Nursery Program. The incarcerated mother must be pregnant at admission at the Heart River Correctional Center (HRCC) and expecting to give birth while housed at the HRCC. The incarcerated mother must affirm they will be the primary caregiver of the child upon their release. Parole Board Review or Good Time Release Date is within 18 months of the birth of the baby. The incarcerated mother must receive immediate and ongoing medical and mental health clearance to participate in the program. The incarcerated mother will follow immunizations requirements, including exemptions, as recommended by the State, for both her and her child. The child's father must agree for the child to live with the incarcerated mother at HRCC. Attempts, conspiracy or solicitation to commit certain offenses, past history, including prior convictions may restrict participation in the program. Any incarcerated individual's pending charges and mental health history shall be taken into consideration. Registerable offenses, such as sex offenses or offenders against children shall not participate in the nursery program. If a mother is removed from the program the child will be placed with the emergency/community caregiver.

In preparation of the nursery program and after the building concept was designed, I met with the Director of Children and Family Services as well as the Director of Zone Operations and shared our plans and an initial layout of the apartments with them, both were in support of this program. On going conversations with the ND Department of Health and Human Services, including CFS, Economic Assistance,

Medicaid and Early Childhood Development are being held in preparation and in support of this nursery program.

The DOCR already has the following procedures in place, as a majority of DOCR residents have addiction needs. The DOCR conducts urinalysis testing for illegal substances upon arrival and most residents have a clean urinalysis test due to spending time in county jail for criminal proceedings. Parole violators, unlike other placements to the DOCR, come directly to the assigned facility from the community. Parole violators may have a higher rate of positive urinalysis tests for illegal substances. If a resident is pregnant and tests positive for illegal substances, the DOCR would file a 960 report with the local Human Service Zone. All births will take place within a hospital setting, where hospital personnel treat all patients the same. If there is concern that the mother had used illegal substances while pregnant, the hospital would be made aware and the hospital follows policies for testing the baby and mother. If the baby tests positive for substances the hospital will contact the local Human Service Zone, which is the same process a hospital would follow, if the mother was a DOCR resident or not. The DOCR will work with the hospital and local Human Service Zones to ensure the safety and the best care for the infant, which may or may not be with the incarcerated mother.

A fiscal note has been provided in the handouts for this bill, in the amount of \$100,000 for the 2027-2029 biennium, as the nursery will not be open until after the new facility is opened, which is scheduled for the fall of 2027. The \$100,000 will cover initial operational costs of items such as cribs, mattresses, rocking chairs, swings, highchairs, and other items that will remain in the apartment. The DOCR anticipates a fiscal note of \$70,000 for the 2029-2031 biennium which will fund eight infants in this program. The

apartment setting can house up to 24 mothers, which will allow a mother and her child to have their own room. It should also be noted that the cost of maintaining a nursery unit is often lower than the expense of housing children in a child welfare setting. Currently the State of ND pays foster parents \$870 a month for one child in foster care from infancy to 4 years of age, this would be \$10,440 for 12 months. After the nursery program is established, it is projected that the cost of supporting a mother, and her baby for 12 months, will be less than half of what the State of ND pays for 12 months in foster care. Please note additional cost savings, as a child residing with their incarcerated mother at HRCC would not require the use of the Child Care Assistance program, which pays for childcare costs of children in foster care. Medicaid coverage for a child in foster care or in the care of their mother that is incarcerated with the DOCR would not have any difference in care coverage. There would also be no additional cost of training for incarcerated mothers or nursery caregivers, as the DOCR already provides comprehensive training in mandating reporting, infant, child and adult CPR, AED and First Aid. The DOCR will continue to collaborate with the Department of Health and Human Services, which includes the Human Service Zones, to ensure proper training for all caregivers within the facility.

A fundamental goal of the DOCR is rehabilitation. Authorizing the DOCR to allow incarcerated mothers to keep their child after birth up to 18 months, aligns with this purpose by helping women maintain familial bonds and empowering them to become better parents and citizens upon their release. More than 95 percent of the current DOCR incarcerated population return to our communities. This program supports goals of the North Dakota Department of Health and Human Services and the Child and

Family Services Divisions, as well as the Federal Families First Act and the goal of minimizing out of home placement of children by keeping a mother and a child together. The DOCR is committed to the ongoing open collaboration with other State and community partners to ensure this nursery program maintains the safety and wellbeing of the children in their mother's care.

Approving SB 2352 would allow the DOCR to continue building this nursery program and the foundation for the DOCR to support our incarcerated women population and ultimately their children, creating the opportunity to end generational incarceration. I urge this committee to consider the long-term benefits that a prison nursery program can offer. They provide a unique opportunity to support incarcerated mothers in their journey toward rehabilitation, while promoting the well-being of their children. The evidence shows that these programs foster stronger families, reduce recidivism, and can ultimately lead to a safer community.⁷

Thank you for your time and for considering this important matter. I will stand to answer any questions. Thank you.

⁷ Goshin, Lorie S, Byrne, Mary W, Blanchard-Lewis, Barbara (2014, June) *Preschool Outcomes of Children Who Lived as Infants in a Prison Nursery*. <https://pmc.ncbi.nlm.nih.gov/articles/PMC4655430/>