

PREA Facility Audit Report: Final

Name of Facility: Chatham Youth Development Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 03/05/2024

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input type="checkbox"/> |
| Auditor Full Name as Signed: Jack Fitzgerald | Date of Signature: 03/05/2024 |

| AUDITOR INFORMATION | |
|-------------------------------------|-----------------------|
| Auditor name: | Fitzgerald, Jack |
| Email: | jffitzgerald@snet.net |
| Start Date of On-Site Audit: | 01/31/2024 |
| End Date of On-Site Audit: | 02/01/2024 |

| FACILITY INFORMATION | |
|-----------------------------------|---|
| Facility name: | Chatham Youth Development Center |
| Facility physical address: | 560 Progress Blvd, Siler City, North Carolina - 27344 |
| Facility mailing address: | |

| Primary Contact |
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|--------------------------|-------------------------------|
| Name: | Fleuretta McDougald |
| Email Address: | fleuretta.mcdougald@ncdps.gov |
| Telephone Number: | 919-930-5121 |

| Superintendent/Director/Administrator | |
|--|-------------------------------|
| Name: | Fleuretta McDougald |
| Email Address: | fleuretta.mcdougald@ncdps.gov |
| Telephone Number: | 919-742-6220 |

| Facility PREA Compliance Manager | |
|---|-------------------------------|
| Name: | Fleuretta McDougald |
| Email Address: | fleuretta.mcdougald@ncdps.gov |
| Telephone Number: | O: (919) 742-6220 |

| Facility Characteristics | |
|---|------------------------|
| Designed facility capacity: | 32 |
| Current population of facility: | 32 |
| Average daily population for the past 12 months: | 28 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Both females and males |
| Age range of population: | 13-19 |
| Facility security levels/resident custody levels: | N/A |
| Number of staff currently employed at the facility who may have contact with | 47 |

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| residents: | |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | 3 |
| Number of volunteers who have contact with residents, currently authorized to enter the facility: | 2 |

| AGENCY INFORMATION | |
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| Name of agency: | North Carolina Department of Public Safety, Division of Juvenile Justice and Delinquency Prevention |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 3010 Hammond Business Place , Raleigh , North Carolina - 27603 |
| Mailing Address: | |
| Telephone number: | |

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

| Agency-Wide PREA Coordinator Information | | | |
|---|-------------|-----------------------|-----------------------|
| Name: | Erin Hickey | Email Address: | erin.hickey@ncdps.gov |

| Facility AUDIT FINDINGS |
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| Summary of Audit Findings |
| The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met. |

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

2

- 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.365 - Coordinated response

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

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| 1. Start date of the onsite portion of the audit: | 2024-01-31 |
| 2. End date of the onsite portion of the audit: | 2024-02-01 |

Outreach

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| 10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated: | The Auditor spoke with local rape crisis advocacy organizations, spoke with local hospital representatives, and spoke with the regional DSS office, which would get all abuse or neglect calls and is an outside entity that juveniles can call. The Auditor reviewed state websites on mandated reporting, the requirements for SANE Nursing, and training for rape crisis advocates in North Carolina. |

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 32 |
| 15. Average daily population for the past 12 months: | 28 |
| 16. Number of inmate/resident/detainee housing units: | 4 |

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| <p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p> |
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Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

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| <p>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p> | <p>31</p> |
| <p>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</p> | <p>4</p> |
| <p>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</p> | <p>5</p> |
| <p>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |

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| <p>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</p> | <p>5</p> |
| <p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p> | <p>6</p> |
| <p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p> | <p>seven individual juveniles appeared in multiple categories of the target groups, but the Auditor still had sufficient numbers to interview in the target populations.</p> |

| Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit | |
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| 49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit: | 47 |
| 50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 2 |
| 51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 3 |
| 52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit: | No text provided. |
| INTERVIEWS | |
| Inmate/Resident/Detainee Interviews | |
| Random Inmate/Resident/Detainee Interviews | |
| 53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | 5 |

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| <p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p> | <p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p> |
| <p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p> | <p>The Auditor interviewed 45% of the population, including target and random youth. After the identification of target individuals, the auditor used random numbers to select and additional pool including both male and female residents from each of the facility's four housing units.</p> |
| <p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>No text provided.</p> |
| <p>Targeted Inmate/Resident/Detainee Interviews</p> | |
| <p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> | <p>9</p> |

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

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| <p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The Auditor reviewed the population makeup with the Director and the PREA Compliance Manager at the facility. The Auditor also looked at the population, discussed individuals with the nurse and teacher and had informal conversations with residents.</p> |
| <p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>1</p> |

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| <p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>2</p> |
| <p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The Auditor reviewed the population makeup with the Director and the PREA Compliance Manager at the facility. The Auditor also looked at the population, discussed individuals with the nurse and teacher and had informal conversations with residents.</p> |
| <p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The Auditor reviewed the population makeup with the Director and the PREA Compliance Manager at the facility. The Auditor also looked at the population, discussed individuals with the nurse and teacher and had informal conversations with residents.</p> |
| <p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>3</p> |
| <p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The Auditor reviewed the population makeup with the Director and the PREA Compliance Manager at the facility. The Auditor also looked at the population, discussed individuals with the nurse and teacher and had informal conversations with residents.</p> |
| <p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p> | <p>0</p> |

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| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The Auditor reviewed the population makeup with the Director and the PREA Compliance Manager at the facility. The Auditor also looked at the population, discussed individuals with the nurse and teacher and had informal conversations with residents.</p> |
| <p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p> | <p>3</p> |
| <p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The Auditor reviewed the population makeup with the Director and the PREA Compliance Manager at the facility. The Auditor also looked at the population, discussed individuals with the nurse and teacher, and had informal conversations with residents.</p> |
| <p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p> | <p>No text provided.</p> |
| <p>Staff, Volunteer, and Contractor Interviews</p> | |
| <p>Random Staff Interviews</p> | |
| <p>71. Enter the total number of RANDOM STAFF who were interviewed:</p> | <p>9</p> |
| <p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p> | <p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |
| <p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |

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| <p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p> | <p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p> |
| <p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>No text provided.</p> |
| <p>Specialized Staff, Volunteers, and Contractor Interviews</p> | |
| <p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p> | |
| <p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p> | <p>10</p> |
| <p>76. Were you able to interview the Agency Head?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |

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| 78. Were you able to interview the PREA Coordinator? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 79. Were you able to interview the PREA Compliance Manager? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) |

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

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| | <input type="checkbox"/> Other |
| 81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Enter the total number of VOLUNTEERS who were interviewed: | 1 |
| b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply) | <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other |
| 82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Enter the total number of CONTRACTORS who were interviewed: | 1 |
| b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply) | <input checked="" type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other |

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| <p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p> | <p>Several individuals have multiple duties in the facility. The Mental Health Staff perform screenings and intake in addition to their clinical role.</p> |
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

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| <p>84. Did you have access to all areas of the facility?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
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Was the site review an active, inquiring process that included the following:

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| <p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
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| <p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
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| <p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
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| <p>88. Informal conversations with staff during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> | <p>The Auditor had full access to the units and an ability to interact informally with juveniles and staff as they moved about the facility. The Auditor tested the outside reporting numbers and sent messages to the PREA Office, which was responded to in a timely manner.</p> |
| <p>Documentation Sampling</p> | |
| <p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p> | |
| <p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p> | <p>The auditor requested staff and resident files in a manner similar to interview selections by combining targeted issues and random numbers until a sufficient pool was created to review. The employees selected included requests for individuals recently hired, individual who had been promoted, individual who had worked in institutional settings, and individuals employed over 5 years. Residents included existing and former residents and included individuals in the target population groups.</p> |

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

| | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|--------------------------------------|-------------------------------|------------------------------|------------------------------------|---|
| Inmate-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

| | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|---|---|-------------------------------------|---|--|
| Inmate-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 1 | 0 | 1 | 0 |
| Total | 1 | 0 | 1 | 0 |

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

| | Ongoing | Referred for Prosecution | Indicted/ Court Case Filed | Convicted/ Adjudicated | Acquitted |
|--------------------------------------|---------|--------------------------|----------------------------|------------------------|-----------|
| Inmate-on-inmate sexual abuse | 0 | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 |

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

| | Ongoing | Referred for Prosecution | Indicted/ Court Case Filed | Convicted/ Adjudicated | Acquitted |
|---|---------|--------------------------|----------------------------|------------------------|-----------|
| Inmate-on-inmate sexual harassment | 0 | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 |

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 1 | 0 |
| Total | 0 | 0 | 1 | 0 |

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

| | |
|--|--|
| 98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled: | 0 |
| a. Explain why you were unable to review any sexual abuse investigation files: | There were not sexual abuse cases at Chatham in the past year. |

| | |
|---|---|
| <p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p> |
| <p>Inmate-on-inmate sexual abuse investigation files</p> | |
| <p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>Staff-on-inmate sexual abuse investigation files</p> | |
| <p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |

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|---|--|
| <p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |
| <p>Sexual Harassment Investigation Files Selected for Review</p> | |
| <p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>1</p> |
| <p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p> |
| <p>Inmate-on-inmate sexual harassment investigation files</p> | |
| <p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
| <p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |

| Staff-on-inmate sexual harassment investigation files | |
|--|--|
| 111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 1 |
| 112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| 113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| 114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. | There were no criminal investigations. The NCDPS Office of Special Investigations investigated the only sexual harassment allegation. This process allows for an individual not associated with the facility to review the case and provide a transparent and objective review of the facts. |
| SUPPORT STAFF INFORMATION | |
| DOJ-certified PREA Auditors Support Staff | |
| 115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly. | <input type="radio"/> Yes <input checked="" type="radio"/> No |

Non-certified Support Staff

| | |
|---|---|
| <p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
|---|---|

AUDITING ARRANGEMENTS AND COMPENSATION

| | |
|--|---|
| <p>121. Who paid you to conduct this audit?</p> | <p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p> |
|--|---|

| | |
|--|--------------------|
| <p>Identify the name of the third-party auditing entity</p> | <p>KM Consults</p> |
|--|--------------------|

| Standards |
|--|
| <p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) |
| <p>Auditor Discussion Instructions</p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p> |

| 115.311 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
|----------------|--|
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>NC DJJ PREA-100</p> <p>NCDPS Juvenile Justice Organizational Chart</p> <p>Chatham YDC Organizational Chart</p> <p>NCDPS Website</p> <p>YD 17: Sexual Abuse and Harassment Policy</p> <p>Employee PREA Acknowledgement Form</p> |

PCM Designation letter

NC-general Statutes 14-27

Individuals interviewed/ observations made.

Interview with PREA Coordinator (PC)

Interview with PREA Compliance Manager (PM)

Interview with Agency Head Representative

Interview with Director

Interview with Staff

Interview with Residents

Tour Observations

Summary determination.

Indicator (a). The North Carolina Division of Juvenile Justice and Delinquency Prevention has in place agency-wide policies on efforts to ensure compliance with the Prison Rape Elimination Act (PREA). In 2022, the State separated the PREA Functions of the Adult Correctional Facilities and the Division of Juvenile Justice and Delinquency Prevention, previously in the North Carolina Department of Public Safety. In doing so, it created a PREA Coordinator to oversee the Department of Juvenile Justice's efforts to maintain PREA compliance across the state's Juvenile Facilities. The Division of Juvenile Justice and Delinquency Prevention has a 31-page Juvenile PREA policy that was written to address the various requirements of the standards. Page four of the policy sets forth the zero-tolerance condition, and this initial portion of the policy defines sexual misconduct consistent with the federal terms in PREA. "The North Carolina Department of Public Safety is committed to a standard of zero-tolerance of sexual abuse and sexual harassment of persons under its supervision. Therefore, it is the policy of Juvenile Justice to provide a safe, humane, and appropriately secure environment, free from the threat of sexual abuse and sexual harassment of juveniles, by maintaining a program of prevention, detection, response, investigation, and tracking." Over the subsequent pages, the policy states there is no consensual contact between residents and staff or between residents. It further identifies screening, education, and monitoring, along with other elements that support prevention, allow for detection, and ensure a full legal and medical response to any complaint. A review of the PREA-100 policy also sets forth expectations of a juvenile environment free of sexual misconduct. Similarly, it defines expectations on the efforts to prevent, detect, and respond to allegations of sexual misconduct. In addition to policy language on consequences for staff who engage in sexual misconduct, the Auditor was also provided with state statutes

14-27.31. The review of this statute supports there is no consent between residents and staff and that such actions are a felony in North Carolina. The law is also cited on the agency's HR Acknowledgement forms about PREA that employees sign at the time of hire. "NC General Statute Chapter 14-27.31 states - if a person having custody of a victim of any age or a person who is an agent or employee of any person, or institution, whether such institution is private, charitable, or governmental, having custody of a victim of any age engages in vaginal intercourse or a sexual act with such victim, the defendant is guilty of a Class E Felony."

The facility staff showed knowledge consistent with training materials about their role in preventing, detecting, and responding to sexual assault claims. Staff described the training about the importance of a zero-tolerance environment and their roles as first responders to sexual assault allegations. Random residents reported that this Juvenile facility supported a zero-tolerance culture free from sexual misconduct.

Indicator (b). Chatham Youth Development Center is one of ten Juvenile facilities run by the North Carolina Department of Juvenile Justice. The division has created a PREA oversight team in the Analysis, Research, and External Affairs Office. The PREA Coordinator reports to the Manager of PREA and Juvenile Records. Interviews with both these individuals show they have full access to senior leadership and feel they can influence policy at a statewide level in addition to assisting in resolving compliance issues at a facility level. The Auditor was provided an agency flow chart showing the relationship between the PREA Coordinator, DJJ Leadership, and DJJ Juvenile Justice facility Directors. The Department of Juvenile Justice's PREA Policies repeatedly directs in policy language required interactions between facility staff and the PREA Office. Policy language further supports the influence of the PREA Office on operations when it directs that the PREA Office must approve training materials or that the PREA Office must get notification on all incidents of sexual abuse or harassment as well as receive documentation of related data and reviews. The PREA Office has modified the resident training curriculum since taking over this role and created new signage that the Auditor found very informative.

The Auditor observed a collaborative effort between the facility leadership and the PREA Office staff. The importance of this relationship was also echoed by the Regional Director for Juvenile Justice, who came on-site during the Audit.

Indicator (c). The NCDJJ PREA Policy defines the PREA Compliance Manager's (PCM) role in the institution. The Policy states, "Each center will have at least one (1) trained PCM with sufficient time and authority to coordinate efforts to comply with PREA standards. The PCM and an alternate will be designated in writing by the Center Director on the OPA- A16 form." The Auditor was provided with a copy of the PCM designation form, which names the PREA Compliance Manager for the facility and a backup person if the first individual is away. The facility Director at Chatham has named himself as the backup person for the PCM.

The Chatham Director was named the PREA Compliance Manager for the facility prior to the Last Audit when she was in the role of Assistant Director. She has maintained this role in the facility since promoting to the CYDC Director's position.

Compliance Determination:

The North Carolina Division of Juvenile Justice and Delinquency Prevention has policies defining the steps to prevent, detect, and respond to sexual abuse and sexual harassment incidents. Agency policy defines the roles of the state PREA Coordinator and the facility PREA Compliance Manager. Interviews with the Agency PREA Coordinator and facility PREA Compliance Manager confirm their roles in maintaining PREA compliance. Residents in the facility knew they could call the PREA Hotline as an option or ask to speak with the PREA Compliance Manager or the facility Director. The PREA Coordinator and PREA Compliance Manager believe they have the capacity in their jobs to advocate for policy or procedural changes needed to support resident safety. All new NCDPS employees are educated on PREA and the agency's zero-tolerance stance at hire, even if they do not work in an adult or juvenile institution.

Compliance was determined considering multiple factors. The supporting documentation included agency and facility management charts showing PREA positions. Interviews with the representative of the agency head and the facility Director support compliance with all standard expectations. Agency policies described in depth the agency's expectation to protect, detect, and respond to sexual misconduct. The policies also clearly define the roles of the state PREA Coordinator, the PREA Office, and the PREA Compliance Manager in each facility to support this cause. The policy also addresses prohibited behaviors and sanctions for any form of sexual misconduct. In formal interviews, residents confirmed that sexual misconduct is addressed, and they had knowledge of resources available if a concern arises. The signage about PREA was plentiful and presented in a kid-friendly manner. The facility has been able to maintain a safe environment where residents report violent sexual assault is not a concern. The Auditor found the communication between the clinical staff and administration was very strong in ensuring resident safety. The Auditor also recognized the supportive relationship between the facility and the PREA Office as a factor in providing ongoing compliance across the Division of Juvenile Justice and Delinquency Prevention's system. It is these collaborations, combined with staff and residents' knowledge in interviews, that support a finding of exceeds.

| | |
|----------------|---|
| 115.312 | Contracting with other entities for the confinement of residents |
| | Auditor Overall Determination: Meets Standard |

Auditor Discussion

Policies and written/electronic documentation reviewed.

Chatham Youth Development Center Pre-Audit questionnaire

Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures

MOA with the NC Department of Adult Corrections.

Individuals interviewed/ observations made.

Interview with PREA Coordinator

Interview with the Agency Head representative

Documentation of Site Visit by PREA Office

Summary Determination

Indicator (a) The North Carolina Department of Public Safety currently does not utilize step-down facilities to house juveniles under court-ordered supervision. The Agency did enter into an agreement with the North Carolina Department of Adult Corrections in November of 2022 for the housing of up to 32 16 or 17-year-olds who are cases have been transferred from the juvenile court to the adult court for trial. The Memorandum of Agreement (MOA) review supports the idea that the facility must comply with the juvenile sight and sound separation regulations for adult prisoners. The document mandates Zero tolerance expectations toward sexual abuse and mandates that the facility must always be PREA Compliant. The MOA is for one-year periods, which agreements of both parties can renew. The document also reinforces prohibited acts by staff, volunteers, or contractors toward juveniles and sets forth that the staff working in the unit will receive juvenile-focused training. Policy language in PREA -100 sets forth an obligation to ensure any contractor maintains PREA compliance when it states, "shall include in any new contract or contract renewal the contractor's obligation to adopt and comply with PREA standards when contracting for the confinement of its offenders, residents, and safekeepers with private agencies or other entities, including other government agencies."

Indicator (b). The agency head's representative and the PREA Coordinator confirmed that they will monitor the MOA facility for ongoing compliance. They reported they had their initial site visit scheduled for early March after the facility opened at the end of last year. The Foothills Correctional Center had its PREA compliance audit in October of 2023. The NCDJDP PREA Audit Team made their initial site earlier in 2023. They report they tested critical functions and resident access to reporting methods consistent with the juvenile policies of the state of North Carolina,

| | |
|--|--|
| | <p>including that Juvenile calls are not recorded.</p> <p>Concluding Determination;</p> <p>In 2022, the Department of Adult Corrections was separated from the North Carolina Department of Public Safety, the parent organization of which the Division of Juvenile Justice and Delinquency Prevention is a member. The agencies have entered into a Memorandum of Agreement for housing a narrow group of juveniles of a certain age whose case is before the Adult Courts. The Contract Language and agency policy confirm an obligation for the juveniles in care to be treated in compliance with federal law and ensure PREA is a priority. The Auditor finds the standard to be in compliance as the NCDJJD has entered into an agreement with the NCDOC, including language on PREA Monitoring. The DJJ PREA Office staff have already put in place a way to ensure ongoing monitoring and communication, including the coordination of any data related to allegations of sexual misconduct. The Auditor's review of the 2023 PREA Audit found that there were no deficiencies in the management of the population and their ability to keep their sight and sound separated from the adult population on the same complex.</p> |
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| | |
|----------------|--|
| 115.313 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>NC DJJ PREA-100</p> <p>PREA Staffing Plan</p> <p>Staffing plan analysis document</p> <p>Daily Documentation on employee attendance</p> <p>Logbook entries and video stills supporting unannounced rounds and client ratios</p> <p>Management Unannounced rounds</p> <p>Individuals interviewed/ observations made.</p> |

Interview with Facility Director

Interview with PREA Coordinator

Interview with PREA Compliance Manager

Interview with Supervisory Staff

Observation on a tour of logbooks and Supervisory movement

Observation of office space in proximity of residents

Discussions with housing unit staff

Log reviews to ensure ratios were maintained.

Interview with Residents

Summary Determination

Indicator (a) The North Carolina Division of Juvenile Justice and Delinquency Prevention has created a policy language that outlines the requirements for determining a staffing plan that considers PREA safety. The Agency policy requires, "Juvenile Facility Central Office shall submit annual staffing plans to the PREA Office. The report must include staffing reports and any deviations from the required ratios. Additionally, the Central Office shall assess, determine, and document whether adjustments are needed to 1. The staffing plan; 2. Prevailing staffing patterns; 3. The center's deployment of video monitoring systems and other monitoring technologies; and 4. The resources the center has available to commit to ensure adherence to the staffing plan."

The PREA Office has worked with the facility to document the elements of the standard. The Auditor reviewed the staffing plan that protects residents against sexual misconduct. The various 11 elements to be considered in developing a plan include generally accepted juvenile correctional practice, frequency of sexual assaults/complaints (of which there were none), population makeup of the units, and how video monitoring and staff can support safety. The Staffing documents the elements required in indicator (a). The plan provides the reader with the information used to determine the number of assigned staff required in indicator (a). The facility's capacity is 44 male adjudicated residents in 4 housing units. Included in the staffing document was information on the frequency of PREA complaints, the risk level of the population, the client population's mental health profile, and the technology that has been put in place to aid supervision. The information included the assignment of custody staff and supervisory staff. The report accompanied the staff assignment schedule, which also outlines the placement of staffing to ensure ratios are maintained. Interviews with the Director and the PREA Compliance Manager describe the development process used in the completion of the annual assessment of staffing. The Director confirmed the report's statement of no judicial,

federal, or oversight body's findings of inadequacies. The facility has maintained staffing throughout the past year without going under minimum staffing. The facility has 29 cameras that cover all the interior and exterior spaces. The Director also supports the idea that the agency can quickly support the facility when needs are identified.

The Auditor observed during the tour and in subsequent movement around the facility how staff are positioned to monitor and interact with residents actively. The Auditor saw the staff management of the population on both day and evening shifts to see if the operational ratios were maintained. The Auditor also saw residents' management in the formal programming of school and other out-of-room activities. The Director discussed supervision levels in outside recreation.

The Auditor recognized that line of sight allowed staff to see into the housing floor from hallways through large windows. This design provides improved safety for all by allowing quick response. The facility Director has access to the camera feeds in his office.

Indicator (b). NCDPS Sexual Abuse and Harassment Policy, as noted in indicator a) describes the required Content of the staffing plan. PREA Policy 100 further defines elements that should be included in determining a facility's need. "a. Generally accepted detention and correctional practices; b. Any judicial findings of inadequacy; c. Any findings of inadequacy from federal investigative agencies; d. Any findings of inadequacy from internal or external oversight bodies; e. All components of the facility's physical plant (including "blind-spots" or areas where employees, offenders, or safekeepers may be isolated); f. The composition of the offender and safekeeper population; g. The number and placement of supervisory employees; h. Institutional programs occurring on a particular shift; i. Any applicable State or local laws, regulations, or standards; j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and k. Any other relevant factors." The staffing plan does address these concerns. The facility has had no allegations of sexual assault, has not been cited for inadequacy, and is not under the review of any oversight body or court in the past year.

The staffing plan for the Chatham Youth Development Center allows the management to adjust the deployment of staff as needed and in response to critical positions. When staff call out, there is an ability to mandate staff to ensure the overall safety of residents. The Youth Development Center has four units. Each unit has an officer who provides direct supervision whenever residents are present, either in or out of the rooms. Residents are always under the direct supervision of staff out of their rooms. Custody staff sits in class during school to assist in the youth's education. Documentation was provided to the Auditor, informing me there were no instances where the supervision minimums were not maintained in the past year. The YDC also has office space assigned to noncustodial staff, allowing additional eyes and ears to monitor and respond to the youth's needs.

The Director and supervisory staff confirmed that at no time has the facility run a

shift under the minimum staffing complement of 1 to 8 staff members during waking hours and 1 to 16 during sleeping hours. The NCDJDP has staffed these facilities with a normal ratio better than the federally mandated minimums for direct staff coverage. The Auditor reviewed the posted schedule and the master log to consider compliance. Residents' support staff are always available to them and did not voice a concern about a lack of staffing at any time. Residents were out of their rooms during the day and evening shifts.

Indicator (c) The Chatham Youth Development Center maintains a minimum custody staffing ratio of one staff for every eight juveniles during waking hours and one juvenile for every sixteen juveniles on the overnight periods. NCDPS PREA Policy requires, "Each center director shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only certified staff shall be included in these ratios." The Auditor also confirmed the facility would never operate with one staff member on the overnight shift even if the population was less than 16 residents. The facility documents both the population and the custody staff working the shifts in the master log book. This document also shows all callouts or significant incidents that would impact ratios. The Director confirmed that the facility had not run a shift under the minimum staffing complement. The Auditor requested the staffing actuals for different dates over three months. The review yielded a direct custody staff ratio during awake hours, running on average 1 line staff for every 4.5 residents. The overnight staffing ran consistent with one custody staff on each unit, which housed up to 8 juveniles. The Auditor requested in advance the staffing assignments for random dates in the month leading up to the audit. These reports showed consistent assignment of staffing that exceeded the required ratios. Observations on the tour further supported that ratios are maintained in operational practice as residents move about the building for groups, education, and recreation. The Auditor reviewed the formal log and saw appropriate ratios were maintained on different dates across day and night shifts on ten days dating back to August of last year. The facility does not include Shift Supervisors in the count of staff unless there are multiple individuals. Other non-custody staff are not used in the calculation of the ratios. The units have offices with trained and certified staff who provide case management. Given their proximity to the population, these non-custody positions provide additional support and monitoring.

Indicator (d). The PREA Coordinator, the NCDJJ Head's representative, and the facility Director each described in interviews various communication points that could impact staffing and technology deployment during the year. The Facility Director and the agency PREA Coordinator approve the Staffing Plan annually, and the most recent version was requested as it was not initially uploaded to the OAS. The plan is descriptive of the population and the staff-to-resident ratio expected in the unit on different shifts. The facility has had one PREA allegation in the past

twelve months. The Director and PREA Coordinator both support that any identified need for monitoring technology or staffing would be presented immediately upon any identified staffing or monitoring gaps. This commitment to NCDJJ to act swiftly was on display as they continued to advertise for new direct care positions. The Auditor saw new stories on regional job fairs for NCDJJDP staff that will reduce unplanned overtime. The facility has a system in place to document all changes in the schedule, and the Director reports she would be notified if the shift was at risk of going below ratios.

Indicator (e) The Auditor was provided with documentation to support routine unannounced rounds are made by supervisory staff. This is required by the agency PREA policy (page 13) and in documented logbooks. The Policy states, "Center Directors or designated supervisors will conduct unadvertised rounds monthly during all shifts to identify and deter staff sexual abuse and sexual harassment. The Director/designee shall document unadvertised rounds in the logbook and in a separate file/document dedicated to recording (person conducting, time, relevant notes) unannounced rounds. Staff members are prohibited from alerting other staff members that these supervisory rounds are occurring unless such information is related to the legitimate operational functions of the center." The Auditor also requested evidence of the center supervisors moving about the facility during their shifts. The Auditor was able to review logbooks during the tours and observe the Shift Supervisors' management of staff. The witnessed active management supports Juvenile's clear access to requests to speak with them if they didn't feel comfortable with the line staff working. The Auditor confirmed that formal unannounced tours and routine supervisory tours occur with the unit staff and residents. Residents support that they have daily access to supervisory staff in the four-unit facility.

Compliance Determination:

North Carolina Department of Juvenile Justice and Delinquency Prevention's PREA policy sets forth requirements for the staffing plan, including the ratios as addressed in indicator (c), the requirements for documentation of staffing deviations, the requirement of unannounced supervisory rounds, and the annual review of staffing needs. The Chatham Youth Development Center has developed a plan in a narrative format that addresses the eleven factors to be considered in indicator (a). The facility is not under any current or recent judgment for inadequacy. The plan is reviewed annually with in-house administration, and with the DJJ PREA Office, any request for staffing or electronic surveillance support would go to the Department Juvenile Justice divisional leadership. Indicator (b) was not applicable as there were no instances where the minimum staffing levels were not maintained.

During the tour, the Auditor recognized the facility was designed with good lines of sight, allowing for informal observation of space and the Director's knowledge of potential risk areas. In addition to custody staff, the medical and education staff

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| | <p>provide an additional resource of information, supervision, and observation of residents' behaviors during the day. Supervisory staff were observed routinely touring the facility and directing the assignment of staff during the shift. Chatham Youth Development Center also has leadership staff make off-shift visits to the facility unannounced. The standard is determined to be in compliance based on policy, the documentation provided, interviews and observations made throughout the onsite audit, and documentation provided consistent with the standard. The Auditor also took into consideration the juveniles who reported they felt safe and that staff were available to them if they needed to speak with someone.</p> |
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| 115.315 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>NC DJJ PREA 100</p> <p>Cross Gender Announcement staff acknowledgment forms (all staff)</p> <p>Cross Gender Campaign of awareness</p> <p>Detention Services Policy and Requirements and Procedures</p> <p>Contraband and Search training outline</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Facility Director</p> <p>Interview with random staff</p> <p>Interview with random residents</p> <p>Poster on staff announcements</p> <p>Observation on tour</p> <p>Review of the logbooks</p> |

Summary Determination

Indicator (a) The NCDJJ has multiple policies prohibiting cross-gender strip searches or body cavity searches. Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures (page 12) prohibits cross-gender observation of any strip search or body cavity search of juveniles. It states, "The center shall not conduct cross-gender strip searches except in emergency circumstances, where other remedies are not available, or when performed by medical practitioners. Emergency situations shall be thoroughly documented in the logbook and approved by the Center Director during the emergency situation when and where practicable." A review of the NCDJJ Detention Services Policy and Requirements and Procedures, PREA 100 policy, and a review of the training outline all support further the expectation of same-gender strip searches in juvenile facilities. The policy language goes on to state that body cavity searches must only be completed with probable cause and only at an off-site medical facility. The Chatham Youth Development Center Pre-Audit Questionnaire stated no such emergencies have occurred causing a cross-gender strip search or a situation where a resident was sent out for a body cavity search, and this was further confirmed through interviews with both staff and residents. Descriptions by staff and residents of the strip search process confirmed there is no contact between the resident and the staff person observing the search. The residents interviewed confirmed there were no cross-gender strip searches.

Indicator (b) Chatham Youth Development Center does not perform cross-gender pat searches except in exigent circumstances. Pre-Audit Questionnaire and interviews confirmed that this has not occurred. Staff were able to state the policy's expectations: "The center shall not conduct cross-gender pat-down searches except in exigent circumstances. The center shall thoroughly document in the logbook all searches of juveniles and include the gender of the juvenile and staff member." The interviews with staff and residents confirmed that there have been no cross-gender pat searches at the co-ed facility. Staff understood that any cross-gender pat searches should occur only in exigent circumstances with supervisory approval.

Indicator (c) As noted in indicators (a) and (b), the policy requires documentation of cross-gender strip or pat searches of male and female residents, including the emergent reason for the search. The facility appears to have sufficient staffing to further limit any reason for a cross-gender search to occur. Absent any occasion, the Auditor can only assess based on policy, staff knowledge, and resident confirmation; the practice does not happen at Chatham Juvenile Detention Center.

Indicator (d). NCDJJ has, in policy, staff training, and reported practice, put forth an expectation to ensure residents are able to shower, shower, perform bodily

functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia area, except in exigent circumstances or when such viewing is incidental to routine cell checks. The Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures mirrors the indicator when it states, "Staff shall ensure that residents shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia -- except in exigent circumstances or when such viewing is incidental to routine room checks." The Auditor observed that residents have magnetic sheets on cell windows when changing rooms. Chatham YDC only has single-person cells with a toilet. Each of the four units has single-person showers with two layers of curtains. All staff were observed knocking before looking into the rooms to allow for a resident to cover up. The shower areas are on one side of each unit.

The policy further states, "Staff of the opposite gender shall announce their presence when entering a resident living unit. In centers, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing." The Auditor was able to hear announcements being made while moving around the facility. The size and staffing usually at least one of each gender staff working the shift. Residents support that they are never required to be unclothed in front of opposite-gender staff, and they confirmed that opposite-gender staff announce themselves at the start of their shift and knock before entering or looking in the bedrooms. Residents are supposed to get changed in the bathroom. The facility has signage reminding staff of the expectation of making the announcements. All staff have signed a document OPA-T30, which is an acknowledgment form on the limits of cross-gender observations and the need to make cross-gender announcements. The facility also logs the announcements at the beginning of the shift. The Auditor reviewed the logs on tour to confirm opposite gender announcements are also logged. Discussions with resident support: they know that both male and female staff work the shift and could be looking in the room to complete checks.

Indicator (e) NCDJJ Policy and memos set forth the requirement that Transgender individuals are not searched to determine genital status. The policy states, "The center shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner." Mental Health and Medical staff complete intakes at the YDC. They confirmed that if the residents were resistant to discussing the topic, they would be referred to the medical staff with whom they may be more comfortable in having the conversation. Medical staff confirms that they see all new admissions to the facility and can have these conversations with the individual. There were no transgender or intersex individuals in the current population, and none were

admitted in the past year, reportedly.

Indicator (f) The North Carolina Division of Juvenile Justice and Delinquency Prevention trains all staff when completing the searches of transgender or intersex individuals that it be respectful, professional, and in the least intrusive practice possible for searching residents. All Division of Juvenile Justice and Delinquency Prevention staff are trained to routinely use the back of their hand instead of the front when completing pat searches. The training curriculum on safe searches provided addressed considerations when searching transgender or intersex residents. The NCDJJD also provides all its staff with training on working with the LGBTI population. The search training materials state, "Searches of transgender and intersex residents shall be performed in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs." The staff interviews completed by the Auditor confirmed an understanding that they had been provided training on how to effectively work with transgender, intersex, and gender non-conforming individuals. The staff confirmed the importance of being professional and respectful during the process, and they understood that many juveniles have past traumatic histories, which increases the discomfort in completing these searches.

Compliance Determination:

The NCDJJD has several policies in place to address the various elements of this standard. The DJJD policy directs staff consistent with the standards on pat search, strip searches, resident rights not to be naked in front of the staff of the opposite gender, and procedures for working with transgender and intersex residents. Supporting documentation for this standard included training records, training outlines, staff acknowledgment forms, and policy. There were no transgender or intersex individuals with whom to discuss searches. Information confirming no exigent circumstance of cross-gender searches has occurred at the facility in the past three years. Interviews with staff and residents supported compliance with standard elements and policy expectations. The Auditor observed practices in the facility, signage, and had staff describe how searches are performed to determine compliance. Absent any exigent circumstance, there were no incidents to review. Compliance was based on policy, training materials, interviews with staff and residents, and observed practices that support the effort to ensure limits to cross-gender searches or observations occur.

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| 115.316 | Residents with disabilities and residents who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |

Auditor Discussion

Policies and written/electronic documentation reviewed.

Chatham Youth Development Center Pre-Audit questionnaire

Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures

Intake packages/ notices in English and Spanish

Agency contracts for interpretive services

User Guide for Using Interpretive Services

Expect Respect Cards (English and Spanish)

DJJ Brochure

PREA Posters

PREA Exceptional Child Checklist (for disabled or LEP identification)

Interpretive services Contractor information

Ways to report English/Spanish

Memo from Director on services

United Language Group Website

Individuals interviewed/ observations made.

Interview with random Residents.

Interview with Random Staff

Interview with Intake Staff

Interview with the Facility Director

Observation of an intake

PREA Signage

Mailbox with pre-addressed envelopes

Court video system

Summary Determination

Indicator (a) The Chatham Youth Development Center takes appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to provide a PREA-safe environment. As a juvenile facility serving sentenced youth, it must assess and provide services to individuals with medical disabilities. Juveniles with hearing or visual difficulties would be supported by staff in understanding PREA until corrective medical measures were put in place. All NCDJJ facilities document these youth in a form for "exceptional children." The Exceptional Children form asks about 1) Physical Disabilities, 2) Assessing the juvenile's ability to follow directions, 3) if they could read independently, 4) if they exhibit cognitive deficiencies, or 5) if they are non-English speaking. Staff providing the individualized education document the steps on the "exceptional children form," and the PREA Compliance Manager reviews it, and they are referred for additional individual PREA education. The Auditor confirmed with residents that staff was available to assist in understanding the postings or documents provided at intake. There were no individuals who were hearing or visually impaired. The Auditor was able to speak to individuals who had educational delays but not significant developmental delays. The residents, with significant academic challenges, would be identified by the teacher at Chatham YDC's fully accredited educational environment. Discussions with facility medical, education, and leadership confirmed that individuals with special needs can be supported in understanding all the program rules and services, including those around the zero-tolerance expectation for sexual abuse or harassment. The training all juvenile officers take includes topics where they learn about working with individuals in the environment who have physical, social, emotional, and learning disabilities.

Indicator (b) The Chatham Youth Development Center has a limited population of individuals with whom English is not the primary language. There were no individuals in the population at the time of the site visit with whom the Auditor would have needed to use interpretive services. There was signage throughout the facility about PREA safety, including posting in Spanish, the most common other language spoken by youth. The Chatham YDC facility has had no instances where interpretive services were needed to speak with juveniles. Some staff report using the service to speak with parents or guardians in the past. The NCDPS has contracted with interpretive services through United Language Group, which can provide video and audio interpretive services. Documentation supports, in addition to visual interpretive services, can get written translations of documents. The United Language Services website confirms they can provide professional interpreters in 200 languages 24 hours per day. The staff interviewed knew how to access the information to be able to access the service.

Indicator (c) Documentation reviewed by the Auditor stated that resident

interpreters were not used. Staff knew using residents to interpret for each other was inappropriate except in extreme emergencies. This prohibition is also addressed in the agency PREA policy, which states, "Juvenile Justice will not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties, or the investigation of the resident's allegations." No individuals in the current population were LEP or needed aid in communications. The intake staff knew it was inappropriate to use residents to help interview a new resident.

Compliance Determination

NCDJJ PREA policy addresses equal access to services for those who have a disability or have limited English proficiency. The Auditor was able to speak with a resident with a cognitive disability but no individuals who were LEP or significantly disabled. Chatham YDC provides all residents with education about PREA upon admission. The facility had PREA Educational materials available in English and Spanish, and they reported they had no LEP admissions in the past year. As a juvenile facility with a fully accredited school program, all youth are assessed academically, which will further identify impairments to understanding. The residents reported knowing their rights, how to report PREA concerns, and, if they had difficulty understanding information, how to get help.

Staff knew using residents to interpret for each other was inappropriate except in extreme emergencies. Line staff knew how to access an outside interpreter.

Compliance was based on interviews with staff, residents, and administration, as well as the hard materials (posters, handbooks, video) and policies that support equal access to all services. The educational materials seen repeatedly on the tour support ongoing access to information.

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| 115.317 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit Questionnaire</p> <p>Human Resource documentation for staff, contractors, volunteers</p> <p>Department of Public Safety Website</p> |

Memo from PREA Coordinator on child abuse registry process

Documentation of all employees having been screened through the state child abuse registry.

HR 005 Applicant Verification

HR 004 Criminal History Record

HR 008 Professional Reference

HR -13 Employee Statements

Disqualifying factors list

New Employee Manual

Admin Memo on PREA Hiring as of 2013

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with Facility Director

Interview with Human Resource staff

Staff records reviewed onsite.

Summary Determination

Indicator (a). North Carolina Department of Public Safety strictly prohibits employment or contracting the services of individuals who have engaged in or have been convicted of engaging in or attempting to engage in or administratively be adjudicated for sexual assault. The agency utilizes the same language requirements for contracted employees. Interviews with Human Resource staff support the process of screening all applicants for employment or contracted and volunteer services at the Chatham Youth Development Center. The Auditor reviewed the online employment application process, which requires potential candidates to confirm that they have not engaged in any form of sexual misconduct described in indicator (a). The application in form 005 requires the applicant to confirm they have never engaged in prior sexual assault in a prison or jail, any attempt to engage in sexual activity by force in the community, or through coercion or engagement with an individual who could not consent. The language on the form is Directly from the US DOJ Final Rule on the "National Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination Act." The Auditor confirmed the questions are asked at the time of hire and promotional periods. The Auditor reviewed staff files, including individuals hired in the last year. The NCDPS has had

the PREA questions as part of the employment applications since 2013. The Auditor was able to see, in the HR files reviewed, where the questions were asked of employees at hire, promotion, or annual reviews. HR 013, filled out once the person is offered a job or application for promotion, asks the same PREA questions asked in the application process (HR-005). The document states, consistent with Language in DJJ PREA 100 policy, "The NCDPS may not hire or promote anyone who may have contact with inmates, residents, or offenders under supervision, who answer "yes" to any of the following questions:

1. Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?
2. Have you ever been convicted of engaging or attempting to engage in sexual activity in a community facilitated by force or coercion, or if the victim did not consent or was unable to consent or refuse?
3. Have you been civilly or administratively adjudicated for having engaged in the activities described?"

Discussions with facility and agency leadership confirm individuals with prior histories described in this indicator would be prohibited from employment or contact with the juvenile population at an NCDJJD facility. The Auditor also reviewed a list of disqualifying charges prohibiting employment at NCDPS and its Division of Juvenile Justice and Delinquency Prevention facilities.

Indicator (b). The North Carolina Department of Public Safety has a policy language consistent with the standard. "DPS shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor or custodial agents, who may have contact with offenders, residents, or safe keepers." Reportedly, the facility had three contracted employees in the past year. The agency has procedures to complete prior institutional employment checks on staff and contractors to see if there are any concerns related to sexual misconduct. In addition to the facility HR person, the Director and regional HR staff will also review the applicant's record, including individuals who may work at other NCDPS facilities. It is believed that if there is a prior history of sexual harassment complaints, that information would be identified, and facility and agency senior leadership would have to determine the appropriateness for the position being applied. Contracted employees must go through the review at the regional office level before they can be approved to work at the facility.

Indicator (c). The North Carolina Department of Public Safety completes criminal background checks on all employees. File reviews completed by the Auditor confirmed that the process is in place and is consistently done for all new employees and at the required 5-year intervals in indicator (e). The Check includes

a criminal background check and prior institutional checks. The Auditor reviewed 39% of the 26 employees' files while on-site, including documentation of background checks. The state does not allow criminal records in the file once it has been run, and if it needs to be reviewed, the record is then destroyed. Random sampling is used to confirm the practice, which is documented through the form sent to the regional office, the response about the outcome, and if the individual is approved for employment. The Agency added the abuse/neglect registry checks in the previous round of audits, and the Auditor was provided with documentation that all current employees have been run and have not come back with any concerns. Criminal Background checks are run by a central office staff person who will send a notice when the individual has passed the criminal background check, prior institutional employer check, and the abuse registry check. The facility will also send a form requesting it is run again every 5 years and when the employee is up for a promotion. The Auditor reviewed the 5 of the 9 hires in the last year and a random sample of 10 additional individuals.

Indicator (d). As stated in Indicator (a), Chatham Youth Development Center completes criminal background checks on all contracted employees. The agency provides documentation supporting child abuse registries are also consulted. The NCDPS follows the same process for hiring contractors or volunteers that they do with any employees, including the criminal background check, looking at state and multi-state criminal histories, driving records, sexual offender listings, and child abuse registries. Information on contracted individuals was asked for and received.

Indicator (e). Chatham YDC provided the Auditor with information on random employees, including individuals who were employed for over 5 years and had criminal background checks completed in the last five years. The random sample was confirmed by reviewing files onsite with the Human Resources staff and then uploaded to the OAS.

Indicator (f). As noted in Indicator (a), all Chatham YDC employees are asked to complete the Employee Application, including questions required in Indicator a). After being hired, the employees also complete a series of forms, including a DPS Employment Verification and a DPS Employment Statement. In both documents, the NCDPS has required the individual to confirm they have not engaged in any of the described activities listed in indicator (a). Staff are asked the aforementioned questions and are given a continuing responsibility to disclose such misconduct. The form sets forth a continuing affirmative duty to disclose any such misconduct. All employees confirm by signature the requirement to report any violation of the prohibited acts described in indicator (a) within 24 hours of occurrence. HR 013 Employee statement has the individual acknowledge this requirement directly after the PREA Questions listed in indicator (a). "I acknowledge and understand that should I become the subject of these prohibitions in my current position or any

subsequent departmental positions I may hold involve contact with persons in confinement or under supervision, I will notify the departmental management within 24 hours of my involvement in any of the above.”

Indicator (g). All Chatham Youth Development Center employees must disclose all allegations of misconduct and any material omission or false information regarding misconduct will be grounds for termination. The agency Employee Applicant form explains that failure to report criminal charges and convictions may be subject to termination. The Auditor reviewed information from background checks and confirmed that no individuals had been disciplined or terminated in the past year for falsification of information related to past sexual misconduct or criminal behaviors. Form F-5A Application for Certification has the employee sign the following statement at the time of hire. The statement tells the employee that the condition exists throughout their employment with NCDPS. “I acknowledge that any omission, falsification, or misrepresentation of information or procedures, by either the candidate or this Agency, throughout the employment and/or certification process may result in certification being denied, suspended, or revoked by the Commission at any time, now or later, and may result in sanctions against this Agency.’

Indicator (h). The North Carolina DJJDP allows for the agency, with proper releases of information, to disclose to other institutions any PREA-related concerns. Interviews with Human Resources staff confirm they make requests of both internal and outside employers when hiring, but they report they do not frequently receive similar requests for prior employees who go outside the NCDPS system. There were no requests directed to Chatham YDC about prior employees, but the regional office may handle these requests if the request went there.

Compliance Determination

The North Carolina Department of Public Safety has policies in place to address the standard's requirements, including the completion of background checks and pre-employment screening that supports the agency's efforts to screen out predatory candidates from employment. The pre-employment screening process is the same as other law enforcement applicants in the state of North Carolina. The Auditor interviewed the Human Resources staff at the Chatham YDC. The facility's Human Resources staff works with regional Juvenile Justice Office staff to process candidates and obtain criminal background checks. The facility has all staff and contractors undergo the same criminal background checks as employees. The NCDPS has employees sign an acknowledgment form that addresses this standard's various elements. The Auditor was also able to review appropriate personnel forms and criminal background checks for both employees and contractors. Many of the elements are in place to ensure potential staff, contractors, and volunteers hired are not a risk to the youth at the facility. The Agency has a system in place to check child abuse registries of potential candidates for employment or contracting.

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| | <p>Compliance is based on policy, the documentation reviewed, and random files supporting the process in place. All staff are aware of the criminal background process at hire and their obligation to report any contact with law enforcement, including any of the behaviors described in indicator (a).</p> |
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| 115.318 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>NCDJJ PREA 100 Policy</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the Agency Head Representative</p> <p>Interview with the facility Director</p> <p>Interview with the PREA Coordinator</p> <p>Interview with the PREA Compliance Manager</p> <p>Observation on tour</p> <p>Informal discussions with staff</p> <p>Summary Determination</p> <p>Indicator (a) Chatham Youth Development Center has not undergone any major renovations in the past three years. The facility is well-designed, with limited blind spots. The complex is made up of three buildings that abut each other. The housing units have long hallways that divide the education space from the housing units. Vision panels allow supervisors to see into the spaces before entering. NCDPS has policy language consistent with the indicator in Policy 100, "When designing or acquiring any new facility and when planning any substantial expansion or modification of existing facilities, ACJJ shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect offenders, residents, and safekeepers from sexual abuse."</p> |

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| | <p>Indicator (b) Chatham Youth Development Center has not upgraded its camera system since it was converted to digital before the last round of audits. The facility cameras allow for the review of all common spaces, including outside recreation. No control officer position in the Juvenile facility to monitor the cameras, but the facility administrator can review the cameras from her office. Policy 100 also addresses this indicator and goes on to set an expectation on documentation. “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, ACJJ shall consider how such technology may enhance their ability to protect offenders, residents, and safe keepers from sexual abuse. Documentation of how upgrades are determined with potential impact to sexual abuse prevention should be maintained and made available upon request for auditing and data collection purposes.”</p> <p>Compliance Determination</p> <p>The Chatham Youth Development Center is a well-designed facility with exceptionally good lines of sight throughout. The Agency PREA Office and facility leadership confirmed there would be communication on any identified needs that would impact residents' safety. The agency PREA 100 policy addresses the expectation of PREA safety (pages 10-11) when the agency is completing physical plant modifications or using monitoring technology to improve supervision.</p> <p>Compliance is based on formal and informal interviews that support a consistent understanding of the need to limit blind spots through active supervision skills. Interviews with the PREA Office staff and the Facility Director support NCDJJD’s commitment to regular review of its physical plant needs and electronic surveillance to enhance safety. Absent any modifications, the Auditor relied on policy and interviews to determine compliance since both indicators were not applicable.</p> |
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| 115.321 | Evidence protocol and forensic medical examinations |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>PREA 300</p> <p>NCDPS Memo Local Law Enforcement Agencies and Sheriffs, PREA Investigations and Compliance,</p> |

Best Practices in the Criminal Justice Response to Domestic Violence and Sexual Assault: Guidance for CCR/SART

DPS notice to law enforcement agencies on PREA investigations

NCDPS PREA response checklist

National Protocol for Sexual Assault for Forensic Exams Response Protocols

NC General Statutes 114-12 State Bureau of Investigations Powers and Duties.

State Board of Nursing Website (SAFE/SANE training)

NC Dept of Administration Website (Sexual Assault Program)

National Association of Forensic Nurses- Website

NC CASA- Website

Chatham YDC Sexual Assault Response Plan

OPA -120 Incident Tracking Form

OPA- 121 Chain of Custody Form

NC-GS 150 Victims Compensation

Individuals interviewed/ observations made.

Interview with Medical Staff

Interview with Sexual Assault trained Investigator

Interview with Second Bloom Rape Crisis representative

Discussion with UNC Children's Hospital staff about SAFE/SANE access and services

Correspondence with State Board of Nursing staff on SAFE training/ protocol

Summary Determination

Indicator (a) The North Carolina Division of Juvenile Justice and Delinquency Prevention facilities are not responsible for the completion of criminal investigations, including sexual assaults. The facility has trained investigators who would only complete administrative investigations. The facility would call local law enforcement staff at the Silar City Police Department to complete criminal investigations, including sexual assaults. As NCDJDP is part of the state's overarching law enforcement agency, Investigations may also be completed by the state's Office of Special Investigations. A letter was provided to the Auditor Showing the NCDPS

reminding the police and sheriffs across the state of PREA requirements when investigating at state facilities. The facility will have a trained Investigator of sexual abuse report to the facility immediately to help determine if the case is potentially criminal in nature. The agency's PREA Policy requires that local law enforcement be notified if there is a belief that a criminal act has occurred. "If there is evidence or suspicion that a delinquent act or crime may have been committed, local law enforcement should be contacted to conduct their investigation." A review of the facility PREA response protocol and a memo from the PCM confirmed this expectation further.

The Agency also has a policy on Law Enforcement Notifications, which requires the notification of law enforcement for all criminal acts, including sexual assault.

Agency policy states, "Upon receiving an allegation that a resident was sexually abused or harassed while confined at another center (to include agencies outside of DPS), the Center Director that received the allegation shall notify the Center Director or appropriate office where the alleged abuse occurred and shall also notify the DJJ Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) 11 appropriate investigative agency." The Policy requires "The Center Director providing the notification shall document in TROI that the information was provided." TROI is where the state's critical incidents are uploaded for administrative review. There were no allegations in the past year that required a criminal investigation. The NCDPS has sent notices to the state's Sheriffs and Police Departments on PREA investigation requirements for investigations. Included in the document is information on the National Protocol for Sexual Assault Medical Examinations, the need to seek services of SAFEs/SANEs, and the importance of offering a victim advocate for forensic examinations and investigatory interviews.

Indicator (b) The Chatham Youth Development Center medical staff would not complete forensic exams. The PREA Policy states, "If an act of sexual abuse involving penetration within the preceding 72 hours is alleged and/or forensic medical evidence (e.g., semen) may be present on the victim's person, arrangements shall be promptly made to have the alleged resident victim examined by a trained and certified, external medical professional indicated on the JJ-approved list of qualified medical centers per the Juvenile Justice Medical Protocol."

The Auditor spoke with a representative of UNC-Chapel Hill Children's Hospital and state-certified trainers to confirm that SANE nurses are trained with an approved curriculum that includes the National Protocol for Sexual Assault Medical Forensic Examinations or other protocols promoted by the International Association of Forensic Examiners. Interviews with hospital staff where forensic exams would occur confirmed there is a standardized practice used to ensure consistent evidence collection. The Auditor also reviewed Best Practices in the Criminal Justice Response to Domestic Violence and Sexual Assault: Guidance for CCR/SART Response Protocols and reports from the state crime lab of evidence kit collection. The Best Practices in the Criminal Justice Response to Domestic Violence and Sexual Assault: Guidance for CCR/SART Response Protocols was developed with funding from the US

DOJ Violence Against Women Act. The updated protocol the Auditor reviewed references the "A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents: 2nd edition". A review of the document shows support for a victim-based approach. The document provides guidance on communication with victims and evidence for law enforcement to consider at the crime scene, and it gives direction to medical staff on considerations and promotes the use of forensically trained nurses. The NC Board of Nursing confirmed that the curriculum used for training comes from the International Association of Forensic Nurses, which references the DOJ document.

Indicator (c) The Chatham Youth Development Center Youth Development offers victims of sexual assault the ability to have a forensic exam without cost. The Auditor confirmed that there is no cost for sexual assault exams. The Auditor reviewed state statutes showing the state's obligation to pay for examinations since 2009. Funds are provided through the North Carolina Crime Victims Compensation Fund. The Victim Compensation Fund is part of the North Carolina Department of Public Safety (NCDPS), the parent agency of the North Carolina Department of Juvenile Justice and Delinquency Prevention (NCDJDP), which runs Chatham YDC. As noted in indicator b), the state's Nursing Board confirmed the availability of Sexual Assault Nurse Examiners. Local hospital staff who report funding for exams comes from a different fund within the state government to ensure all victims come forward. Juveniles are guaranteed access to emergency services outside the facility, including forensic exams. Discussions with the local hospital confirmed that they have SANE-certified nurses. If one is not on site, one will be called in before having a noncertified medical practitioner complete the exam. No juveniles from Chatham Youth Development Center have reportedly been seen at the hospital for a forensic exam. The Coordinated response plan for Chatham Youth Development Center would have juveniles seen at the UNC Children's Hospital in Chapel Hill, where there are reportedly 20 SANE nurses.

Indicator (d) Chatham Youth Development Center had an agreement with the local rape crisis agency to provide support services to victims of sexual assault. A copy of the MOU with Second Bloom of Chatham County was provided to the Auditor, and I was able to confirm with the agency that they are willing to support youth at Chatham YDC who have been victims of sexual violence. The Auditor was able to see previous agreements, which are renewed automatically unless the document is adjusted. Local Hospital staff confirmed the practice of also ensuring a rape crisis advocate is offered routinely as part of any forensic exams. The hospital representative confirmed that they normally call Orange County RCC but would also work with Second Bloom of Chatham County to provide trained accompaniment. The NCDPS also trains staff who volunteer to serve as PREA Support Persons (PSP) to work with victims of sexual assault. Though they are not specifically trained in forensic accompaniment, they serve as "go-to" persons for victims during and after the investigative process. The PSP will encourage the client to utilize the rape crisis center. The Second Bloom of Chatham County staff confirmed the MOU and the working relationship with the facility.

Indicator (e) Both hospital and agency staff confirm that a rape crisis staff would be available to help a victim through a forensic exam and criminal justice interview and provide ongoing support and referral to the victim. The Auditor was able to confirm with the Second Bloom of Chatham County staff their ability to do accompaniments for forensic exams and victim interviews. The Chatham Director, who is also the PREA Compliance Manager, confirms a willingness to work with local and state rape crisis agencies to build on experiences. The Auditor was able to review the MOUs with the rape crisis center supporting access to advocates from Second Bloom for forensic exams. Chatham YDC residents confirm that they could have professional visits as support on-site. The rape crisis agency reports they are able to provide accompaniment services at the local hospitals. The agreement is a permanent agreement stating their working relationship will continue until either party decides to end it. The agreement spells out the responsibility of both agencies. There were no current youth using the services of the rape crisis agency. In a discussion with the Second Bloom representative, they confirmed they hope to build on the relationship as they grow as the county's primary resource for victims of sexual abuse and domestic violence.

Indicator (f) The Chatham Youth Development Center would have local law enforcement come to the facility to complete a criminal investigation. The Agency will also notify the Department of Social Services, which is responsible for investigations of abuse claims involving youth. NCDPS will assign an investigator from the Juvenile Justice facilities to complete an administrative investigation unless the alleged perpetrator is a staff person; then, the agency's Office of Special Investigations (OSI) will get involved.

Indicator (g) The Auditor is not required to review this indicator.

Indicator (h) NA- The Department of Public Safety offers all residents in the system access to rape crisis services. The Auditor received information on the training of Rape Crisis Advocates in North Carolina.

Compliance Determination

The North Carolina Department of Public Safety has put in place the necessary elements to ensure immediate response to allegations of sexual assault. The agency has trained its staff on how to preserve evidence until trained law enforcement staff can arrive. The state of North Carolina has in place trained Sexual Assault Nurse Examiners available at the hospitals in the region, including the UNC Children's Hospital. The review of several websites and interviews with staff confirm the

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| | <p>utilization of a standard protocol for evidence collection in sexual abuse cases. The Auditor spoke with hospital staff, who confirmed the availability of SANEs at UNC Children’s Hospital. Hospital staff confirmed this service would be done free of charge, and if a SANE is not on duty, they will attempt to call one in. It is also reported that a rape crisis agency would be called for victims of sexual abuse. In determining compliance, the auditor considered the availability of resources to effectively investigate, secure, and process evidence and the policies directing such investigations. Also considered in this determination was the overall staff knowledge displayed in the random staff interviews of how to preserve evidence, including instructions to the residents involved. Finally, the Auditor considered the information available from state agencies, local law enforcement, non-profit victims' organizations, and the hospital.</p> |
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| 115.322 | Policies to ensure referrals of allegations for investigations |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Juvenile Justice Facilities Law Enforcement Notification and Requests for Charges.</p> <p>NCDPS Memorandum to Local Law Enforcement Agencies and Sheriff’s, PREA Investigations and Compliance,</p> <p>PREA Checklist</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Chatham YDC Director</p> <p>Interview with Investigative staff</p> <p>Summary Determination</p> <p>Indicator (a) The NC Department of Public Safety has systems in place to ensure criminal and administrative investigations occur in a timely fashion. The NCDPS</p> |

Juvenile Justice employs individuals trained in completing administrative investigations. The Chatham Youth Development Center does not employ an individual with law enforcement credentials at YDCs, so they will work with the local police/ Sheriff's departments on any criminal investigation. Chatham YDC has not had a criminal and or administrative investigation of sexual abuses in the past year. The facility had one allegation of sexual harassment that was investigated. The Auditor did not have any staff or juveniles report that they had made a PREA allegation in the past year. The agency's PREA Policy states, "All sexual abuse and sexual harassment incidents reported to DSS. Additionally, all sexual abuse and staff on juvenile sexual harassment incidents are reported to law enforcement." The Agency's Law Enforcement Notification further explains the process, and both policies state that staff failure to report incidents will result in discipline up to and including termination for first offenses. The Chatham Youth Development Center has had no incidents of sexual misconduct.

Indicator (b) The NCDPS has a policy that addresses this standard's requirements. The PREA policy also complies with NC State Statutes, which govern law enforcement duties. "Upon receiving an allegation that a resident was sexually abused or harassed while confined at another center (to include agencies outside of DPS), the Center Director that received the allegation shall notify the Center Director or appropriate office where the alleged abuse occurred and shall also notify the appropriate investigative agency." Agency policy can be searched through the state website, and all contact with outside law enforcement is required to be documented in incident reports and facility logs. An incident report is also required to be entered into the agency incident portal TROI, which would document the referral. All PREA Incidents are also sent to the NCDJJD PREA Office. The facility also has a PREA Incident checklist that will document the notification to local law enforcement and the facility investigator. As noted previously, NCDPS, the state's law enforcement agency, has sent notice to all local police and Sheriff's Offices on PREA Investigation expectations.

The trained Investigator described the process of how an investigation is assigned by a central office staff member who will review the TROI initial report and determine the most appropriate individual to complete the administrative investigation. The Investigator reports that they can be sent to other Juvenile Justice facilities as needed to complete investigations. Chatham does not currently have an investigator on staff, so an assigned individual would be required to respond to allegations of sexual misconduct.

Indicator (c) Agency PREA policy is descriptive of the relationship between the facility and the expected criminal investigators who come to the YDC. Pages 14-18 of Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures describe the expectations of the investigators and the facility in ensuring a thorough investigative process occurs. The Auditor also reviewed documents from the Head

of the Department of Public Safety to all of the state law enforcement agencies on completing PREA-related sexual abuse investigations and a policy on Law Enforcement Notifications. The policy also discusses the need to have individuals seen by trained SAFE nurses at local hospitals. The YDC Law Enforcement Notification Policy further describes the communication that should occur between the Chatham YDC and the Chatham County Sheriff's Office. The Director was aware of the need to ensure open communication between the agencies would occur. The NCDPS Secretary has previously provided a memo to local law enforcement agencies on their responsibilities to investigate sexual assault allegations with an understanding of the Prison Rape Elimination Act.

Indicator (d) Auditor is not required to audit this provision.

Indicator (e) Auditor is not required to audit this provision.

Compliance Determination

The North Carolina Department of Public Safety has a policy and trained investigative staff in place or through agreement to ensure all allegations of sexual assault and sexual harassment are investigated. The YDC has developed a relationship with locally trained law enforcement staff persons who will ensure all crimes, including sexual assaults, are investigated. In addition, the Department of Social Services (child welfare agency) is also required to be notified under state law. The Youth Development Center initially investigates all incidents to determine if the allegation is criminal. The agency has systems to ensure police notifications are made when criminal acts occur. The facility investigator, when evidence supports a criminal act that happened, the Police will be called immediately. Compliance was determined based on the published policy, procedural tools, and the investigative information provided by the agency staff. Interviews further supported compliance in that the agency takes all allegations seriously and ensures the impartiality of staff-involved events.

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| 115.331 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Chatham Youth Development Center Pre-Audit questionnaire Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures |

Juvenile Justice Facilities Housing LGBTQI Juveniles Policy and Procedures

JJ PREA 100 policy

CHATHAM YDC staff training records and acknowledgment forms

State-approved training program outlines (101, 201)

DPS Employee brochure

New Employee Orientation Manual

PREA Signage for staff

Staff Offender relationship training

Staff Acknowledgement

Staff training records for 101 and 201

Individuals interviewed/ observations made.

Interview with Chatham YDC Director/ PREA Compliance Manager

Interviews with random staff

Staff files reviewed

Summary Determination

Indicator (a) The Chatham Youth Development Center ensures all staff are trained in the agency's Zero Tolerance for Sexual Misconduct toward residents. All employees, no matter what role in the institution, are aware of their role in preventing, detecting, and responding to sexual assault and sexual harassment of residents. Random staff were able to describe in the interviews how they keep residents PREA safe in their day-to-day jobs. The staff members knew the signs and symptoms of someone who may be victimized and the rights of residents related to PREA. Staff also were able to give examples of why sexual assaults may occur. Staff persons confirmed they get training on how to avoid getting into undue familiarity with a resident, the criminal liability for failing to report a PREA incident, and how to respectfully work with LGBTI residents. The staff knew to use the transgender or intersex resident's preferred name and pronouns. Staff knew that a multidisciplinary committee reviews transgender residents' cases individually to determine housing, search procedures, hygiene accommodations, and treatment planning. Staff provided information on the 11 required elements of this indicator that they have been trained on. The staff knew they were mandated to report all forms of abuse or

neglect to facility leadership and the Department of Social Services as prescribed in North Carolina law. The policy states, "All employees shall receive initial instruction related to sexual abuse and sexual harassment zero-tolerance policy, the right for residents to be free from sexual abuse and harassment, the right for residents and staff to be free from retaliation for reporting sexual abuse and harassment, and how to avoid inappropriate relationships with residents. Training will also include dynamics and common reactions to resident sexual abuse and sexual harassment, effective and professional communication with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents, and relevant laws regarding mandatory reporting and the age of consent." The Auditor also reviewed related training on how to maintain professional staff/client relations. In addition to the annual PREA training, the agency has added other courses closely related, including one on undue familiarity between staff and residents. The Training 101 course outline and slides addressed the various portions of the indicator. The 72-page document shows the reader how, in close to 100 slides, the agency provides a thorough review of expectations toward keeping juveniles safe from sexual abuse. Each student is also required to pass a knowledge test that was also provided for both the initial and follow-up PREA courses offered to staff. The facility also has other documents from the training posted to provide constant reminders of the training, including red flags for sexual misconduct, reporting options, and cross-gender announcement reminders. The Agency has added a series of 2-foot by 3-foot posters explaining aspects of NCDJDP's zero-tolerance tolerance toward sexual misconduct to staff and residents. These informative documents on PREA law and related topics are provided in English and Spanish. The posters cover a variety of related topics, including how to report a concern, knowing your rights, what Gender and Orientation mean, staff responsibilities, and red flags.

Indicator (b) The Chatham Youth Development Center works with an adjudicated male and female population. The agency trains all staff on the different reactions to abuse male and female residents might display. After the academy, all staff are provided onsite refreshers in a classroom setting. Interview with staff support, they are aware of how male and female juveniles might react differently to abuse. They were aware of trauma, and its frequency in the population served at Chatham Youth Development Center. Staff knew that each person's reaction to trauma was different but gave perceived reactions of female residents than male residents. No staff had transferred into the facility in the past year from a single-gender facility, and as noted, the annual training provided information about both genders' potential responses.

Indicator (c) The NCDPS Juvenile Justice employees receive classroom training on PREA while in the state's NCDPS Training Academy, which covers the required 11 elements in indicator (a). Chatham Youth Development Center staff report ongoing training in a classroom setting and through the online learning platform. The Facility has staff who will complete training with all new employees if they do not go directly

to the academy upon hire. Staff records reviewed and the random staff knowledge of the training information indicators support the fact that they receive training frequently. The Auditor also confirmed with one of the newest hires that they were educated on PREA before Counting on the shift.

Indicator (d) Employees have to take an exam for which they receive a certificate as well as sign an acknowledgment form for their Human Resources file. The Auditor also saw a training report used by facility administration to track employees' completion of annualized training. The PREA online 201 PREA refresher Course has an embedded test that staff must answer correctly to pass and get credit for the course. The course reviews different aspects of the standards, including state and federal laws, the role of the first responder, and disciplinary action for staff who engage in sexual misconduct, to name a few topics. Staff knew to go to the PREA Compliance Manager/ Director of CYDC if they were unclear on any of the information. The random staff were able to answer the auditor's questions, further supporting the fact that they have retained the information presented.

Compliance Determination

All staff are trained in NCDPS's zero-tolerance policies toward sexual assault and sexual harassment. The employees, contractors, and volunteers sign off, confirming they have been trained on PREA and understand policies. The facility provided the appropriate documentation to show all staff are educated on PREA annually through the 101 or 201 courses. The North Carolina Department of Public Safety has a training program for all staff related to the 11 requirements on indicator (a). New employees are first exposed to PREA training in the agency's Juvenile Justice Academy. Agency policy addresses the requirements of the standard, including the required areas of education found in indicator (a), the frequency of training, and gender-specific understanding of sexual victimization that is important for staff. All employees (including the contracted medical and mental health staff) have had on-site training and understand the facility's Sexual Assault Response plan. Staff are provided with visual documents posted in the facility, like the Daily Dozen and Red Flags, to reinforce the classroom experience. The new poster incorporates these items also.

All staff interviewed confirmed regular training on PREA. Random staff member interviews confirmed they were aware of the different aspects of the training presentations and were able to give examples of information provided. Staff responses support a clear education program where key elements have been reinforced, and training information is retained. Training records and staff interviews further support the fact that staff is regularly educated about PREA. The auditor confirmed the staff's training dates, including initial PREA training and the most recent PREA education. Compliance determination was based on random training records checked on-site matching the information in the OAS file, the material used in presentations, and random staff ability to share examples of the content they had

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| | learned as part of PREA training consistent with standard requirements. |
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| 115.332 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Brochure for Volunteers</p> <p>Training materials for volunteers on PREA</p> <p>Acknowledgement forms</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Chatham YDC PREA Compliance Manager</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) The Chatham Juvenile Detention has 3 contractors with direct access to residents and 2 volunteers currently who have access to the juveniles. The facility reports they had only healthcare contractors and religious services volunteers in the past year who have been approved for contact with juveniles. All contractors receive the same general PREA training that all individuals at Chatham YDC receive. When allowed, volunteers are registered in the facility, and those with routine access to the facility must undergo an onsite education program on responsibilities and procedures for keeping a safe environment. The Agency Policy states for all new contractors or volunteers the following:</p> <p>“1. Volunteers (with the exception of one-time volunteers), custodial agents, contractors, and other persons providing services to residents shall receive the Sexual Abuse and Harassment 101 training and sign the PREA Acknowledgement Form (OPA-T10) as part of initial orientation.</p> <p>2. One-time volunteers must review and sign the PREA Acknowledgement Form (OPA-T10) as part of their required overall training.</p> |

3. Sexual Abuse and Harassment 101 Training shall be offered by approved staff trainers certified as General Instructors unless an exception is given by the Director of Facility Operations, who may consult with the PREA Office.”

As part of that program, the individuals are trained on PREA, which is consistent with the agency policy, which outlines training expectations to inform them how to support a zero-tolerance culture and know when and how to report concerns. They are provided a staff-directed training class by the PREA Compliance Manager and receive a volunteer brochure that addresses expectations related to PREA. The policy also requires that volunteers be trained annually and sign annually that they understand PREA and their obligations. It states:

“Annual Training

1. Volunteers: At a minimum, all volunteers must review and sign a PREA Acknowledgement Form (OPA-T10) annually. The application process will not be complete until the PREA Acknowledgement Form is signed and returned to the center/location and available for examination during the peer review process, DPS/ Juvenile Justice audits, or federal audits.

2. Custodial Agents: Custodial Agents will receive PREA refresher training annually that will include the Sexual Abuse and Harassment 101 lesson plan.

3. Contract persons/agencies (who have direct contact with residents): Contracts should include language that reflects a commitment to zero tolerance of sexual abuse and sexual harassment and the contact person’s duty to report any allegations of resident sexual abuse or sexual harassment either by another resident or by staff. All contractor training shall be documented on the PREA Acknowledgement Form (OPA-T10). All contracts should reflect the contractor’s obligation to adopt and comply with PREA Standards.”

There are three contracted medical staff and two volunteers with access to residents. The Auditor reached out by phone to confirm with a volunteer about the training individuals coming to the facility receive.

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Indicator (b) The training, as noted in indicator (a), includes distinct levels of training that address how to report a PREA concern. Contracted staff providing direct services to residents undergo full DPS PREA training. Individual volunteers who have routine visits would get the full training of PREA 101 with the Director, who is the facility's PREA Compliance Manager. The one-time visitor gets an abbreviated educational on PREA. All individuals entering the facility will have access to information on PREA and how to report a concern. The Auditor saw postings informing all visitors on PREA, the zero-tolerance stance of NCDJJD, and how to report a concern. Staff confirmed the information on the postings are reported to families when they come for family visits.

Indicator (c) PREA policy requires the facility PREA Compliance Manager to keep track of the training for all contractors or volunteers. The policy requires, "At a minimum, all volunteers must review and sign a PREA Acknowledgement Form (OPAT10). The application process will not be complete until the PREA Acknowledgement Form is signed and returned to the center/location. Forms shall be maintained at the center/location and be available for examination during the peer review process or DPS/Division audits individuals to sign for the information they receive." The Auditor was provided records for volunteers and contractors, including the PREA acknowledgment form that they signed after completing the training course.

Compliance Determination

The Chatham Youth Development Center is compliant with the standard expectations. Chatham YDC ensures all contractors and volunteers receive training in the agency's efforts to prevent, detect, and respond to sexual assault and sexual harassment. Training records, interviews with contractors, support they have received comprehensive training equivalent to their level of contact with the residents on the 'Zero Tolerance' toward any sexual abuse or harassment of residents. Contracted staff confirm they receive required facility PREA training in addition to medical/mental health-specific training. Compliance was determined through supporting documents and interviews with the contracted staff persons who were able to identify training elements. They could all explain how they could report a PREA concern at the facility if it arose.

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| 115.333 | Resident education |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>DJJ PREA 100</p> <p>Resident files</p> <p>OPA-T300 Resident Acknowledgement Form</p> <p>DJJ PREA Brochure (English/Spanish)</p> <p>PREA Poster English/ Spanish)</p> |

Juvenile Education Materials

Juvenile Records

Individuals interviewed/ observations made.

Interview with Intake Staff Person

Interview with social workers

Interview with Residents

Observation on the tour of PREA Signage in two languages

Summary Determination

Indicator (a) All Residents are provided information about PREA upon admission to Chatham YDC. Agency policy addresses the requirement for PREA education upon admission. The Policy states, "All residents shall receive, during admission and upon transfer, information containing the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse and sexual harassment. Residents are provided a description of PREA and how to protect themselves, how to report a concern, and what services are available if someone has been a victim." They are provided this information in the form of the DJJ PREA Brochure, Information Cards, and postings in the facility. The information is in English and Spanish, the two most common languages in the facility. The Intake Clinician can use interpretive services if residents speak another language. The NCDPS has begun to use information created in the form of videos created for juvenile facilities by the National PREA Resource Center alongside information they had previously used. The auditor met with a trained intake staff member, reviewed the materials online, and observed one admission. Residents could explain reporting information consistent with the video for making reports as described in the video for initial and comprehensive versions. The envelopes are available on each unit next to a mailbox already addressed for the resident to various reporting options. The residents are also provided information on the right to contact the Local Rape Crisis Agency for support, even if their abuse happened at another point in their lives. The Auditor observed phone numbers on signage for the Rape Crisis agency and the Local Department of Social Services office (child Welfare agency). The residents do not dial the phone in a juvenile environment, but they confirmed they believe they can make calls with the social workers if more privacy is needed. Intake staff provides education interview support that they will spend time explaining to residents about PREA and break down information into easy-to-understand discussion points. In the year before the audit, 26 individuals were reportedly admitted, and all individuals were reportedly provided PREA education. Residents confirmed getting PREA materials at intake. As a Youth Development Center, most residents confirmed they were also provided similar information at the state's

Juvenile Detention Centers. Some residents who were held in county-run facilities reported they did not have education on PREA until admission at the YDC. The educational material on PREA is presented in an age-appropriate manner, and there was additional colorful and easy-to-read information throughout the facility on PREA and sexual safety. As described in the video, the residents understood the options to report internally and to make an outside report. Residents also know they could ask family members to report on their behalf. The interviews with juveniles confirmed they retained and could provide information supporting comprehension of the presented materials.

Indicator (b) All Chatham Youth Development Center residents are provided with a review of the facility-specific PREA information on the first day in the facility. The facility has a more comprehensive education after intake. The Director reports she routinely has comprehensive education within the first week the youth is at the facility. She reported no juveniles with hearing or sight issues have been admitted in the past year. There have been no LEP residents in the past year. Staff were aware of the translation services that could be used to aid in educating a juvenile about PREA. Juveniles interviewed were aware of their rights to be free from sexual abuse or harassment and that there is no retaliation against individuals who report a PREA incident. They knew that there was no sexual contact between residents and that there were consequences for staff or residents who violated this rule. Residents report that sexual abuse or sexual harassment is not a thing they see happening or worry much about. Residents interviewed stated a facility is a place where they feel safe from sexual harassment or sexual abuse. When asked how they would report, many stated they would go to a staff they trusted and believed staff would take it seriously and keep people safe. Residents most commonly stated they would tell their families about outside reporting. The residents knew what DSS was and that they reported abuse to them. Some residents reported they have DSS case workers. The residents did know there was a phone number for the local Rape Crisis Center, but not many could provide information on what services they might provide. The resident stated that emotional support counseling was available through the facility's mental health staff. They report that they can tell staff, and the clinicians will come to see them or call them if they are not on site. Policy language reviewed by the Auditor sets the requirement consistent with the standard. "All residents shall receive comprehensive age-appropriate education:

1. Regarding their rights to be free from sexual abuse and sexual harassment,
2. Their right to be free from retaliation for reporting such incidents, and
3. Regarding response procedures for sexual abuse, sexual harassment, and retaliation incidents.

Such education shall be completed within 10 days of admission." The OAS supports 100% of the residents who receive all the required information in the first 10 days.

Indicator (c) All Chatham Youth Development Center residents have received an education in PREA. The Auditor also spoke to residents and reviewed case files to confirm education dates against the provided documentation. As a Youth Development Center, residents are transferred shortly after adjudication from a Juvenile Detention Center. Most Juvenile Detention Centers are also NCDJDP facilities that follow the same educational program for PREA. As noted in Indicator a), a few juveniles placed at the YDC had come from a county-run facility. The PREA Compliance Manager confirmed no difference in how education materials are presented for a YDC resident compared to the JDC environments the Auditor has previously visited. The process for reporting a concern is uniform across the system of juvenile justice facilities the Auditor has visited. In doing so, the youth are very familiar with options for reporting a concern if it arises.

Indicator (d) Agency Policy speaks to ensuring LEP and disabled individuals have full access to services. "Appropriate provisions shall be made as necessary for residents not fluent in English, persons with disabilities, and those with low literacy levels." Education is available in multiple languages and can be made into large print documents for visual challenges. Chatham Youth Development Center had no residents who could not speak English during the onsite visit. No LEP residents were reported in the past year. Language line services are available as noted in standard 115.316. The Auditor confirmed the number for the interpretive services was active. Staff reported knowing where to obtain the information to make interpretive calls. Residents support they can go to staff if they need assistance in comprehension of written or oral PREA education. The facility has a full school environment, so individuals with comprehension issues will be identified. The assistance is available to any individual who needs it, including those with hearing or vision issues, as well as those with physical disabilities, cognitive limitations, or those who cannot read. The Auditor did see postings at Chatham YDC in English and Spanish, the two most spoken languages at the facility. The Auditor reviewed the PREA Videos, available in Spanish, with subtitles and an ASL interpreter.

As noted before, the facility has teachers who will identify "exceptional juveniles" who include individuals in these populations and ensure supports are in place to allow them to fully participate in all programming and supports offered by the facility, including the Zero Tolerance program toward sexual abuse and sexual harassment. The form residents sign confirming they were educated on PREA is also available in Spanish.

Indicator (e) Records were reviewed for a random sampling of current clients and previously discharged youth from the past year's admissions. The documentation reviewed confirmed the facility tracks the education of residents. The Auditor observed new PREA education confirmation posters in both English and Spanish. Signage was at appropriate sight levels. Residents were able to explain the information they learned in their own words.

Indicator (f) Observations throughout the tour support that continuous materials are available to residents. The information viewed included an admission packet, posters, and other signage about PREA or resources such as the local rape crisis agency. The residents support they know how to access information on PREA and confirmed they received the information at intake. Appropriate provisions shall be made as necessary for residents not fluent in English, persons with disabilities, and those with low literacy levels. There were numerous PREA-related signs in each housing unit, the visiting area, and the public lobby space. The facility also has a large three-ring binder with all the information staff would need related to PREA and how to respond in the event of an incident.

Compliance Determination

The North Carolina Department of Juvenile Justice’s PREA policy sets forth the expectation of the timeliness of resident education, how education is delivered, and the requirement for materials for LEP and disabled residents’ education. Residents at Chatham YDC confirm they are educated on PREA and the zero-tolerance expectations as soon as they get to the facility. The facility reviews information with the residents on the zero-tolerance expectation toward sexual abuse, how to keep oneself safe, and how to report a concern. Residents confirmed they were provided such information. The resident signs the information reviewed and places it in their case record. The facility has PREA educational materials available to residents in brochures, Respect cards, and posters. Information in the written document seen on the tour includes phone numbers for the state PREA Coordinator, how to report to an outside agency (Department of Social Services), and the local rape crisis agency. Compliance determination considered the supporting educational documents, the residents’ answers about education, and their knowledge about facility-specific steps for reporting a concern. Further supporting compliance is the Auditor's review of resident records that showed timely education and the materials viewed during the tours.

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| 115.334 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> |

DJJ PREA 300 policy

Training Material from NCDPS on completing administrative investigations.

Training records of Investigators

Understanding Sexual Violence Document

Coordinated Response Overview

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with trained Investigators

Observation on tour

Summary Determination

Indicator (a) The North Carolina Department of Public Safety includes the state's law enforcement agency. The Department of Public Safety has local law enforcement agencies complete criminal investigations at its state juvenile facilities. Agency PREA Policy 300 defines the required training of a PREA administrative Investigator. "A DPS employee who has been assigned or designated to administratively investigate a report of alleged offender, resident, or safekeeper sexual abuse and/or sexual harassment and has received specialized training in conducting such investigations in confinement settings." Chatham Youth Development Center has one current staff trained as an Investigator on its team. The Auditor used information from the OSI trained staff whom NCDPS may call upon to investigate a sexual harassment allegation at Chatham YDC. The North Carolina Department of Public Safety was able to train a cadre of staff members on how to complete sexual assault investigations. The Department of Juvenile Justice and Delinquency Prevention has sufficient staff to ensure each facility has sufficiently trained investigative staff. The Agency can provide an investigator from another facility until staff onsite can be trained or if it is believed that it is more appropriate to have a DJJ employee not associated with the facility complete the administrative investigation. When the allegation is against a staff member, the DJJDP will turn the investigation over to the Office of Special Investigations (OSI), which is also part of the North Carolina Department of Public Safety. The OSI Investigator confirmed that the local law enforcement agency would complete criminal investigations.

Indicator (b) The Auditor reviewed the training outline developed by the North Carolina Department of Public Safety to ensure the content was consistent with the topics required by the standard. The training outline was 57 pages long. The

materials reviewed and the interview with a trained investigator confirmed the training covered how to communicate with a victim of sexual assault, the use of Miranda and Garrity Warnings, proper steps in the collection and preservation of evidence and the factors in making a determination of substantiation for administrative action or prosecutorial referral. The curriculum document reviewed by the Auditor listed the Learning Objective of the training as follows:

1. Identify the "Prison Rape Elimination Act (PREA) of 2003" and the National Standards
2. Identify North Carolina sexual offense statutes.
3. Identify Division Sexual Abuse and Harassment Policies.
4. Define Investigative Warnings.
5. Define Interviewing.
6. Identify the characteristics of a good interviewer.
7. Define the rules of successful Interviewing.
8. Define the Skill Learning Cycle.
9. Identify verbal behaviors of untruthfulness.
10. Identify the five basic types of lies.
11. Define a report and its purpose.
12. Identify responsibilities of the investigating officer in sexual abuse and harassment incidents.
13. Define Incident Scene and Evidence Processing.
14. Identify the role of the PREA Support Person.
15. Demonstrate how to conduct and document a proper investigation.
16. Demonstrate an understanding of preparing the investigating officer's comments.
17. Define Investigation timeframes.
18. Identify the role of Department employees in Criminal Prosecutions.
19. Identify the applicability of the North Carolina Division of Adult Correction (Prisons & Community Corrections) and the Division of Juvenile Justice and Delinquency Prevention Policy and Procedures.

In the section on Investigative warnings, the training materials review the use of Miranda and Garrity warnings, but they are not authorized to offer those as an administrative investigator. The investigator with whom I spoke was able to relate

the information they received in the training and how they have used such information in their investigations in the past. The Auditor reviewed the 6-chapter training program, which includes over 300 slides and knowledge and scenario-based questions.

Indicator (c) Training records were provided for one currently trained staff member at Chatham YDC who can complete youth on youth allegations. The Auditor also confirmed with the Office of Special Investigations staff about her training.

Indicator (d) The Auditor is not required to audit this provision.

Compliance Determination

The North Carolina Department of Public Safety ensures that staff who complete investigations have received appropriate specialized training on investigating sexual assault in a correctional setting. The Auditor considered the one investigation file, the information provided (training materials, records), and interviews with the trained investigator. The trained investigator was able to describe the training provided, her approach to an investigative process, how the training discussed interviewing victims, and the steps taken in determining an outcome. She also discusses how she would maintain communication with the criminal investigators to ensure her efforts did not impede their work. Compliance was based on the interview with the trained investigator, the 2022 investigative report file, the training materials provided, and the sufficient resources in place to investigate sexual abuse or sexual harassment claims.

| 115.335 | Specialized training: Medical and mental health care |
|---------|---|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>PREA training materials for Medical and Mental health staff</p> <p>Documentation of staff training</p> <p>Memo from Director</p> |

Individuals interviewed/ observations made.

Interview with Nurse

Interview with a Qualified Mental Health Professional

Summary Determination

Indicator (a) the Chatham Youth Development Center has both medical and Mental Health staff. The agency trains staff on PREA-specific considerations from the medical and mental health provided perspective. The training materials and the staff interviewed included information that the training addressed signs and symptoms of abuse, communication with a victim, how to report an allegation, and how to preserve evidence. Nursing staff were aware that they should not clean any injuries and only treat critical health concerns before transport to the local hospital for a rape kit. Mental Health staff were also prepared to work with individuals who are victims of sexual abuse. The Agency PREA policy (pages 7-8) defines the topics to be covered in specialized training for medical and mental health staff.

“All medical care providers who work regularly in centers will be trained on:

1. How to prevent, detect and assess signs of sexual abuse and sexual harassment;
2. How to preserve physical evidence of sexual abuse;
3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
4. Reporting procedures for allegations or suspicions of sexual abuse and sexual harassment.

Training will be documented on the PREA Medical/Mental Health Training Acknowledgement (OPA-T330).

B. All mental health care providers who work regularly in centers will be trained on:

1. How to detect and assess signs of sexual abuse and sexual harassment;
2. How to preserve physical evidence of sexual abuse;
3. The short- and long-term consequences of sexual trauma on juveniles;
4. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
5. Reporting procedures for allegations or suspicions of sexual abuse and sexual harassment.

Training will be documented using the PREA Medical/Mental Health Training Acknowledgement (OPA-T330)“

The individuals interviewed confirmed that the training covered signs of abuse, how to speak to individuals who had recently undergone trauma, and who in the facility must be notified if a juvenile reports sexual abuse. The Mental health person knew the importance of protecting evidence, including encouraging the victim not to do anything that may destroy evidence. The Nurse was aware that she may need to treat wounds (stop bleeding) but that she should not clean the wounds as there may be evidence.

Indicator (b) The Chatham Youth Development Center staff does not complete a forensic exam. All resident victims will be sent to the local hospital to have an exam completed by a Sexual Assault Nurse Examiner; both individuals knew this expectation.

Indicator (c) Documentation was provided to the Auditor for all medical and mental health staff confirming the specialized training was completed. Formal interviews with individuals from these groups and discussions on the facility tour further support all individuals who have received specialized training on working with victims of sexual assault. Both medical and mental health individuals interviewed understood the importance of protecting evidence and their role in supporting the youth after they return from a forensic examination.

Indicator (d) A review of the training records and the interview with staff confirms that all medical and mental health staff receive the same training as the DJJDP employees annually as well as the training described in 115.31 and 115.32.

Compliance Determination

NCDPS provides PREA training with a medical and mental health focus for their employees and contractors' health care providers. The curriculum reviewed by this Auditor addressed how to detect, assess signs, and preserve evidence of a sexual assault. The training materials and interviewed staff support they were trained in how to respond appropriately to sexual assault victims. The Auditor met formally with medical and mental health staff who knew whom to report allegations and suspicions of sexual abuse or sexual harassment. The staff reported they attended PREA classes from North Carolina DJJDP, which all employees take on PREA. Medical staff will not do forensic medical examinations but are aware of how to protect evidence and what facilities they would refer residents to for an exam by a SAFE or SANE if needed. The Auditor also reviewed the NCDPS PREA Policy to determine compliance along with interviews, training program materials, and training records

for the staff figured into the compliance determination.

| 115.341 | Obtaining information from residents |
|---------|---|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion Policies and written/electronic documentation reviewed. Chatham Youth Development Center Pre-Audit questionnaire Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures Juvenile Detention Policy Manual Population report for the facility YD 12 001 PREA Screening Form Exceptional Child Checklist Resident Screening results and Mental health documentation Individuals interviewed/ observations made. Interview with Agency PREA Coordinator Interviews with Medical Staff Interview with Mental Health Staff Observation on tour Summary Determination Indicator (a) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures (pages 9-10) that all individuals admitted or transferred be screened for likelihood to be a victim of sexual violence or likelihood of being a perpetrator of the same said violence. The Policy defines the positions trained to administer the screening tool. The Policy states, "All residents shall receive the PREA Admission and Placement Screening within 72 hours of arrival at the center and periodically (e.g., housing assignment change, change in vulnerability or aggression, etc.) throughout a resident's confinement." As a Youth Development Center it receives juveniles in |

most cases from the state Juvenile Detention Center. Since admissions are scheduled the screenings are completed the same day as the juvenile's admission to the Youth Development Center. All residents are reassessed if any additional information is learned adjustments to scoring and client needs are made. Staff confirmed residents might also be rescreened for cause. The review of the screening reports supports the practice of screening and reassessment of individuals is standard. This was verified in the review of an active population which included samples from multiple individuals in the facility. The facility reported that all 26 admissions in the previous year had a PREA screening completed. Files review supported routine screenings upon admission and Juvenile spoken with confirmed questions were asked of them during the intake process consistent with the screening elements. The Auditor was walked through the process of where they get information, (direct interview with the juvenile, arrest documents, prior records with NCDJJ, families, etc). The clinical staff member reported that they will reframe questions if they do not believe the juvenile understands what is being asked. They also reportedly reassure the juvenile that they do not have to answer questions about sexuality or past victimization history if they are not comfortable. Since the YDC admissions are completed by clinical staff sensitive information is not put in the custody file but is instead maintained in the medical /mental health chart. The staff person asks questions about reading and sensitive questions in an area of the facility away from other juveniles. The Auditor was able to see the clinical staff complete an intake and ask appropriate follow-up questions in addition to what the juvenile reported during the interview.

Indicator (b) The tool developed by the North Carolina Department of Public Safety for screening residents for potential sexual violence or sexual victimization is an objective tool utilizing information from the resident's criminal records, information from other treatment and justice settings, and the client's self-reported information. The Auditor was provided with the materials on administering and scoring the tool to ensure that the application was objective. The Auditor observed the clinician who completed the screening to verify the process. The tool scores all residents on levels of risk for the perpetration of sexual violence or sexual vulnerability. The facility's trained clinical staff completes screenings at Chatham Youth Development Center. The individual completing the scoring takes information from three sources: interviews with the resident, observations made during the screening, and information from other instruments or historical documents in the client's records. The scorer answers yes, no, or unknown to each section question. The number of yes answers will determine the juvenile's score. There is a four-page document on how to administer and score the tool. It also shows how other information sources are used to develop the tool. The document shows the results from the structured Suicide Screening, and the MAYSI-2 results are used in conjunction with the question on the PREA Screening tool to determine what final rating a Juvenile gets. The use of the court records and the juvenile's history in NC-Join are also explained in the document.

Indicator (c) The Agency PREA Policy describes the various elements required in the indicator. "This

screening shall include a review of any history of sexual abuse- victimization or sexually abusive behavior, any gender non-conforming appearance, identification as LGBTI, current charges and offense history, age, level of emotional and cognitive development, physical size and stature, mental illness

or disabilities, intellectual or developmental disabilities, physical disabilities, or any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents, and the resident's own perception of vulnerability."

A review of the objective tool used in North Carolina DPS facilities shows that it accounts for all 11 elements required in this indicator. In completing the tool, the staff person reviews documentation provided at intake and obtains information from the client. Chatham Juvenile Detention Center's trained staff complete intake screening. The medical and mental health staff will also review their screenings for consistency, including some PREA-related questions. Medical staff will work with the Mental Health Clinicians to ensure any medical issue or disclosure by the youth to medical staff that would affect the scoring tool is provided. The residents confirmed they were asked about their sexuality, their past victimization history, and if they felt if they were going to be safe. The tool also looks at their past charges and detention history. The YDC uses scoring from other normed screening tools, the MAYSI or Suicidal screening tools, to help determine emotional and cognitive development and the juvenile history of trauma. The staff member also assesses age and size compared to the existing population. Residents spoke of different people in the environment with whom they might be comfortable speaking if they had any concerns at Chatham YDC.

Indicator (d) The Chatham Youth Development Center uses regular treatment meetings once a client is admitted to continually assess the client's needs and interactions. The clinical team is key to ensuring that information from those who interact with the youth in various settings in the facility administration, custody, medical, mental health, and education is shared. Through this process, the initial assessment information is reviewed, and if additional information comes to light in medical, mental health or educational assessments or records review, the scoring can be adjusted appropriately. Medical and mental health, custody, and education staff look at the residents' development. As described in Indicator (c), information used in determining the client score includes information provided directly to the Medical and Mental Health staff or information from standardized assessment tools used at the facility. The education staff can also help identify cognitive concerns or language barriers. Both the Medical staff and the mental health staff confirmed they are aware of the PREA Screening and will communicate if additional information about the client's past could affect their scoring. Similarly, random custody staff offered they would go to the PCM, mental health, or medical if they had a concern

about a juvenile's change in behaviors. As noted in the previous indicator, the intake staff use various sources to complete the screening instrument, including direct interviews with the client, information from NCDJJ and Juvenile court, and Medical and mental health providers. The Tool includes supportive language the staff are to use before asking them questions. "I am going to ask you a few questions that we ask everyone. Some of them may be personal, but our goal is to understand you and ensure you are safe here and treated fairly. Asking you about yourself is the best way for us to make sure that we understand who you are and how you would like to be treated. If you don't understand a question, we can talk about it before you answer. If you don't want to answer a question, that's ok. We'll just move on to the next one. If you want to talk about any questions at a later time, staff and clinicians are available to listen." Juveniles in YDCs are provided with a treatment plan, which may include special needs plans that help staff identify those with special needs or strategies to support the resident.

Indicator (e). The North Carolina Department of Public Safety completes the screening information is done on paper, and the score is uploaded to the electronic case management system (NC-Join). The electronic case management system limits access to the screening information, especially the client's more sensitive information. Disclosures made in the Medical or Mental Health records are completely separated from the custody staff in the medical records. Staff are only provided enough information as necessary to keep them safe. Information on an individual's past abuse, from records to treatment disclosures, would not be available to custody staff. The residents' support information is kept confidential unless someone gets hurt. The nurses' office has locked cabinets with client records where the PREA paper tool is stored, and the facility further limits who has access to these files. Residents were aware from their education that outside support resources are available, but they reported comfort in speaking with the facility's clinical staff.

Compliance Determination

The Chatham Youth Development Center ensures all residents are screened for sexual victimization and abusiveness using an objective tool. Agency policy requires that all residents be screened initially within 24 hours, and all juveniles are seen again by mental health in the first week in the facility. The Agency also requires rescreening by using the PREA assessment instrument every six months the juvenile is in the facility. This is also done when warranted due to a referral, request, incident of sexual misconduct, or receipt of additional information that bears on the juvenile's risk of sexual vulnerability or sexual violence. The North Carolina healthcare record system protects residents' sensitive information from disclosure. The objective tool screening tool of North Carolina NCDJDP has clear guidelines for its use. The tool accounts for all factors required in indicators (c). They have also implemented a system to ensure that after the initial screening, the residents are

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| | <p>asked about sexuality, victimization history, and perceived safety. Team members were aware of resident screening and the importance of using the information. Medical staff will also ask PREA related information at the initial assessment and pass any new information back to the intake staff to ensure the screening encompasses all information obtained at intake.</p> <p>Compliance was determined based on the random screens provided, which was consistent with the standard's time requirements. The auditor worked with the facility to pick a random sample of files to ensure the screening process was completed and consistent with standard expectations. Interviews with staff and residents further support that the appropriate questions are being asked.</p> |
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| 115.342 | Placement of residents |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Juvenile Justice Facilities Requirements and Procedures</p> <p>YDC Admissions and Assessment</p> <p>Juvenile Justice Detention Services Policy and Requirements</p> <p>Memo on Use of screening</p> <p>Training documents for staff on intake</p> <p>YD 011 Admission Screening and Placement (PREA)</p> <p>Observation of Population Board</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Facility PREA Compliance Manager</p> <p>Interview with Shift Supervisors</p> <p>Interview with Screening staff</p> <p>Interview with Teacher</p> |

Interview with Random Staff

Interview with Mental Health Provider

Interview with Random Residents

Population report

Observation on tour

Summary Determination

Indicator (a) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures (page 10) states, "Center management shall use information obtained to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.". The PREA screen used at CHATHAM YDC provides immediate assistance in determining the appropriate housing for any new resident. The facility ensures those with a high score for the perpetration of sexual violence from being placed near an individual with a known victim history. All cells in the facility are singles. The four-unit setup of Chatham Juvenile Detention means they have to assess the best placement for those with sexually aggressive scoring, keeping them away from those who may have victim histories. The facility's four units allow for such separation. Residents generally have limited contact with youth from other units. Residents go to education and programming with youth from their own unit. The facility does not have any work assignments for juveniles. Juveniles are not allowed to have any contact with each other except during sports. The Auditor saw the population move in separate groups during the time on site, which was consistent with the descriptions provided by the administration.

Individuals with victimization history or perpetrating histories are provided counseling onsite by Mental Health staff or through the local rape crisis agency if requested. Agency policy requires all residents to be under the direct supervision of staff when out of their bedrooms. This allows staff to easily identify changes in behaviors or routines, individuals who may be isolating, and individuals who may be grooming or showing aggression. The Shift Supervisor described to me how each individual is screened before assigning a room or putting them in a particular group or seat assignment. Staff and residents confirmed that juveniles are always supervised. The PREA Compliance Manager confirms that staff is provided enough information to keep the client safe. The Auditor was able to observe staff interactions with the juveniles on the floor. Staff communicated with residents directly and kept the population in front of them to ensure good visual supervision. The out-of-room area on housing units is wide open, allowing staff to see clearly across the unit without obstructions. A staff office on the units allows other staff present on the shift to see and hear residents and staff interaction and provide support when needed. There are also large windows from the main hallway that allow Supervisors and other staff walking by to see into the unit if a situation

occurs. The facility does not use isolation to protect a victim from an aggressor.

Indicator (b) Chatham Youth Development Center has not isolated any residents in the past 3 years to keep them safe from sexual assault. The Chatham YDC was not designed with disciplinary holding units or special management units. The facility uses an extra observation status to support juveniles after aggressive acts transition back to normal interactions with peers. NCDPS policy does not prohibit resident isolation but states it should only be used as a last resort to maintain safety. Policy states, "Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only when alternative means of keeping residents safe cannot be arranged. Any resident isolated for the purpose of sexual abuse prevention will receive daily visits from medical or mental health staff, have access to required educational programming, and have access to other programs to the extent possible." The facility Director confirmed that they would not use isolation of an individual to protect from potential sexual assault. It would be more likely that the potential aggressor would be removed to this area, or if needed, the regional management team would discuss the possibility of moving a resident to alleviate the situation. Staff and administration support there are no instances where juveniles were isolated to keep them safe from the sexual advances of others.

Indicator (c) NCDJJ has two policies that speak to this indicator. The PREA policy states, "In deciding whether to assign a transgender or intersex resident to a center for male or female residents and in making other housing and programming assignments, the division shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety and whether the placement would present management or security problems." The Agency's LGBTI policy states, "how to develop trust and rapport with the juveniles and accommodate their needs within reason. LGBTQI and GNC youth shall not collectively be placed in one location and shall not be placed in particular housing, beds, or other assignments solely on the basis of such identification or status. The Department shall assess the health and safety needs and risks of each juvenile and place them appropriately. LGBTQI youth shall be provided access to all spaces ordinarily accessible to other youth, including restrooms unless the youth asserts a safety concern regarding use of a particular space. REFERENCE: 28 C.F.R. §§ 115.331(a)(9); 115.341-342. B. Staff shall not consider LGBTQI and GNC identification or status as an indicator of likelihood of being sexually abusive. LGBTQI and GNC youth shall not be placed in sex offender treatment programs solely because of their SOGIE."

The Auditor confirmed through a review of population records and interviews with random staff and residents that there is no practice of housing LGBTI residents in any particular unit because of the perception of vulnerability or aggressiveness

based on gender identity. There were no LGBTI juveniles in the facility to interview about their perceptions. All residents are in single rooms that include a toilet. Each room has a privacy magnet that can be put on when the resident uses the bathroom or gets changed. Staff knew that Transgender and Intersex residents' own identification would be used to determine which room they are assigned in the population. The staff knew that an individual's identification in itself is not an indicator of them being sexually aggressive but did confirm they know from the training that the population is at a greater risk of being targets of peer aggression.

Indicator (d) The North Carolina Department of Public Safety clearly states that the Transgender and Intersex resident housing will be made on a case-by-case basis. Transgender or intersex residents' housing decisions shall be made on a case-by-case basis, taking into account the resident's views, and shall be based on protecting the resident's safety and mental health and preventing security issues. Chatham YDC is a male for adjudicated juveniles. The agency's upper management team would make a decision on what YDC a transgender resident would be housed at. The North Carolina Department of Public Safety has instituted SOGIE (Sexual Orientation, Gender Identity, and Gender Expression) questions for all residents, which further helps identify LGBTQI youth. Pertinent safety concerns for transgender or intersex residents can be communicated to line staff through safety plans, which are also used for medical or mental health information that line staff needs to be aware of. As noted, there were no transgender residents with whom the Auditor could interview and no recent cases to review records of.

The PREA Compliance Manager confirmed they would notify the DJJDP PREA Office and the Director of Facility Operations on any admission of a transgender individual. The agency can move residents between facilities if needed. The resident's Identification will also be a part of the discussions when the child is adjudicated to a youth development center. The LGBTI Policy defines how a committee of agency leadership will meet to discuss the most appropriate setting to house the juvenile. "Juveniles who self-identify as transgender or intersex shall be placed in a location that is consistent with their view of their own safety, absent a safety-based objection by the staff made in consultation with the Director of Facility Operations and the Director of Behavioral Health. Such safety-based objection by staff shall have a specific, documented, credible basis that weighs the safety risks and benefits to the juvenile and shall not be solely based on the stated gender identity. If the juvenile is not currently at a location compatible with their stated gender identity and/or stated housing preference, they will be moved to a location consistent with their stated gender identity and/or housing preference at the most reasonable time; again, in consultation with the Director of Facility Operations and the Director of Behavioral Health, and a safety plan shall be considered until such a move is possible. All placements of a transgender or intersex youth shall be done in consultation with the Director of Facility Operations and the Director of Behavioral Health." The Policy goes on to address the expected actions at the facility level. "Youth Development Center staff will notify the Director of Facility Operations or his or her designee upon a juvenile's self-identification as transgender or intersex to

initiate the process of assessment and housing planning. Housing decisions will be made by a multi-disciplinary team including but not limited to the Director of Facility Operations or his or her designee and representatives from clinical and medical sections. Each juvenile shall be assessed and assigned housing on an individual basis in consideration of their individual needs.”

Indicator (e) Juvenile Justice LGBTI Policy and Procedures state housing and program assignments for a transgender or intersex resident shall be regularly throughout the juvenile’s stay. The Policy states, “Placement decisions and general adjustment concerns for juveniles shall be re-assessed at the weekly treatment team meeting to review any threats to safety experienced by the juvenile. Juveniles shall be re-assessed 14 days after admission by a licensed mental health clinician to ensure appropriate adjustment, to evaluate the risk of victimization, and to provide the juvenile the opportunity to clarify any information shared upon intake and share their own assessment of their current placement. All changes in placements of a transgender or intersex youth shall be done in consultation with the Director of Facility Operations and the Director of Behavioral Health. Complaints from youth against other youth based solely on a youth’s actual or perceived SOGIE shall not be considered valid.”

The facility has not had a transgender individual in the past year. Discussions with the PCM and the Director confirm the steps that would be taken to ensure the client’s safety and comfort. The medical and mental health staff also believe they would be part of any planning meeting for transgender admissions. As an adjudicated facility, residents remain in the facility for a 10-month period on average. The facility leadership knew that if a resident stayed six months, a meeting should be held with the Transgender or intersex residents to review their progress, needs, and accommodations. No transgender or intersex residents were admitted in the past year to Chatham YDC.

Indicator (f) NCDPS policy states in the case of a transgender or intersex resident, the decision about housing shall be made on a case-by-case basis, taking into account the views of the resident. There were no current transgender juveniles in the facility. Transgender individuals, like other residents, have access to weekly treatment meetings in addition to a two-time-a-year accommodation meeting. The Agency will also have meetings to review each case and ensure they are available in the most appropriate environment. Mental Health and PCM all confirm regular communication on a transgender youth would occur frequently.

Indicator (g) NCDPS PREA policy requires “Transgender and intersex residents will be given the opportunity to shower separately from other residents.” Chatham Youth Development Center residents all have access to individualized showers. All juveniles reportedly shower while other residents are in the rooms. The units have

single-person showers that only allow for one person to shower at a time.

Indicator (h) Chatham Youth Development Center has not isolated any residents.

Indicator (i) Chatham Youth Development Center has not isolated any residents. NCDPS policy addresses isolation if it occurs, including a review at a minimum of every 30 days.

Compliance Determination

As discussed, the North Carolina Department of Public Safety has policies that describe the requirements of the various indicators in this standard. The facility has in place a plan to manage the population and keep potential or known aggressors away from individuals who are known potential or known victims. All residents are asked how they feel about their safety, which helps guide the placement process for housing and, eventually programming. Chatham YDC currently has no transgender residents. Policy language in place supports their understanding of the steps needed to protect the rights of all LGBTI residents. During the tour and subsequent movement, the Auditor was able to see how transgender residents would have privacy during shower or bathroom use. Documentation supports that LGBTI residents are not all housed in a separate unit from the general population or denied programming. There is no legal judgment requiring such a condition to exist. Line staff also understand the need to protect potential victims from potential aggressors. Discussions during their informal and formal interviews support staff support; they get to know the residents and observe and address any negative or change in behaviors. Facility leadership reports that known aggressors and known victims would not be housed in the same unit and that they move by the unit in school and for most programming. Unit staff have access to safety plans that can provide pertinent information without disclosing sensitive information.

The standard is determined to be compliant based on policy, supporting documents, and interviews with residents and staff. Interviews with facility and state leadership support LGBTI youth are closely monitored, and plans are made on a case-by-case basis. The Auditor finds that practices are in place to use screening information, and there is good communication about those at risk. Absent a current transgender individual, the Auditor relied on existing file documentation and staff reports to help in the compliance determination.

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| 115.351 | Resident reporting |
| | Auditor Overall Determination: Meets Standard |

Auditor Discussion

Policies and written/electronic documentation reviewed.

Chatham Youth Development Center Pre-Audit questionnaire

Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures

DJJ PREA Brochure

Juvenile Detention Policy

New Employee Manual

JJ PREA Posters

Fraud Waste and Abuse hotline poster

Photos of grievance box

Rack Card with information on using the Black box

NCDPS PREA Hotline

Individuals interviewed/ observations made.

Interview with Random Staff

Interview with Random staff

Interview with Second Bloom representative

Interview with UNC Children's Hospital representative

Observation on tour

Interpretive contract information in 115.316

Summary Determination

Indicator (a) The agency PREA policy (page 14) covers reporting and ensures each facility administrator has multiple ways for residents to report a concern related to sexual abuse, sexual harassment, retaliation, or staff neglect that contributed to abuse. The Policy states, " A resident may report sexual abuse to any employee. An employee that receives an allegation of sexual abuse or possible sexual abuse from any source, whether verbally or in writing, shall immediately notify the senior person in charge on campus, complete a written statement for an incident report, and initiate a Sexual Abuse Incident Response Checklist. The senior person-in-charge on campus shall ensure that the incident report is completed through the

Tracking and Reporting of Incidents (TROI) system.” The Auditor reviewed the intake packet and all signage in the facility related to PREA and how to report a concern. The Auditor was able to see postings throughout the facility. The information was available at the appropriate reading level for the population served. The teacher spoke with reports they can provide direct assistance once they identify the child with reading or language barriers. In addition to the signage on reporting, the Auditor found the Audit notices posted in common space available to residents, staff, and visitors.

Random residents’ interviews confirmed that they know there are multiple ways to report a concern within the facility or to the Department of Juvenile Justice’s central office. Residents knew of the postings on the walls of the units and information on how to report a concern in the PREA Brochure for residents. Residents described options to report a concern, including directly to a staff they trust to a teacher or medical or mental health staff, by writing the Facility Director. It should be noted that residents supported the comfort of contacting line staff to report concerns. The facility also provides pre-addressed envelopes for mailing internal or external agencies about PREA concerns that the residents pointed out to the auditor in our discussions. Residents report they can have access to a pencil to write a letter to any other individuals listed on the mailboxes. The envelopes are pre-addressed and have a form inside to use to write on if they want to report a concern or make a request. Envelopes include the Director, the PREA Office, the Deputy Director of Juvenile Justice, the Regional Director, and the local DSS office.

Residents can also make calls, including to the PREA Office. The PREA Coordinator confirmed no claims were filed through the PREA Hotline for Chatham YDC or by mail. Residents understood the meaning of zero tolerance and that in addition to sexual abuse or harassment, they could also report retaliation if they filed a claim. No resident in the current population expressed in the interviews that they had reported a concern related to sexual abuse or sexual harassment. The residents spoken with did feel if something was happening and they went to staff, they would be protected.

Indicator (b) The North Carolina Department of Public Safety has set up a way in which residents can report a PREA concern to an outside agency. The phone numbers for the local DSS are on the PREA poster, and the residents have pre-addressed envelopes to DSS in each housing unit. Residents were aware of these options and could call attorneys or family members to report a concern. Chatham YDC does not house juveniles for civil immigration violations. Residents also understood the complaint could be made anonymously or they could report on behalf of another juvenile if they were too afraid. The Auditor had a juvenile explain the black box and mail process consistent with what was explained on the tour. The Juvenile reported that they can ask for a writing implement and can use the envelopes to ask to speak with the Director or other individuals inside or out of the

building. The resident believes only the Center Supervisor or the Director can open the box. The Director reports that information from the box is kept confidential and if there was a PREA related allegation it would become part of the investigative file which would be limited to him and another trained investigator in the facility. The Auditor reached out and spoke with the local Department of Social Services who confirmed that they can receive calls related to juvenile maltreatment at a detention center, including sexual misconduct. All phone calls are required to be dialed by staff to ensure they are only communicating with approved individuals. The NCDJJ detention policy directs staff not to listen in on the specific conversations of juveniles. "A staff member shall place all calls for the juvenile and supervise, but not monitor, conversations." Residents confirmed that staff will give them privacy when on these calls. They also confirm that they can make more private calls with their case worker or therapist.

Indicator (c) NCDPS policy addresses the indicator when it states, "Any employee who receives an allegation or has knowledge of sexual abuse or possible sexual abuse or harassment and fails to report the allegation as provided in this policy or DJJDP 6, Reporting Abuse and/or Neglect, or fails to initiate a Sexual Abuse Incident Response Checklist, will be subject to disciplinary action up to and including dismissal. The staff has a duty to report any allegation that residents are having sexual relationships with other residents or with staff, as well as a duty to initiate the PREA Sexual Abuse Incident Response Checklist (Form YD 001)." Random staff knew they had to report the claim no matter the source of information, including anonymous notes. The staff reported that any claim, even if they thought it did not occur, it needs to be reported. The staff also confirmed that they were required to file a written report on the claim after giving notice to a supervisor. Finally, the staff also confirmed they had to report the actions or failure to act of a fellow employee that led to a sexual assault. Staff reported verbal notification to a supervisor was required as soon as possible and that an incident report must be filed before the end of the shift. The random staff statements were consistent with the language in DJJDP policy and this standard indicator. The Auditor also tested that the outside reporting number was consistent with the local DSS reporting and sent an email to the state reporting link, receiving confirmation from the PREA Office of DJJ.

Indicator (d) The Auditor confirmed with residents how they could file a written complaint on PREA through the grievance system or in-house mail to a staff member they trust. They also were aware they could write to outside agencies and most understood the meaning of privileged correspondence. As noted above, the Auditor saw the mailbox system on the housing unit that is used to send internal or external mail. Below the black box were pre-labeled envelopes to internal and external reporting options, including the Director, the State PREA Coordinator, and the Local DSS office. Chatham's Director also confirmed how a client reports a concern and how the administration will be notified of any claims. Residents report they can ask for a pencil to write letters and that they can put the envelope in the

Black box. The Auditor confirmed that this was explained to them on the first day. The Detention Services Policy reviewed by the Auditor also confirms the juvenile right to contact outside government officials and Approved Juvenile Contact under the telephone and mail correspondence section. The Policy states, "Juveniles shall be permitted to send mail directly to, or receive mail from, the following individuals at all times:

- a) the Governor of North Carolina;
- b) any federal and state court officials;
- c) any members of the North Carolina General Assembly;
- d) the juvenile's attorney;
- e) Court Counselors; and
- f) Any DPS/Juvenile Justice Department Officials.

NOTE: Juveniles shall be assisted by staff in writing or reading written correspondence upon request."

The Facility Director confirmed that Rape Crisis Centers would be treated the same under this policy.

Indicator (e) The staff of Chatham Youth Development Center has multiple options to report a concern of sexual assault or sexual harassment. Beyond reporting an incident to their immediate supervisor, if the staff had a concern about the supervisor or another staff being involved with a client, they would report to another supervisor or to a higher-ranking individual. They can make a report using either the posted phone numbers, the North Carolina DJJDP PREA office, or DSS. Staff interviews confirmed they were aware of multiple avenues to report a concern. The staff knew they could report out of the chain of command without consequences. The Auditor was also provided a PREA informational brochure that describes how staff and volunteers can report a concern. Staff interviews support that the PREA training provided instructs them that they can use any of the same ways a juvenile could internally or externally the agency. Internally, they knew they could go to the Director or the Regional Director in addition to using the hotlines. They reported they could notify DSS or the local police if they believed a staff person was engaged in sexual misconduct with a juvenile. In addition to PREA training staff on how to report it concerns is also covered in NCDPS New Employee Orientation reportedly.

Compliance Determination

North Carolina Department of Public Safety and Chatham YDC Juvenile Justice facility's Sexual Abuse and Harassment Policy and Procedures outlines the requirements of this standard. The facility's admission packet provides information

on how to report a concern, and posters throughout the facility all give direction on the importance and methods of reporting sexual abuse and sexual harassment. The signage was in English and Spanish, the most common languages spoken by the families of the juveniles. Interviews with staff were consistent in their understanding of their duties of accepting and responding to all reports of sexual assault or sexual harassment, whether it was done verbally, in writing, anonymously, or by a third party. Staff were aware that failure to report an incident is grounds for termination, and the law considers them mandated reporters, which requires notification to DSS. Residents interviewed were aware of multiple ways in which they could report, including telling staff, calling the hotline to one of two numbers, mail administration, or the Department of Social Services, completing a grievance form, or calling or writing the local rape crisis agency. Residents spoken to formally and on tour reported comfort in speaking with staff, including the unit staff, if they had concerns. Residents also mentioned the facility's Director and Assistant Director by names as individuals they could speak with. Custody staff reported knowing how to privately report PREA concerns to the administration and that there is no problem reporting out of the chain of command. The Auditor tested the critical reporting functions and found that the numbers listed were accurate and the systems in place to receive third-party allegations were operational. The Auditor finds compliance with standard provisions based on the policy, documentation provided and viewed on the tour, and the testing of reporting methods. The interviews with random staff and residents about the education program on PREA further support compliance. The Auditor also considered interviews with the Assistant Director, Facility Director, and PREA Coordinator and observation of the unit functioning.

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| 115.352 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>YD-6 NCDPS Juvenile Justice Grievance Policy</p> <p>PREA 200</p> <p>Resident orientation pamphlet</p> <p>Non-disciplinary Grievance form</p> <p>Photos of grievance box</p> <p>PREA Signage with information on using the Black box</p> |

Resident Handbook

Memo from the Director

Individuals interviewed/ observations made.

Interview with facility PREA Compliance Manager

Interview with Facility Director

Interview with Random Residents

Observation on tour

Summary Determination

Indicator (a) The Chatham Youth Development Center is not exempt from the standard; Residents can file a grievance on conditions that violate their rights or prison rules. Sexual misconduct is a reason for which a resident can file a grievance. In the 12 months before the site visit, there were zero sexual assault or sexual harassment claims filed through the grievance process. The resident handbook describes a grievance process that can be used to file complaints of sexual misconduct. The Agency grievance policy describes the purpose of the reporting system, "During orientation, staff shall inform juveniles of the mechanisms for making complaints and filing grievances and shall make written complaint and grievance procedures available to juveniles.

2. Complaints and grievances are confidential. Only those persons necessary to resolve a complaint or grievance, or group of complaints or group of grievances (trend), shall be informed of the content. In resolving the issues, parties necessary to the communication and resolution of the issue are notified.

3. The complaint and grievance processes shall be administered in such a manner as to promote a dialog between staff and juveniles, where the juvenile will not fear reprisal (revenge/punishment) for conveying a complaint or making a grievance. Confidentiality serves this end." The Policy goes on to provide further information on grievances related to sexual misconduct. "Additional Requirements for All Grievances Concerning Sexual

Abuse:

1. There shall be no time limit on grieving sexual abuse.

2. A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. Such grievance is not referred to a staff member who is the subject of the complaint.

3. Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, and parents/legal guardians shall be permitted to file a grievance on behalf of or assist residents in filing grievances relating to allegations of sexual abuse.

4. The PREA Office offers a web link, address, and phone number for parents/legal

guardians to use for complaints."

Indicator (b) Agency policy supports the resident's ability to file a grievance to a person who is not the subject of the grievance, and there is no time requirement for filing a PREA Grievance. There is also no requirement to resolve the situation through an informal process. Agency Policy sets forth these conditions and informs them of the confidential nature of the process. The Policy states that no grievances related to allegations of sexual abuse will ever be denied. The policy goes on to state these grievances will be handled automatically as an emergency grievance. "Emergency grievance: If a grievance alleges that a juvenile is at substantial risk of imminent sexual abuse, the director shall take immediate corrective action and provide an initial response to the juvenile within 48 hours of receiving the grievance. The Center Director/designee shall provide a final determination of whether the juvenile is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance within 5 calendar days." The Chaplin at Chatham is the individual who oversees the grievance process. He reviews all complaints with the facility Director.

Indicator (c) The facility has several steps to help juveniles make grievances. Each housing unit has a secure black box in which grievances or in-house mail to administration can be entered. The facility limits access to this box to the Chaplin and the administration. The Agency provides envelopes so residents can send sealed mail. If the person who handles grievances is the subject of the complaint, consistent with agency policy, the residents can send the grievance directly to the facility administrator. The Facility Director and the Chaplin did not report receiving any PREA-related grievances. NCDJJ grievance policy states, "A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. Such grievance is not referred to a staff member who is the subject of the complaint."

Indicator (d) Chapter 6 of the agency policy manual addressed the agency's internal grievance process. The policy sets forth the requirements for response and appeals consistent with the standard, including 90 days from submission and requirements for notification on extensions. At North Carolina facilities, all PREA-related notifications would be completed by the assigned PREA Support Person. The Director believes that grievance responses will generally be done much quicker than 90 days.

Indicator (e) NCDJJ policy addresses the concerns of this indicator. "Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, and parents/legal guardians shall be permitted to file a grievance on behalf of or assist residents in filing grievances relating to allegations of sexual abuse." Residents spoken to by the Auditor confirmed that there is no prohibition on

assisting or filing a grievance for another resident. Most residents did not pick grievances as an option for reporting a PREA concern without prompting. Most residents identified direct communication with staff and administrators or calling the PREA Hotline. Staff were also aware they needed to accept all complaints or grievances from third-party individuals.

Indicator (f) As noted in indicator (b), any grievance where there is an imminent risk for sexual misconduct requires immediate notification to the facility's chief administrative officer, and it will be handled as an emergency grievance. The policy states, "Emergency grievance: If a grievance alleges that a juvenile is at substantial risk of imminent sexual abuse, the director shall take immediate corrective action and provide an initial response to the juvenile within 48 hours of receiving the grievance. The Center Director/designee shall provide a final determination of whether the juvenile is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance within 5 calendar days." There were no incidents in which an emergency grievance was filed in the last 12 months. Discussions with both the Facility Director and the PREA Compliance Manager support an expectation of an immediate response to any claim of sexual misconduct, including grievances focusing on providing the victim safety without the use of isolation.

Indicator (g) Residents can only be disciplined if, through an investigative process, it is substantiated that the grievance was filed in bad faith. This is the same standard for all PREA complaints filed, even if not through the formal grievance process. Agency policy (PREA pg. 13) states, "A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation." There were no instances in which grievances were filed in bad faith. The juveniles I spoke with were able to describe the discipline process at the facility for lying and recognize that false allegations related to PREA would be taken seriously.

Compliance Determination

Chatham Youth Development Center is not exempt from the exhaustion of administrative remedies. The North Carolina Division of Juvenile Justice and Delinquency Prevention has created a policy that promotes the use of a grievance process. The policy states, "Complaints and grievances are confidential. Only those persons necessary to resolve a complaint or grievance, or group of complaints or group of grievances (trend), should be informed of the content. In resolving the issues, parties necessary to the communication and resolution of the issue are notified. Complaint Process (conversation, written letters) Formal Grievance Process (Grievance submitted on a DJJ Grievance Form). The complaint and grievance processes shall be administered in such a manner as to promote a dialog between

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| | <p>staff and juveniles, where the juvenile will not fear reprisal (revenge/punishment) for conveying a complaint or making a grievance. Confidentiality serves this end.” With no PREA Grievance to review, compliance determination relied on the policy and interviews with the Facility Director, the Chaplain, and the residents who were aware the grievance process was a possible avenue to report a sexual misconduct concern.</p> |
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| <p>115.353</p> | <p>Resident access to outside confidential support services and legal representation</p> |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>PREA Brochure</p> <p>MOU with Rape Crisis</p> <p>NCDPS - Detention Services Policy and Procedure</p> <p>Expect/Respect Curriculum</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Facility Director</p> <p>Interview with Second Bloom representative</p> <p>Observation on tour</p> <p>Signage in the facility</p> <p>Posting of phone numbers throughout the facility</p> <p>Summary Determination</p> <p>Indicator (a) The Chatham YDC provides access to the local rape crisis agency Second Bloom. The Auditor also spoke with Second Bloom representatives, who said</p> |

that they can support the population. The umbrella rape crisis agency in North Carolina Coalition Against Sexual Assault. (NCCASA) can also provide access to services in the facility and provide a network of resources for youth leaving custody to other parts of North Carolina. The Rape Crisis Center's employees are granted professional visitor status, which allows for confidential communication. This means that calls are not recorded, the mail is not read, and visitation can be private. The Chatham YDC does not hold juveniles for civil immigration violations. The facility has postings to inform residents how to access legal assistance. Most can reach out to their pre-trial attorney or attorneys who previously represented them in DSS cases previously. The Second Bloom staff confirms they can provide all the required services, including accompaniment for hospital and legal interviews and supportive counseling and referral. The Auditor used the space that is provided for professional visits during the Audit. The facility, as noted in the prior standard, has several postings with information on accessing the local rape crisis agency. The Director and PCM confirmed that communication would be treated like any other professional communication and not be monitored. The Phone system does not record calls of Juveniles, and the residents report that after the phone is dialed by staff, they give them some space to allow for privacy. The mail is also considered confidential, requiring it to just be opened in front of staff and the contents to be shaken out to ensure no contraband, but that staff does not read the mail. The Auditor reviewed the mailing address and phone numbers listed to ensure they matched the local agency information from their website.

Indicator (b). At the inception of services, all residents are informed that confidentiality is limited when an individual has been victimized in the institution. All Chatham Youth Development Center residents sign acknowledgment forms on confidentiality limitations. Healthcare staff report that residents are educated on confidentiality as part of their service introduction for medical and mental health services. Juvenile calls are not recorded but are completed in an area near the office desk, or they can request to make the call with the Health Services Coordinator. Juveniles understand the limitation of communication with mental Health Staff and the local rape crisis agency. They can use the phone on the housing floor, but if they want to speak to Second Bloom, they can make the call in the case worker or clinician's offices. As noted previously, the agency policy directs staff to supervise but not monitor the communication content. The Director reports professional calls do not have time limits.

Indicator (c) The Chatham YDC has a Memorandum of Understanding with the Second Bloom, which covers providing victim services, including emotional support to victims of sexual abuse. A review of the MOU shows the document outlines what each party agrees to provide as part of the agreement. The agreement is current, and an interview with the Second Bloom representative confirmed the relationship and what services are provided to victims of sexual abuse. The NCDJJ PREA Office has a relationship with the state-wide rape crisis agency North Carolina Coalition

Against Sexual Assault (NCCASA). There have not been reported cases in which a resident of Chatham Youth Development Center has engaged in services with the Local RCC as a result of abuse in the facility or elsewhere in their lives. Residents knew they could ask to speak to the mental health clinical staff or their case workers, which seemed more comfortable for most than an outside agency.

Indicator (d). Chatham YDC provides the residents with an understanding of the levels of confidentiality in their communication with legal representatives or their parents. In interviews with the Mental Health Clinician, she reported they regularly remind residents about the limits of confidentiality related to any individuals at risk of harm. The residents understand these restrictions and that even during the phone call, staff can only hear their side of the question. Residents support the staff not hovering while they are on calls or when visits occur. The detainees are not limited to the mail they can send. Resident phone calls are made at no financial cost to the youth or their families. As noted, many reporting options have pre-addressed envelopes for the juveniles to use. Second Bloom staff also confirmed the crisis counseling they provided individuals would not prevent reporting any ongoing abuse. Residents report they can also confidently talk with their families or attorneys. The visitation room is large enough for families and attorneys to sit away from staff for more private communication.

Compliance Determination

Resident victims at Chatham YDC can access victim advocates for emotional support. The agency has entered into a Memorandum of Understanding with the Second Bloom to provide support to victims (Indicator (c)). As part of the audit process, the Auditor spoke by phone to Second Bloom representatives, who confirmed their ability to provide service to the Chatham YDC facility. The PREA Brochure and signage throughout Chatham YDC had a toll-free number for residents to access from the unit phone in the facility or with their case manager. The posting and expect respect brochure which has a national hotline number, informs residents they can call or write to outside agencies who could come to the facility to provide services as a professional visit. Residents could identify how confidential the communication is within the facility, including mail and telephone contacts. Residents also knew that outside counseling staff could be spoken to in a professional visiting setting. The Auditor could see posters for the local Rape Crisis Agency, NCCASA, and Department of Social Services for those detained. All indicators of this standard were covered in policy that supported compliance and the documentation visible on the tour and through interviews with residents and outside organizations. The Auditor suggested discussions between the facility and the local RCC to see if outreach programs could benefit juveniles and staff and ensure continued communication between the agencies.

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| 115.354 | Third-party reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>North Carolina DPS Website</p> <p>PREA Posters on Housing units and lobby area</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Observation of reporting information posted</p> <p>Summary Determination</p> <p>Indicator (a) NCDJJ PREA Policy policy addresses the requirement of this standard. "Third Party Reporting: All third-party reports of resident sexual abuse or harassment will be responded to and investigated. All parents/legal guardians are provided multiple methods to report. Additionally, there is a reporting link on the DPS public website." North Carolina Department of Public Safety has developed a mechanism for individuals who want to report PREA concerns as a third party, be they fellow residents, family, or friends. Information can be given in person, by phone, by mail, or by contacting the agency PREA Coordinator through the agency website North Carolina.Gov. Information directing residents is in the PREA brochure, PREA poster, resident handbook, and on the website noted above. The residents are provided information on how to send complaints to the Department of Social Services by phone or mail. Staff was aware that they must take all reported concerns about PREA potential violations, including from third parties. The facility phones allow residents to dial out with the help of staff to the advocates or the North Carolina DJJ PREA Coordinator. The North Carolina Division of Juvenile Justice and Delinquency Prevention policy addresses the requirements of this standard. The Auditor called and tested the third-party reporting system listed on the agency poster, and the PREA Coordinator received the message. The Auditor observed information posted in the entrance, visiting areas, and on all housing units. The Auditor also confirmed the information on the agency website was accurate and tested the reporting mechanism. Residents and staff understood that they could file complaints to the Agency PREA Office. The staff and families can also find information on the DPS DJJDP PREA Page or on the DPS Fraud, Waste, and Fiscal</p> |

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| | <p>Abuse page.</p> <p>Compliance Determination</p> <p>North Carolina Department of Public Safety has put in place multiple resources for residents and families to report a PREA-related concern. Absent a PREA complaint, compliance was based on policy and the systems North Carolina DJJDP has put in place to support residents and that residents were aware they could make a complaint on behalf of another resident.</p> |
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| 115.361 | Staff and agency reporting duties |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities: Sexual Abuse and Harassment Policy and Procedures</p> <p>DPS PREA 200 Policy</p> <p>Juvenile Justice Facilities: Reporting Abuse and Neglect</p> <p>First Responder Checklist</p> <p>Safe Child Act - Mandated reporting guidelines</p> <p>NC Statute 14-43 (child abuse reporting requirements- reviewed online)</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with random staff</p> <p>Interview with facility Investigator</p> <p>Interviews with Medical and Mental Health staff</p> <p>Interview with DSS representative</p> <p>Summary Determination</p> |

Indicator (a) In several parts of the Agency's PREA policy, the Abuse and Neglect policy and North Carolina Statutes direct staff to report all knowledge or suspicion related to sexual misconduct against a resident. The agency's policy on abuse and neglect states it has "Juvenile Justice maintains a zero-tolerance policy towards all forms of abuse and neglect and stands committed to a culture of safety and security. Any staff member who has cause to suspect or receives any information that possible abuse and/or neglect of a juvenile occurred while in the physical custody of Juvenile Justice, while under the direct supervision of Juvenile Justice, or occurring in or on Juvenile Justice-operated facilities/grounds or Court Counselor offices, must take immediate action and adhere to the procedures outlined within policy and standard operating procedures to ensure the safety of juvenile(s) and compliance with required reporting. For all incidents involving suspected or alleged sexual abuse of a juvenile in the physical custody of or while under the direct supervision of Juvenile Justice, reference sectional PREA policies (Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Court Services Juvenile Sexual Abuse and Harassment Policy." The agency PREA policy also defines further steps to be taken, including mandating the use of checklist/tracking forms and notifications to the state's Department of Social Services, which receives and investigates all abuse incidents of children. The Policy also notifies staff that failure to report can lead to termination. The policy states, "Staff has a duty to report any allegation that residents are having sexual relationships with other residents or with staff, as well as a duty to initiate the PREA Sexual Abuse Incident Response Checklist (Form YD 001). The senior person in charge has a duty to initiate the PREA Sexual Abuse Incident Response Checklist (Form YD 002). All reports of sexual abuse or sexual harassment, however made, are to be forwarded to the Center Director (following the chain of command) and the PREA Office immediately. Failure of staff to report alleged incidents of sexual abuse or sexual harassment will subject the non-reporting staff member to disciplinary action up to and including dismissal. Staff may use the DPS PREA public site to report allegations. NOTE: Sexual harassment is considered neglect and is reported to DSS and investigated by the Department of Public Safety."

All instances of alleged or suspected abuse/neglect are, according to staff, reported to DSS and recorded in TROI Report. The staff interviewed by the Auditor were clear that knowledge of misconduct by staff through actions or inactions leading to abuse must be reported. All the staff understood their responsibilities under North Carolina law as mandated abuse and neglect reporters. The Auditor reviewed state laws on abuse reporting requirements.

Indicator (b) NCDJJ policy Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures states (on page 14) that all reports of abuse will include reporting the incident to the Department of Social Services (DSS). As noted in Indicator (a), the agency's Abuse and Neglect Policy also sets forth this requirement. Random staff interviewed were aware of the requirement, and the Auditor was provided with examples of the NCDJJ PREA Incident Checklists, which remind staff to notify DSS and local police on all allegations of sexual abuse and on any allegation

of sexual harassment if a staff person is the alleged perpetrator. The Auditor found DSS and Police notification requirements on all checklists, reviewed state statutes online, and confirmed the expectations with DSS representatives.

Indicator (c) Random staff were aware of the importance of keeping information disclosed by a resident to those needing knowledge, such as the Supervisor on duty and appropriate medical or Mental Health staff who may respond. The NCDPS PREA Incident Checklist (item 5) reminds staff that all allegations are reported to the senior person in charge. "Notify the senior person in charge. All information is confidential and kept on a need-to-know basis. All involved staff remain present until released by the senior person in charge. The information about the incident is confidential and should only be shared on a need-to-know basis." The line and supervisory staff confirmed that confidentiality must be maintained.

Indicator (d) As noted in previous standards, the medical and mental health staff ensure client confidentiality unless there is a risk that another could impact the safety of individuals. Staff report residents are informed that they understand the limits of confidentiality with medical and mental health upon initiation of services. As noted in indicator (b), North Carolina state law requires notification of the Department of Social Services for any abuse of juvenile residents. Medical and mental health staff were able to discuss the requirements for informed consent and how they notify all residents at the initiation of services on the limitations of their confidentiality. Interviews with residents also confirmed they understood that the nurse or the clinical staff would have to report any time someone was a victim or at risk of being abused. Agency staff also confirmed that parents/guardians would also be notified of any sexual abuse allegation.

Indicator (e) Agency PREA Policy (page 22) sets forth the obligation to notify the parent or legal guardians of any allegation of sexual assault. It states, "Ensure appropriate signed individual consent forms are obtained for participation in the acute medical evaluation, the comprehensive medical evaluation, and/or the forensic mental health evaluation. The limitations of confidentiality must be explained to the alleged victim and/or the parents and/or the legal guardians at the time that consent is signed." Reviewing the incident tracking form shows where staff are to document when DSS, Parent/Guardians, Court Counselor, and their Social Worker. Discussions with staff and DSS representative confirmed there are youth with a variety of guardianship situations who could be in a Youth Development Center.

Indicator (f) Agency Policy and the review of facility incident checklists confirmed that the facility investigator must be informed of any allegations. The Shift

Supervisors knew that they would notify the Director/ PREA Compliance Manager, Assistant Director and the Nurse. The NCDJJ TROI system would also create an immediate notification to the individual in DJJ who would assign an investigator if one was not available or there was a concern on the perception of a conflict of interest. The Investigator interviewed confirmed that in an allegation against staff, the investigator assigned to do the administrative investigation would likely come from another facility.

Compliance Determination

NCDJJ has multiple policies and statutes that direct staff in the handling of a report of Sexual Assault or Sexual Harassment. Random staff interviews confirmed that staff are aware of the immediate need to report all accusations of sexual assault or sexual harassment. They knew this included a third party and anonymous complaints and accusations that may not be true. The staff interviewed knew they also had to report on a coworker whose actions or inactions led to a sexual assault. Staff were aware of the importance of timely reporting and the need to provide confidentiality about information. Staff were aware that exceptions are when reporting to supervisory staff, investigative staff, or information needed to secure treatment or provide for the safety/security of others.

The facility’s Medical and Mental Health staff were aware of the timely reporting concerns. Supervisors also know to contact the resident’s parent/guardian, facility and agency Administration, local law enforcement, and the Department of Social Services. The juveniles spoke with understood the limitations of confidentiality on information about ongoing or past abuse. The above-stated facts support compliance and that the staff clearly understands the responsibility to report a concern related to PREA. The Auditor also considered, absent a PREA allegation, the various checklists that would guide staff response and ensure the indicators of this standard are met.

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| 115.362 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>DJJ PREA 200 Policy</p> <p>DJJ Grievance Policy</p> |

Population Report for Chatham Juvenile Detention Center

Individuals interviewed/ observations made.

Interview with the Agency Head representative

Interview with Facility Director

Interview with Random Staff

Summary Determination

Indicator (a) The Chatham Youth Development Center has had no incident in which they enacted steps to protect a resident in imminent risk of sexual abuse. Interviews with the Facility Director and the Agency Head's designee support a commitment to the safety of all juveniles served in DJJ facilities. The Chatham Youth Development Center has four units to separate potential victims and perpetrators. The facility can place youth at risk on a safety plan to allow him to move separately from any individual or group of aggressors. If the facility believes a resident might be at risk, the facility can place them on what is described as almost a one-to-one for extra support. The agency will consider the movement of an individual if safety risks cannot be alleviated to one of several other DJJ facilities in the state. Juveniles with behavioral concerns are managed using a safety plan without isolation from the entire population. In these plans, the aggressor is constantly evaluated until the individual can be safely returned to the population DJJ. PREA Policy 200 sets forth staff obligations to act to protect residents. "When an employee, volunteer, contractor, or custodial agent learns that an offender, resident, or safekeeper is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the offender, resident, or safekeeper." Random staff knew the expectation was to respond immediately, protect the resident, and notify appropriate supervisors to ensure the concerns can be investigated. Given the small size of the facility, the high staffing ratio, and the fact that all residents are always under direct supervision, it would be unlikely that an imminent risk situation for sexual abuse would occur.

Compliance Determination

The Chatham Youth Development Center administration and the North Carolina Division of Juvenile Justice and Delinquency Prevention administration verbally commit to resident safety. They both support that they have options to protect a resident from potential abuse. Interviews with facility and agency administration supported the ability to be responsive to individuals who were at risk of abuse in addition to those who may have been the victims of abuse. Random staff

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| | <p>interviewed identified what to do in situations of imminent risk, including immediate separation of parties, increased contact, support to the residents, notification up the chain of command, and documentation of the incident. Compliance was determined based on the interviews with the Administration and line staff. The Auditor also considered that residents expressed that staff were approachable and believed staff would take a complaint seriously and maintain their safety.</p> |
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| 115.363 | Reporting to other confinement facilities |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>PREA 200</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with PREA Compliance Manager</p> <p>Interview with Facility Director</p> <p>Summary Determination</p> <p>Indicator (a) The North Carolina Division of Juvenile Justice and Delinquency Prevention Policy outlines the requirements if an individual discloses at one facility that they were previously victimized at a prior juvenile correctional facility. The policy requires the notification is made to the state PREA Coordinator and the facility administrator or designee. There was no reported incident of sexual abuse allegations made while the resident was living at another facility. The interview with the Facility Director supports the culture is in place to ensure all allegations, including ones that occurred in another setting, are reported promptly. The Facility Director knew that residents who disclose abuse at another facility must be reported to the facility Head of that other facility. Agency PREA 200 policy (page 6) states, "C. Reporting Allegations of Sexual Abuse and/or Sexual Harassment that Occurred at a Prior Adult Correctional or Juvenile Confinement Facility</p> <p>1. Upon receiving an allegation that an offender, resident, or safekeeper was</p> |

sexually abused and/or sexually harassed while confined at a prior adult correctional or juvenile confinement facility, the Facility Head that received the allegation shall notify the DPS PREA Office and the Facility Head or appropriate office of the agency where the alleged abuse occurred.

2. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

3. The Facility Head shall document such notification by completing a memorandum to file and uploading it into the correspondence tracking system (CTS) for adult offenders or NC-JOIN for juvenile residents.

4. Upon receiving notification from another facility or agency that an allegation of sexual abuse and/or sexual harassment has been reported, the Facility Head shall ensure the allegation is investigated in accordance with the DPS-PREA-200 PREA Investigations policy and applicable Division policies.”

Indicator (b) The PREA Coordinator, Assistant Director, and Facility Director were all aware in their formal interviews that notifications to outside facilities should be made as soon as possible but no later than 24 hours, which exceeds the standard requirement of 72 hours. There were no such reported incidents for the Auditor to review.

Indicator (c) Agency policy, as stated in indicator (a), requires notifications to be documented. Since there were no incidents, the Auditor relied on policy and the knowledge of the individuals interviewed.

Indicator (d) Documentation was provided that there were no outside reports of sexual assault of a former resident from another facility. The facility Director confirmed, consistent with the policy, that all outside allegations will result in an investigation.

Compliance Determination

North Carolina Division of Juvenile Justice and Delinquency Prevention policy addresses the requirements of reporting to other confinement facilities of incidents of sexual assault that had occurred in those facilities. The policy requires that at all facilities, notification is done in writing and within 72 hours. Interviews with the facility Director and PREA Coordinator confirmed they were aware of their responsibilities, including the documentation of notifications. Absent a current case, compliance with this standard was based on the agency policy, the Facility Director, and the PREA Compliance Manager’s knowledge of their responsibilities.

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| 115.364 | Staff first responder duties |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>NCDJJ PREA Incident Checklist (first responder, Supervisor, Incident Checklist)</p> <p>NCDJJ PREA Training Outlines (first responder duties)</p> <p>Chatham Coordinated Response Plan</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with investigative staff</p> <p>Random staff</p> <p>Summary Determination</p> <p>Indicator (a) No staff at Chatham Youth Development Center acted as a first responder in the past year. Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures (pages 20-21) covers the requirements of the first responder duties, including</p> <ol style="list-style-type: none"> 1) separating victim and alleged abuser, 2) preserving and protecting the crime scene 3) directing the alleged victim on protecting evidence until they can be transported for forensic examination 4) ensure the alleged abuser also does not take actions to destroy evidence.” <p>The Policy states, “ Upon learning of a concern for sexual abuse, involving a resident(s) within a center, the first responding staff member shall be required immediately to:</p> <ol style="list-style-type: none"> A. Alert local Emergency Medical Services (911) if the alleged victim(s) is exhibiting signs of obvious life-threatening injury and/or significantly altered mental state; |

B. Separate the alleged victim(s) and the alleged aggressors(s);

C. Use the Sexual Abuse Incident Response Checklist to guide all subsequent actions; REFERENCE: Sexual Abuse Incident Response Checklist (Form YD 001 for first responders, and Form YD 002 for senior person in charge)

D. Immediately inform the senior person in charge of all knowledge, suspicion, and/or information pertaining to:

1. Sexual abuse, involving a resident(s) within the center,

2. Retaliation against resident(s) or staff who reported concerns of sexual abuse, sexual harassment, and/or voyeurism involving a resident(s) within the center, and/or

3. Staff neglect/violation of responsibilities that may have contributed to an incident and/or retaliation; and

4. Preserve and protect the potential crime scene(s) until the formal investigation is initiated.

E. Request that the alleged victim (resident) avoid actions that could destroy (potential) physical evidence, including:

1. Washing (including hands and face),

2. Bathing (including body and anogenital areas),

3. Brushing teeth/flossing teeth/gargling,

4. Changing/removing clothing,

5. Urinating/defecating,

6. Removing a tampon and/or sanitary pad,

7. Cutting/trimming/cleaning fingernails,

8. Smoking/chewing tobacco, and

9. Drinking/eating/chewing gum.

F. Request that the alleged aggressor avoid actions that could destroy (potential) physical evidence, including:

1. Washing (including hands and face),

2. Bathing (Including body and anogenital areas),

3. Brushing teeth/flossing teeth/gargling,

4. Changing/removing clothing,

5. Urinating/defecating,
6. Removing a tampon and/or sanitary pad,
7. Cutting/trimming/cleaning fingernails,
8. Smoking/chewing tobacco, and
9. Drinking/eating/chewing gum.

Note: First responders (senior person in charge and staff) are prohibited from revealing any information regarding the alleged sexual abuse, of a resident of a center unless expressly required to secure the immediate safety of a resident, and/or to meet mandated investigation, evaluation, intervention, and/or treatment requirements as established by state, local, and/or NC law and/or policy.

G. Inform the center nurse or human services coordinator regarding all knowledge, suspicion, and/or information pertaining to sexual abuse involving a resident(s) of that center during regular business hours (If the initial concern is reported after regular business hours, the senior person in charge, or his/her designee, shall report all concerns by the next business day).

H. Inform the Health Services Manager regarding all knowledge, suspicion, and/or information pertaining to sexual abuse involving a resident(s) of a center during regular business hours (If the initial concern is reported after regular business hours, the senior person in charge, or his/her designee, shall report all concerns by the next business day).

I. Inform the center clinical lead or designee or Director of Behavioral Health regarding all knowledge, suspicion and/or information pertaining to sexual abuse, involving a resident(s) in that center, during regular business hours (If the initial concern is reported after regular business hours, the senior person in charge, or his/her designee, shall report all concerns by the next business day).

J. Inform the appropriate local department of social services (in the county associated with the center of concern) regarding all knowledge, suspicion and/or information pertaining to sexual abuse, involving a resident(s) of a center, and JJ staff, contractors, and/or volunteers.

K. Inform the alleged victim's parents and/or legal guardians of all concerns pertaining to possible sexual abuse, involving a resident(s) within a center, and the timing/location of all evaluation referrals.

Note: If the alleged victim is under the guardianship of the North Carolina child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents and/or legal guardians.

Note: The senior person in charge and staff are prohibited from revealing any information regarding the alleged sexual abuse of a resident of a center unless expressly required to secure the immediate safety of a resident, and/or to meet

mandated investigation, evaluation, intervention, and/or treatment requirements as established by state or local law or policy, or by NC DPS policy.”

The Auditor reviewed the corresponding first responder’s checklist which provides brief reminders on the steps to be taken.

“1. Record all information about the incident to be provided to the PREA investigator (e.g. date & time the incident was reported, name of the person making report, If known: date/time of alleged incident, location, name of victim, name of assailant, names of witnesses.) Do not ask questions that can impede the investigation.

2 Follow PREA Medical Protocol (if applicable) a. Notify center nurse, human services coordinator, center director or supervisor (based on availability at center) Name of person notified _____ b. Provide medical attention per PREA Medical Protocol “supplies as part of the incident scene (refer to PREA training manual regarding preserving evidence).

3 Separate alleged victim and assailant. If needed, move whichever is deemed appropriate to ensure there is no contact. Separate known witnesses (if applicable).

4 Secure the scene (if applicable) until senior person in charge assumes control of the scene. a. Start Incident SceneTracking Log (OPA-I20) and limit number of people entering or leaving the scene. Turn log over to senior person in charge.

b. If presented items with possible forensic evidence, use latex gloves and designated evidence bags. If collected, each item must be placed in a separate evidence bag with juveniles name, date, time, description of item and total number of bags. Additionally, the Chain of Custody form must be used.

5 Notify the senior person in charge. All information is confidential and kept on a need to know basis. All involved staff remain present until released by the senior person in charge.

6 Make notification to DSS and Law Enforcement (as locally agreed upon) for all sexual abuse cases and all staff/juvenile sexual harassment cases.”

The Auditor asked all random staff about their awareness of the first responder's duties. Random staff also were able to provide examples of how they would respond consistently to the policy. Chatham YDC provides staff with access to PREA manuals, which reinforce the duties of a first responder. The manuals also include the policy, the First Responder Checklist, and the PREA Incident checklist, further supporting the fulfillment of first responder duties.

Indicator (b) All staff and contractors in the Department of Public Safety are trained on how to protect evidence in the event of a sexual assault. The random custody and non-custody staff interviewed recognized the importance of closing off the crime scene, separating individuals, and instructing the individuals not to eat, drink, wash, or use the bathroom. They also know not to have them change clothing. The

local law enforcement will complete a crime scene analysis, and the victim will be sent out to the local hospital with a Sexual Assault Nurse Examiner. As noted in indicator (a), there is specific information staff are trained on in protecting evidence. The Auditor also reviewed the training materials that all staff are trained on the expectations of the first responder to an allegation of sexual abuse.

Compliance Determination

The North Carolina Department of Public Safety trains all Juvenile Justice employees and contractors in the duties of a first responder. North Carolina DPS has developed a coordinated response plan that gives first responders directions and information to support them through the crisis. Compliance determination relied on the interviews with staff who could identify steps 1-4 in (Indicator a) and that they were to tell the alleged victim and perpetrator not to do anything that could affect the evidence collection. Medical staff and educational staff were also aware of the steps to preserve evidence. (Indicator B). Facility staff are prepared to respond as evidenced in their answers that support an understanding of first responder duties. Staff interviewed confirmed steps taken to protect the resident, the evidence, and the crime scene. Compliance is based on policy, systems in place to ensure first responder expectations are met, and absent a first responder incident, the interviews with random staff who knew what to do to protect the resident, and the steps taken to preserve evidence.

| 115.365 | Coordinated response |
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| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>NCDJDP PREA Incident Checklist</p> <p>NCDJDP Coordinated Response flow chart</p> <p>Chatham Youth Development Center Sexual Assault Response Plan</p> <p>Mock PREA Incident</p> <p>Individuals interviewed/ observations made.</p> |

Interview with Facility PCM and Agency PREA Coordinator

Interview with Facility Director

Interview with Investigator

Interview with Medical Staff

Interview with Supervisory staff

Facility's PREA Binder

Summary Determination

Indicator (a) The North Carolina Division of Juvenile Justice and Delinquency Prevention has ensured each Juvenile Justice facility has a preparedness plan for sexual assault incidents. The agency's PREA policy states, "The PCM will ensure the center has a written, institutional plan (this policy, medical protocol, and Forms YD 001 and 002) for a coordinated response (first responders, medical, mental health, investigators, senior leadership) to resident sexual abuse and harassment issues. In the Auditor's review of the documents, he found the plan directs staff in their duties, so a coordinated response is done the same way each time. The plan is individualized at the facility level to increase staff response time and accuracy of information needed, including specific staff who will be responsive for different roles. The facility has developed and updated its response plan in the past year. All staff understood their respective role in responding to allegations of sexual misconduct. Line staff knew their first responder duties, and Supervisory staff knew the need to report to facility leadership while ensuring medical care is provided immediately. Medical and mental health staff supported an understanding of initial responding roles and the role in the follow-up. The investigator understood the importance of coordination with local law enforcement investigators. The Director and PREA Compliance understood their roles in managing the incident while the investigation was ongoing and the duties required post-investigation, including critical analysis and providing ongoing support to the potential victim and those who cooperated in the investigation.

Compliance Determination

Chatham Youth Development Center is compliant because it has developed a coordinated response plan that directs staff in their duties. The plan is reviewed and updated by a multidisciplinary team and is continually available. The available checklist, PREA binders on each unit, and random staff interviews further support compliance. The facility plan describes the duties of first responders, supervisory staff, investigative staff, and medical and mental health staff duties. Interviews with the Facility Director, PREA Compliance Manager, Supervisory staff, and medical staff all confirm knowledge of their roles in the plan. The facility has a PREA emergency

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| | <p>binder to ensure a consistent response to sexual assault incidents. The Facility goes beyond the traditional training through the use of mock incidents. The 2023 the facility ran this activity as way of testing the staff</p> |
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| <p>115.366</p> | <p>Preservation of ability to protect residents from contact with abusers</p> |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>NCDPS Human Resource New Employee Manual</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Facility Director</p> <p>Summary Determination</p> <p>Indicator (a) The North Carolina Department of Public Safety does not have unionized employees in its juvenile justice facilities. The Auditor Confirmed with the Agency PREA Coordinator and the Director of Chatham YDC that the employees are not unionized in NCDJJ. The Director also confirmed that she has the ability to place staff out on leave during PREA Sexual Abuse or Sexual harassment investigations into staff's actions. The Auditor also reviewed the NCDPS employee manual (page 73), which confirms this ability. "An employee may be placed on Investigatory Leave with Pay (ILWP) per approval from the Human Resources Director or designee(s), or in appropriate circumstances, without prior approval, but with notification to the OSHR Director or designee the following business day. Investigatory leave shall be with pay (i.e. no charge to the employee's accrued leave) and may be used to temporarily remove an employee from work status. Investigatory leave does not constitute disciplinary action and may not be appealed. An employee may be placed on ILWP only:</p> <ul style="list-style-type: none"> · To investigate allegations of performance or conduct deficiencies that would |

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| | <p>constitute just cause for disciplinary action;</p> <ul style="list-style-type: none"> · To provide time within which to schedule and conduct a pre-disciplinary conference; or · To avoid disruption of the workplace and/or to protect the safety of persons or property. “ <p>Indicator (b) The Auditor is not required to review this indicator</p> <p>Compliance Determination</p> <p>The Department of Public Safety has no contracts with bargaining units at its Juvenile Justice facilities. The Auditor requested and was provided information from state human resources policy, which defines the grounds for putting an individual out on administrative leave after an allegation of sexual misconduct. This standard is compliant based on the information provided in policy and agency manuals and the interviews with facility and agency administrators.</p> |
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| 115.367 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Retaliation monitoring forms for Residents and staff</p> <p>Chatham PREA Support Person (PSP) Designation Forms</p> <p>PSP training lesson plan</p> <p>PSP PowerPoint</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the Agency Head designee</p> <p>Interview with Agency PREA Coordinator</p> |

Interview with PREA Compliance Manager

Interview with Facility Director

Interview with PREA Support Person

Interview with random staff

Summary Determination

Indicator (a) The North Carolina Division of Juvenile Justice and Delinquency Prevention has information on the expectation to monitor individuals after any PREA claims. The Agency PREA policy aims to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The Policy language also goes on to define the individuals who would monitor residents and who would monitor staff. The agency PREA policy states, "Retaliation against staff or residents alleging resident sexual abuse or sexual harassment is prohibited. Unless the allegation is determined to be unfounded, management is responsible for monitoring the conduct and treatment of residents and staff who reported the sexual abuse and the residents who were reported to have suffered sexual abuse for at least 90 days following the report. The PREA Support Person is responsible for monitoring residents who report or have suffered sexual abuse. The PSP will document retaliation monitoring on the OPA-I24 (Offender/Juvenile Retaliation Report). The PREA Compliance Manager is responsible for monitoring staff who report sexual abuse incidents for indications and/or signs of retaliation (e.g., disciplinary actions, behavioral changes, etc.). Monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. The PCM will document staff retaliation monitoring on the OPA-I22 (Staff Retaliation Report). Any staff who have knowledge, suspicion, or information regarding retaliation against residents or staff who report sexual abuse or harassment must immediately report that knowledge, suspicion, or information to the PREA Office by telephone or email: PREA@ncdps.gov."

The North Carolina Division of Juvenile Justice and Delinquency Prevention has created voluntary positions for facility staff who want to serve as PREA Support Persons (PSP). The facility Director approves the individuals and receives additional training annually. The PSPs serve as go-to persons for victims or other residents who cooperate in an investigation of sexual misconduct. The Policy defines their roles in monitoring for retaliation of residents. The policy also requires the PREA Compliance Manager to serve as the individual responsible for monitoring staff for retaliation. The PREA Compliance Manager will ensure the monitoring process is documented. The form documents the types of monitoring in the given week, from the review of incidents and discipline to follow-up with mental health or direct conversation with the resident by the person completing the monitoring. There had been one incident requiring the monitoring of juveniles or staff. The Auditor spoke with the PSP and the PCM, who were aware of the requirements. The Auditor found a

copy of the monitoring document in the investigation file. The Auditor made recommendations for improving the commentary to better document the items considered during each review.

Indicator (b) The facility Director supported the facility's staff enough with sufficient housing units to ensure individuals who have been separated post a PREA Incident can be safely managed to ensure no retaliation. Residents would routinely be offered counseling services, and PREA Support Services would provide routine check-ins to ensure the client is feeling safe. Staff who may have concerns would work with the operational supervisor to mitigate the concern. The Director supports that the alleged victim would be kept apart from the alleged aggressors. During the investigation of sexual harassment in the past year, the resident noticed that the staff would not be in contact with the resident. The agency, as noted in 115.67, has the ability to remove alleged staff from contact with alleged victims. The Director reports any retaliation or ongoing concerns that could result in one of the residents moving to other facilities as deemed necessary.

Indicator (c) As noted in Indicator (a), the North Carolina Division of Juvenile Justice and Delinquency Prevention policy supports all individuals (Residents and Staff) who report a PREA Incident are monitored for changes in behaviors that might be a symptom of their being retaliated against. The form developed also addresses the nine elements of this indicator. In the OAS, the facility reported there had been no incidents where retaliation monitoring was required, but they had monitored a juvenile who alleged sexual harassment until the juvenile was released. In NCDJJD facilities, the assigned PREA Support Persons must document if they reviewed discipline, if housing moves are requested, programmatic or overall behavioral changes, and if face-to-face communication has occurred or if a mental health follow-up was requested from any of the monitoring concerns. As a treatment environment, the PSP would have access to the treatment team in addition to their own observations.

The agency PREA policy states the monitoring will go for a period of at least 90 days. The Auditor interviewed a PREA Support Person on their role and what they consider in the monitoring process. Including the frequency they would have with the resident directly. The PSP is required to provide documentation of their efforts to the PCM and notify the PCM immediately if they have any concerns of possible retaliation. Agency PREA Policy describes the duties of the PSP and required documentation (OPA-124). All monitoring is filed with the Director, who will approve when monitoring is complete or if it should be extended beyond 90 days. The Director confirmed that staff who cooperated in an investigation would be monitored by himself. Interviews completed by the Auditor with the PSP and PCM both supported they understood their roles and the information they should be aware of in determining if an individual appears to be being retaliated against even if they do not report it themselves.

Indicator (d) The occurrence of status checks can be documented through the form Developed by the North Carolina Department of Juvenile Justice and Delinquency Prevention. The PSP can obtain information through discussions with supervisors, medical or mental health staff, line staff, or the juvenile. The PSP can review logs, discipline records, and room assignments to determine if their actions appear retaliatory. The NC Division of Juvenile Justice and Delinquency Prevention PREA policy indicates the PSP is expected to complete direct conversations with the victim weekly during the first three weeks and periodically after that (but no longer than 30 days). The PSP is also required to speak with the facility Director and the agency Investigators about the status check-ins if there is any concern about retaliation. The PSP will also do notifications on investigation outcomes.

Indicator (e) As noted in indicator (b), the facility has sufficient means to protect a resident. Chatham Youth Development Center has two units, each for males and females. The facility houses juveniles adjudicated by the court. The facility has four housing units, and all residents are single-celled. Juveniles are never unsupervised in the facility, and units do not interact. Interviews with the Director, the PCM, and the PSP all support the idea that planning would be assessed frequently to ensure the juvenile's feeling of safety. Mental Health staff confirm a weekly case review where information about all juveniles' behaviors is reviewed.

Indicator (f) The Auditor is not required to review this indicator.

Compliance Determination

The North Carolina Department of Public Safety has a policy to address the elements of this standard. Documentation supports the facility's having sufficiently trained staff in PSPs and a form that ensures consistent documentation of the person being monitored in compliance with monitoring expectations. Random staff knew who the facility PCM and PSP were and that all individuals who would be involved in a PREA incident would be monitored.

The Agency has developed a cadre of staff in the PREA Support Persons at each facility to ensure residents have an individual they could feel comfortable discussing their ongoing safety after making an allegation of sexual misconduct. The PREA Compliance Manager and Facility Director were aware that retaliation monitoring should be done with all individuals who cooperate with the investigation. The standard is compliant based on completed interviews, forms in place to document monitoring, the training provided to PSPs, Interviews completed, and the policy.

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| 115.368 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Juvenile Justice Facilities Detention Services Policy and Procedure</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Facility Director</p> <p>Interview with Associate Commissioner</p> <p>Summary Determination</p> <p>Indicator (a) The North Carolina Department of Public Safety Policy does not have special management units in juvenile facilities. The residents are not allowed to be isolated in cells for long periods of time. Agency policy states, "When the alleged resident-victim returns from the emergency room, (s)he shall be assigned to a single room for protective housing. Caution shall be exercised to ensure the resident is protected during movement and daily activities from retaliatory action or further victimization. Care must be taken by staff not to penalize the resident-victim because of the allegations.." The Director confirmed that it is not their practice to isolate individuals, and if there is a concern, the individual with greater restrictions would be the aggressor, not the victim. Chatham's PREA Compliance Manager reports no instance in which special management practices were required to be used for a victim of sexual assault. The NCDPS facility was not built with an isolation unit.</p> <p>Compliance Determination</p> <p>In the interview with the facility Director, the Auditor confirmed documentation from the audit file stating they have not used segregation of any victims of a sexual assault in the past year The Facility Director confirmed the practice is to ensure limited impact on the victim and movement restrictions would occur preferably in the management of the alleged aggressor. Since there was no use of special management, the Auditor could not interview a resident or staff person who had supervised them. The standard is determined to be compliant based on policy, the documentation provided, physical plant observations, and interviews completed.</p> |

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| 115.371 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>NCDJJ PREA 300 policy</p> <p>NCDPS Coordinated Response flowchart for PREA Allegations</p> <p>Training materials for Sexual Assault Investigations</p> <p>Silar City Police Department Website</p> <p>Chatham Sheriff's Office Website</p> <p>Memo on PREA Investigation from DJJ agency head</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the Agency Head representative</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Facility Director</p> <p>Interview with OSI Investigator</p> <p>Summary Determination</p> <p>Indicator (a) Chatham Youth Development Center had no allegation of sexual abuse and one sexual harassment allegation in the past year. The facility only investigates administratively as local law enforcement would complete criminal investigations, reportedly the Chatham County Sheriff's Office or the Silar City Police Department. The North Carolina Department of Juvenile Justice's PREA policy 300 set forth the responsibilities of the facility and the agency investigator, including the need for a prompt, thorough investigation of the facts, a complete report outlining the processes undertaken, and the reasoning behind the findings. The policy and the coordinated response plan define duties, and agency policy requires the investigation of all allegations, including those from a third party or anonymous sources. The policy and the coordinated response plan define duties, and agency policy requires the investigation of all allegations, including those from a third party or anonymous sources. "Investigations into allegations of sexual abuse and sexual</p> |

harassment shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.”

The NCDPS supports the objective investigatory process through its Office of Special Investigations. If the allegation involves a staff member, it was explained to the Auditor an investigator not associated with the facility will lead the investigation. In the allegation from 2023 the case was against a staff persons comments so an Investigator from OSI was assigned. The investigator will work with the local law enforcement agency to ensure the administrative investigation does not impinge on the criminal investigation. In discussions with the OSI Investigator, she confirmed she would coordinate with facility staff, agency leadership, and local law enforcement in the event of a sexual abuse allegation. DJJ PREA Policy 300 also covers the indicator’s language when it states, “If an alleged act of sexual abuse or sexual harassment is reported or discovered, an immediate preliminary review shall be conducted by a SAH investigator to determine if the incident meets the standards of PREA.” Interviews with random staff confirmed that they must report all allegations of sexual misconduct for investigation no matter who the source is (third party), if the allegation is anonymous, or their own beliefs about the validity of the allegation. The Facility Director confirmed she would be called into the facility to take immediate steps and coordinate if needed. The Facility Director will notify agency leadership, State PREA Coordinator and the individual who assigns trained investigator to report to the facility from the region. They reinforced that all allegations, no matter the source, are investigated.

Indicator (b) As noted in 115.334, the North Carolina Division of Juvenile Justice and Delinquency Prevention has multiple staff statewide who have completed a course on administrative investigations of sexual assaults in a correctional institution. There is one staff member at Chatham YDC who has completed the training. If he was not available, NCDPS would assign a trained investigator for residents on resident allegations from another regional detention center nearby. Chatham YDC will rely on local law enforcement (Chatham County Sheriffs and Silar City Police Department) to do crime scene investigations, including any DNA or other evidence collection. The Auditor review of each agency’s website confirmed sufficient resources for investigating sexual abuse cases and juvenile cases. The Auditor confirmed through staff interviews that they knew how to protect evidence. The Director would also ensure that written reports and electronic surveillance evidence would be made available to the criminal investigators. The Auditor reviewed policies on how to handle sexual abuse cases, which included language on client center approach and ensuring trauma-informed communication with victims.

Indicator (c) The Chatham Youth Development Center has one staff trained as a facility investigator. NCDPS has several other staff in the region who can respond to allegations of sexual misconduct to perform administrative investigations in addition to the OSI staff. In the Investigator interview, she described the steps to preserve

evidence but that the local police investigators would complete actual evidence collection at the crime scene. The facility staff knew how to ensure the preservation of evidence, including DNA, closing off the crime scene, and asking the individuals not to do anything to destroy evidence on their persons. The Investigator spoke on how evidence collected by the SAFE/SANE at the local hospital would become part of the criminal investigative file. She also spoke on the interview process and how prior records combined with interviews and videos may be used to assess the individual's credibility. The facility staff could all explain how to protect evidence until the law enforcement authorities arrived. Agency policy addresses the retention of evidence; "When a video is available that is associated with an alleged sexual abuse or harassment incident, a copy of the video will be maintained with the full investigative package in accordance with DPS retention policy." The Policy further states, "In order to preserve the integrity of the investigation and if law enforcement is not involved, then one person or a specific team shall be designated to investigate an incident, and only that person (or team) shall be involved in the collection of evidence and interviewing of potential witnesses. A thorough investigation is necessary to ensure the potential for prosecution/legal action. "In the event of a criminal investigation, DPS staff are directed not to move forward on administrative investigation steps, including interviews, until approved by the criminal investigator. The NCDPS has trained all staff on how to preserve evidence, including closing off crime scenes and encouraging the alleged victim and aggressor not to do anything that would destroy or degrade evidence. The Auditor was also able to review the NCDPS Investigator course for DJJ investigators. The Training covers expectations on evidence collection, including direct and circumstantial evidence, including video tapes and written statements by staff. The training materials and interviews with the Investigator described who needs to be interviewed (victims, perpetrators, and witnesses) as well as how to use historical information.

Indicator (d) The Investigator confirms they will not terminate an investigation if a resident recants their allegation. Agency PREA policy (page 18) states, "The Department of Public Safety shall not terminate an investigation solely because the source of the allegation recants the allegation." Neither the Police nor the facility Investigator will halt their respective investigations if the victim or perpetrator is no longer at the facility. The facility Investigator's interview and the 300-plus page training also confirm this expectation.

Indicator (e) The criminal investigator and the local prosecutor would make the determination on compelled interviews. NCDJJ investigators would not be completing compelled interviews. NCDPS Policy states, "When the quality of evidence appears to support a criminal prosecution, the Department of Public Safety shall conduct compelled interviews only after consulting with prosecutors as to

whether compelled interviews may be an obstacle for subsequent criminal prosecution while maintaining resident rights. Substantiated allegations of sexual abuse that appear to be criminal/delinquent shall be referred to the District Attorney. The departure of the alleged aggressor or victim from the employment or control of the Department of Public Safety shall not provide a basis for terminating an investigation.”

Indicator (f) The Investigator interviewed confirmed that a victim is not required to undergo any polygraph or other truth-telling process to proceed with an investigation. The Investigator confirmed in the discussions with the Auditor what the policy requires (PREA policy -page 18). “A resident that alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.” The NCDPS training has the investigating staff person assess the credibility of everyone involved in the case without biases toward their position as a staff member or resident.

Indicator (g). All criminal investigations potentially can include a referral to the NCDPS’ Office of Special Investigations if the evidence supports that a staff person's actions or inactions led to a resident-on-resident sexual assault. Administrative investigations into sexual harassment claims or other staff actions in sexual misconduct investigations can result in discipline outside of termination. All completed administrative investigations must have a related investigation file, which includes written or oral statements, video or other physical evidence, and the reasoning behind the conclusions reached. The facility investigator interviewed confirmed that in resident-on-resident allegations, the administrative investigation will include an assessment of staff actions or inactions that may have contributed to the incident's occurring. The Auditor confirmed with all random staff the expectation that they must report all staff actions or inactions that lead to a sexual abuse incident. Records are kept by the Director, the PREA Office, and the Office of Special Investigations when staff are the alleged abuser.

Indicator (h). All criminal investigations would be completed by the Silar City Police Department or the Chatham County Sheriff’s Office. As noted above, there were no sexual abuse allegations for the Auditor to review.

Indicator (i) The Auditor was unable to review investigative files from incidents in the last 12 months. Agency policy requires all criminal acts to be referred for a criminal prosecution, and interviews with facility leadership support they would encourage prosecution in the event of a sexual assault incident. The Auditor confirmed with the facility Director that they would stay informed about any

required steps toward prosecution requiring resident notification. As the state's law enforcement agency, the NCDPS, the parent agency of NCDJDP, expects that criminal conduct is referred for prosecution.

Indicator (j). The North Carolina Department of Public Safety requires record retention for a period of 5 years beyond the resident's involvement with DJJ. Policy language covers the standard indicator. The Auditor reviewed other agency documentation on the website supporting this and addressed the issue with the trained investigator. The investigative file, including all electronic evidence, is kept at both the facility and agency levels.

Indicator (k) Agency policy mirrors the standard language, and the Investigator's interview confirmed an individual's departure from the institution would not result in the case being closed. "The departure of the alleged aggressor or victim from the employment or control of the Department of Public Safety shall not provide a basis for terminating an investigation." The OSI Investigator confirmed that the investigation would have continued even if the resident left the facility or the staff person quit.

Indicator (l): The Auditor is not required to audit this provision.

Indicator (m) As noted in the above indicators, both facility leadership and the investigator interviewed confirm they would remain informed on criminal investigations completed by the local law enforcement staff. The facility leadership and the PREA Support persons were aware of the need to inform the victim if they were still in custody, the outcome of the investigation, if it was referred for prosecution, and if the individual was indicted. Notification would be made if the individual was reportedly in any DJJ facility.

Compliance Determination

The North Carolina Division of Juvenile Justice and Delinquency Prevention has policy language that supports this standard. In determining compliance, the Auditor took into consideration many factors. The North Carolina Division of Juvenile Justice and Delinquency Prevention has sufficient and appropriately trained individuals who can complete sexual assault administrative investigations and have developed relationships with local law enforcement agencies to complete criminal investigations. North Carolina Department of Public Safety Juvenile Justice and Delinquency Prevention investigates all potential sexual-related incidents as possible PREA events, even if the residents report the actions were consensual. In

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| | <p>doing so, they ensure all incidents are investigated and evidence is collected, which provides an opportunity for a reluctant victim to come forward later. To ensure issues are handled impartially, the NCDPS Office of Special Investigations would assign an administrative investigator not associated with the facility.</p> <p>During the Auditor’s interview, the NCDPS-trained investigator identified the steps taken to gather evidence and how the credibility of the various persons involved is determined on an individual basis, and a polygraph exam would not be required to initiate an investigation. Consistent with policy, it was stated that investigative reports would be completed on all administrative and criminal investigations. The facility has a plan to remain informed on criminal cases handled through the local law enforcement agency. Compliance is based on policy, interviews, and documentation provided, including the 2023 case file, and reviewed online.</p> |
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| 115.372 | Evidentiary standard for administrative investigations |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>DJJ PREA 300 policy</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with a trained Adminstratie Investigator</p> <p>Summary Determination</p> <p>Indicator (a) North Carolina Division of Juvenile Justice and Delinquency Prevention PREA Policies both address the requirements of this indicator when they state, “Juvenile Facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.” The PREA 300 policy defines preponderance of evidence as follows: “The standard of proof used in most civil cases that requires the party bearing the burden of proof to present evidence that is more credible and convincing than the evidence presented by the other party. This standard is satisfied if the evidence shows that it is more probable than not that an event occurred. The</p> |

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| | <p>preponderance of the evidence is a lesser standard of proof than “beyond a reasonable doubt,” which is required to convict in a criminal trial.” The Auditor’s Interview with the trained investigator confirmed that no greater standard is used. The administrative investigator outlined credibility assessments, including looking at consistency in interviews versus other evidence.</p> <p>Compliance Determination</p> <p>Compliance was based on the policy language, the interview with the trained investigator, and the investigator's training materials review.</p> |
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| 115.373 | Reporting to residents |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.,</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>DJJ PREA 300 policy</p> <p>DJJ PREA Notification forms (OPA-130, OPA-130A) in English and Spanish</p> <p>DJJ Memo to law enforcement agencies</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with an Investigative Staff</p> <p>Interview with a PREA Support Persons</p> <p>Summary Determination</p> <p>Indicator (a) The North Carolina Division of Juvenile Justice and Delinquency Prevention provides notification to all residents on the outcome of their investigations into sexual misconduct. The Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures cover the notifications under the section on Victim Support. The PREA Support Person assigned by the facility Director according to the policy, is to “Provide victim with a completed OPA-130 (Victim Support Services form) to inform him/her of the results (status and outcome) of the</p> |

investigation. Unless the incident is determined as unfounded, the PSP will inform the victim of the law enforcement outcome and the status of the staff member (assailant).”

The PREA 300 policy states, “Following an investigation into an offender, resident, or safekeeper’s allegation they suffered sexual abuse or sexual harassment in a facility, the PSP shall inform the offender, resident, or safekeeper as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The notification shall be documented on Form OPA-I30 Support Services.” The agency’s PREA also policy requires the notification to residents if the allegation was substantiated, unsubstantiated or determined to be unfounded. The policy also states, “Following an allegation that a resident has been sexually abused by a staff member (unless unfounded), the alleged victim shall be informed by the PSP whenever

(1) the staff member is no longer posted in the resident’s unit,

(2) the staff member is no longer employed at the center,

(3) the agency learns the staff member has been indicted on a charge related to sexual abuse within the center, or

(4) the agency learns the staff member has been convicted of a charge related to sexual abuse within the center.

Following an allegation that a resident has been sexually abuse by another resident, the alleged victim shall be informed by the PSP whenever:

(1) the agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the center, or

(2) the alleged abuser has been convicted on a charge of sexual abuse within the center. The obligation to provide the results of the investigation is terminated if the resident is released from the agency’s custody.” The investigation's outcome notifications are to be documented on a department-approved form and kept as part of the investigative file. The Auditor received a copy of the OPA 130A form in English and Spanish. Discussions with the Investigator and the Director both supported that communication with the Police and Courts would be ongoing to ensure timely notifications are made.

Indicator (b) As noted in the previous indicator, the Chatham YDC administration and the DJJDP assigned Investigator would ensure they are kept abreast of the criminal case so they can update the victim as required.

Indicators (c & d). The NCDPS policy requires the PREA Support Person to notify the victim if the accused perpetrator is a staff person, contractor, or volunteer. As noted

in indicator (a), the policy states the various points in which notifications are to be made. The PSP will also notify the victim when the individual has been removed from areas where they would come in contact or if they have been removed from access to the facility. "The alleged victim shall be provided a completed OPA-130 (PREA Support Services form) by the PSP with the results of the investigation." The policy also requires notifications to be made to any resident regarding any indictment or conviction of a perpetrator if the victim is still in custody. "Disposition of PREA Investigation

1. The alleged victim shall be informed in writing by the PSP of the results of the investigation.

REFERENCE: PREA template for this notification.

2. Following an allegation that a resident has been sexually abused by a staff member (unless unfounded), the alleged victim shall be informed by the PSP whenever;

a) The staff member is no longer posted in the resident's unit,

b) The staff member is no longer employed at the center,

c) The agency learns the staff member has been indicted on a charge related to sexual abuse within the center, or

d) The agency learns the staff member has been convicted of a charge related to sexual abuse within the center.

3. Following an allegation that a resident has been sexually abused by another resident, the alleged victim shall be informed by the PSP whenever:

a) The agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the center, or

b) The alleged abuser has been convicted on a charge of sexual abuse within the center.

4. The obligation to provide the results of the investigation is terminated if the resident is released from the agency's custody."

The agency notification form uses language directly from the standard as part of the notification process. The PREA Support person interviewed confirmed they are required to provide such notifications as described in this standard.

Indicator (e) NCDPS has form OPA-130 that is used to document notifications. The PSP will complete the form and document the notifications, which will become part of the full investigation file. There were no allegations of sexual abuse in the past year requiring notifications to be made.

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| | <p>Indicator (f) The Auditor is not required to audit this provision.</p> <p>Compliance Determination</p> <p>The Auditor determined compliance based on policy and interviews with various staff members who would be involved in ensuring proper notifications occurred, including the facility Director/ Investigator and a PREA Support Person.</p> |
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| 115.376 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Juvenile Justice Facilities Detention Services Policy and Procedure</p> <p>NCDPS New Employee Orientation Manual.</p> <p>Employee PREA acknowledgment form (OPA-T10)</p> <p>PREA Training Materials</p> <p>NCDPS Coordinated Response Overview</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with an Investigative Officer</p> <p>Interview with Chatham Youth Development Center Director</p> <p>Interview with the Agency Head Representative</p> <p>PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator (a) North Carolina Division of Juvenile Justice and Delinquency Prevention</p> |

provides notification to all employees in two policies, employee handbooks, and training on the obligation to report any sexual abuse or sexual harassment of a resident at any Juvenile facility. The Policy states, " Staff shall be subject to disciplinary action up to and including termination for violation of Department of Public Safety sexual abuse or sexual harassment policies. Staff who engage in sexual abuse shall immediately be prohibited from contact with residents and shall be reported to relevant licensing bodies or law enforcement agencies unless the activity was clearly not criminal. Consequences will be commensurate with the nature and circumstances of the sexual abuse or harassment committed." The New Employee Orientation Manual sets forth the obligation to report all activities that are violations of the law. It states. "If the violation is that a Department employee engaged in, attempted, threatened, or requested an act constituting sexual misconduct, termination of the employment of the employee shall be the presumptive disciplinary sanction." All new North Carolina Department of Public Safety employees are educated about PREA and the NCDPS Zero tolerance as part of new employee orientation, even if they do not work in a DJJDP facility. There were no sexual abuse allegations against staff at Chatham Youth Development Center.

Indicator (b) The NCDJJ policy requires that staff who engage in sexual misconduct be referred for investigation by local law enforcement agencies who will refer individuals for potential prosecution. The Agency policy and training notify employees that those staff who engage in sexual misconduct have violated North Carolina laws at a felony level. Staff interviewed by the Auditor understood that termination is the expected outcome for those who engage in sexual misconduct with youth at the YDC. The facility Director and the agency PREA Coordinator confirmed this. The Agency Head representative also confirmed the fact that termination is the presumptive discipline for sexual abuse. As indicator (a) noted, there were no cases at Chatham YDC. In addition to termination for engaging in sexual contact with a juvenile, the PREA Policy goes on to state that staff who are aware of sexual misconduct between staff and residents or between residents will also be subjected to discipline. The PREA Policy says, "Failure of staff to report alleged incidents of sexual abuse or sexual harassment will subject the non-reporting staff member to disciplinary action up to and including dismissal."

Indicator (c) North Carolina Department of Public Safety policy allows for other sanctions to occur besides termination if the incident is a non-criminal act. As noted in indicator (a), "Consequences will be commensurate with the nature and circumstances of the sexual abuse or harassment committed." The Facility Director and HR representative confirmed discipline can occur for other behaviors related to PREA, such as inappropriate comments/language. In these cases, the DJJ policy dictates it would review the individual's history and make suitable sanctions consistent with laws. There have been zero cases of staff discipline at any level in the past 12 months for a concern related to sexual misconduct. The Auditor reviewed the new employee handbook to understand disciplinary actions that could be imposed for noncriminal acts besides terminations. The employee handbook states staff can also receive a letter of discipline, be suspended, or be demoted.

Indicator (d) The Auditor was able to confirm with the facility Director that any termination or resignation would not stop the case from being referred for prosecution. She confirmed the termination of employment for a violation of a departmental sexual misconduct policy or the resignation by a Department employee who would have been terminated if not for his or her resignation will be reported to the appropriate criminal prosecuting authority or relevant licensing bodies. There have been zero cases in the past 12 months.

Compliance Determination:

The North Carolina Department of Public Safety policies address the standard’s expectation toward the discipline of staff persons who sexually assault or harass an individual in custody. The NCDPS has created an Office of Special Investigations to ensure transparency of the investigative process. Though there has been no staff discipline at Chatham Youth Development Center this past year, the agency has provided documentation and education of employees to support compliance. Disciplinary actions of staff include a variety of sanctions, including termination, which will be presumed for a substantiated finding of sexual abuse. The policies also require, consistent with the standard, criminal acts are referred for prosecution and sexual misconduct to be reported to appropriate licensing bodies. Compliance is based on policy, interviews, the NCDPS Employment Handbook, and mechanisms in place to hold staff accountable.

| 115.377 | Corrective action for contractors and volunteers |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>PREA Volunteer and Contractor Acknowledgment forms</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Director</p> <p>Interview with PREA Coordinator</p> |

Summary Determination

Indicator (a) The North Carolina Division of Juvenile Justice and Delinquency Prevention provides notification to all contractors and volunteers about the agency's zero tolerance for sexual misconduct with residents. This is done through an orientation program for volunteers and contractors, as noted in 115.332 and 115.334. Any violation of agency policies can lead to an immediate cessation of privileges. This is covered in the PREA Policy as well as in the orientation training for all new volunteers. Contracted employees who provide direct service receive the full training on PREA that all Division of Juvenile Justice and Delinquency Prevention staff receive. Both contracted staff and volunteers sign acknowledgment forms stating they understand an act of sexual misconduct or failure to report such actions could result in termination of access to the facility and can lead to felony charges under North Carolina Law. If the investigative process reveals that the actions were criminal in nature, the case would be referred for prosecution. In the case of licensed professionals such as contracted nursing staff or mental health clinicians, the appropriate state licensing body would be informed. The Auditor spoke with a contracted staff person and a volunteer who confirmed they understood the training and potential consequences for staff violating the rules around undue familiarity.

Agency PREA policy (page 12) covers the requirements of the standard. "Any contractor or volunteer who engages in sexual abuse shall immediately be prohibited from contact with residents and shall be reported to relevant licensing bodies or law enforcement agencies unless the activity was clearly not criminal. Consequences will be commensurate with the nature and circumstances of the sexual abuse or harassment committed."

Indicator (b) Interviews with the Director and the Agency PREA Coordinator supported that violations other than actual sexual assault by a contractor or volunteer would be reviewed to determine if it were appropriate to continue services. Absent any previous allegations, the Auditor relied on the Facility Director and the Agency PREA Coordinator's interviews. Volunteers and Contractors interviewed supported their understanding of the ability of the agency to protect residents, including barring individuals during an investigation of an allegation of sexual abuse or harassment.

Compliance Determination:

North Carolina Division of Juvenile Justice and Delinquency Prevention has contractors and volunteers at its facilities sign an acknowledgment form that notifies them that any sexual misconduct can result in the termination of privileges and that they may be subjected to civil or criminal prosecution. NCDPS PREA policy allows the facility Director to bar entry to any contractor or volunteer to prevent

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| | <p>contact with potential victims of sexual abuse or harassment incidents. The policy requires the agency to refer incidents involving these individuals to law enforcement agencies for investigation. There were no incidents requiring the removal of a contractor or volunteer for sexual assault or sexual harassment, according to the Director and the PREA Compliance Manager. Contracted staff were aware that they could be barred for violation of YDC rules related to PREA. Compliance, absent allegations, is based on policy, supporting documentation, and interviews.</p> |
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| 115.378 | Interventions and disciplinary sanctions for residents |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Juvenile Justice Facilities Detention Services Policy and Procedure</p> <p>Resident Intake Packets</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Resident</p> <p>Interview with Director</p> <p>Interview with PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator (a) Residents at Chatham Youth Development Center who have been found to have engaged in a criminal offense, including sexual assault, are not only subjected to criminal prosecution but they are also held accountable through the facility's treatment program. Residents are aware they can be placed on special conditions that limit movement and contact with peers and a potential loss of their current treatment status. There were no allegations or substantiated cases of resident-on-resident sexual assault in the past 12 months. The PREA Policy states, "Residents are subject to consequences for sexual misconduct/offense pursuant to the Behavior Expectations policy following the established due process." A review of the detention service policy and the admission packet further informs the reader of the potential consequences for sexual misconduct or sexual abuse, which are both</p> |

listed as major rule violations. The Detention Policy manual (Pages 14-16) provides the definition of sexual abuse and sexual offense and the range of consequences for such actions. . A resident brought to the Auditor’s attention a case where a resident had made contact with their chest, but under further review, the case was investigated under physical assault as one challenged the other to a physical conflict. According to the Director, the contact was determined to be incidental to the fight for which consequences were given.

Indicator (b) Residents can be sanctioned for engaging in sexual misconduct even if it is consensual. The discipline code defined in the policy prohibits physical sexual contact between residents. The Policy outlines the definitions and ranges of consequences for both major and minor misconduct. Through this process, consistent application of discipline appears to be supported. The resident will continue to receive education, programming, and treatment services regardless of disciplinary status. The Policy defines two major infractions related to sexual misconduct and sexual offense. As noted, there have been no cases of discipline due to there having been no allegations of sexual misconduct or offense. No individuals were disciplined by confinement, loss of large muscle activities, or were denied access to programming, including school. The facility does not have work opportunities.

Indicator (c) The facility Director confirmed that they would assess the resident’s mental health state and cognitive abilities before determining the youth restorative action plan in considering any disciplinary conditions. NCDJJ provides juveniles with comprehensive mental health services, and a youth's treatment progress is an important aspect of all programming decisions. Discussions with the facility’s mental health providers support they would be asked for input on the residents' ability to understand the action and consequences. The PREA policy confirmed the Director’s statements, “Consequences will be commensurate with the nature and circumstances of the sexual abuse or harassment committed the resident’s disciplinary history and consequences imposed for comparable offenses committed by other residents with similar histories. Whether a resident’s mental disabilities or mental illness contributed to the behavior will be considered when determining what disciplinary sanctions, if any, will be imposed.”

Indicator (e) The Director and facility PREA Compliance Manager confirmed that residents who engage in sexual misconduct with staff will not be disciplined unless it is proven the staff did not consent. The facility has not had any such cases in the last three years.

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| | <p>Indicator (f) Residents interviewed supported that they cannot get in trouble for making a PREA complaint unless they have been proven to have purposefully lied. Agency Policy also states this expectation. “A report of sexual abuse and/or sexual harassment made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.”</p> <p>Indicator (g) Residents who engage in consensual sexual misconduct can be subjected to discipline as defined in the handbook. “Sexual activity not by force or under duress is considered sexual misconduct even if it is not a criminal violation.” There have been no cases of discipline of juveniles at Chatham Youth Development Center for sexual misconduct.</p> <p>Compliance Determination</p> <p>North Carolina Division of Juvenile Justice and Delinquency Prevention addresses the requirements of this standard in multiple policies and documents provided to the juvenile at admission. The documents cover the disciplinary process, the consideration of the resident's mental health in determining consequences, and that sanctions in the facility will be proportional to the offense. The North Carolina Division of Juvenile Justice and Delinquency Prevention prohibits consensual relationships between residents and between residents and staff.</p> <p>Residents who engage in sexual misconduct with staff cannot be disciplined unless it is determined the staff did not consent to the act. Residents can be disciplined for making an intentionally false report related to PREA. Absent a PREA allegation, compliance was based on policy reviews and interviews with staff and residents.</p> |
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| 115.381 | Medical and mental health screenings; history of sexual abuse |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Juvenile Justice Facilities Detention Services Policy and Procedure</p> <p>Resident Intake Packets</p> |

Individuals interviewed/ observations made.

Interview with Resident

Interview with Director

Interview with PREA Coordinator

Summary Determination

Indicator (a) Residents at Chatham Youth Development Center who have been found to have engaged in a criminal offense, including sexual assault, are not only subjected to criminal prosecution but they are also held accountable through the facility's treatment program. Residents are aware they can be placed on special conditions that limit movement and contact with peers and a potential loss of their current treatment status. There were no allegations or substantiated cases of resident-on-resident sexual assault in the past 12 months. The PREA Policy states, "Residents are subject to consequences for sexual misconduct/offense pursuant to the Behavior Expectations policy following the established due process." A review of the detention service policy and the admission packet further informs the reader of the potential consequences for sexual misconduct or sexual abuse, which are both listed as major rule violations. The Detention Policy manual (Pages 14-16) provides the definition of sexual abuse and sexual offense and the range of consequences for such actions. . A resident brought to the Auditor's attention a case where a resident had made contact with their chest, but under further review, the case was investigated under physical assault as one challenged the other to a physical conflict. According to the Director, the contact was determined to be incidental to the fight for which consequences were given.

Indicator (b) Residents can be sanctioned for engaging in sexual misconduct even if it is consensual. The discipline code defined in the policy prohibits physical sexual contact between residents. The Policy outlines the definitions and ranges of consequences for both major and minor misconduct. Through this process, consistent application of discipline appears to be supported. The resident will continue to receive education, programming, and treatment services regardless of disciplinary status. The Policy defines two major infractions related to sexual misconduct and sexual offense. As noted, there have been no cases of discipline due to there having been no allegations of sexual misconduct or offense. No individuals were disciplined by confinement, loss of large muscle activities or were denied access to programming, including school. The facility does not have work opportunities.

Indicator (c) The facility Director confirmed that they would assess the resident's mental health state and cognitive abilities before determining the youth restorative action plan in considering any disciplinary conditions. NCDJJ provides juveniles with comprehensive mental health services, and a youth's treatment progress is an important aspect of all programming decisions. Discussions with the facility's mental health providers support they would be asked for input on the residents' ability to understand the action and consequences. The PREA policy confirmed the Director's statements, "Consequences will be commensurate with the nature and circumstances of the sexual abuse or harassment committed the resident's disciplinary history and consequences imposed for comparable offenses committed by other residents with similar histories. Whether a resident's mental disabilities or mental illness contributed to the behavior will be considered when determining what disciplinary sanctions, if any, will be imposed."

Indicator (e) The Director and facility PREA Compliance Manager confirmed that residents who engage in sexual misconduct with staff will not be disciplined unless it is proven the staff did not consent. The facility has not had any such cases in the last three years.

Indicator (f) Residents interviewed supported that they cannot get in trouble for making a PREA complaint unless they have been proven to have purposefully lied. Agency Policy also states this expectation. "A report of sexual abuse and/or sexual harassment made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation."

Indicator (g) Residents who engage in consensual sexual misconduct can be subjected to discipline as defined in the handbook. "Sexual activity not by force or under duress is considered sexual misconduct even if it is not a criminal violation." There have been no cases of discipline of juveniles at Chatham Youth Development Center for sexual misconduct.

Compliance Determination

North Carolina Division of Juvenile Justice and Delinquency Prevention addresses the requirements of this standard in multiple policies and documents provided to the juvenile at admission. The documents cover the disciplinary process, the consideration of the resident's mental health in determining consequences, and that sanctions in the facility will be proportional to the offense. The North Carolina Division of Juvenile Justice and Delinquency Prevention prohibits consensual

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| | <p>relationships between residents and between residents and staff.</p> <p>Residents who engage in sexual misconduct with staff cannot be disciplined unless it is determined the staff did not consent to the act. Residents can be disciplined for making an intentionally false report related to PREA. Absent a PREA allegation, compliance was based on policy reviews and interviews with staff and residents. The Mental Health staff interviews, as well as the documentation of follow-up support, the facility goes beyond the standards requirements in routinely following up with juveniles who disclose past abuse. Residents who disclosed their own past abuse to the Auditor stated the mental health staff will meet with you whenever you need, including if you need to speak to them by phone if they are not on site. The resident's statement of support from the administration and the healthcare staff further supported this finding.</p> |
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| 115.382 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>State law 143B-480.1 Assistance Program for Victims' of Rape and Sexual Offenses</p> <p>NCDPS Response flowchart</p> <p>Chatham PREA Response Plan</p> <p>Medical forms for documenting incidents</p> <p>Resident records</p> <p>Website on NC Rape Victims Assistance Fund</p> <p>Individuals interviewed/ observations made.</p> <p>Interviews with Medical Staff</p> <p>Interviews with Mental Health Staff</p> <p>Interview with Residents</p> <p>Observation of the medical office</p> |

Summary Determination

Indicator (a) The Chatham Youth Development Center has an on-call medical staff who can respond or require the juvenile to go to the hospital depending on the need and urgency of response. Registered Nurses are on site daily for 8 hours as well as a medical practitioner a few days per week, The facility has the added availability of on-call medical and mental health practitioners. The services are diverse and consistent with community health clinics. Residents report access to these services if they are in crisis. Medical staff report having medical autonomy if the resident must go out of the building for emergency services to facilitate that trip. The medical staff states the facility administration is supportive of the work they do, and they work to resolve issues when they arise. Resident records support quick access to health services which would be critical in response to PREA allegations. The medical staff reported they would refer a victim to a local hospital for SANE services. PREA Policy ensures that alleged victims of sexual misconduct receive immediate, unimpeded access to medical and mental health services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Medical staff confirmed their autonomy in making sure residents' needs are addressed. Agency PREA policy covers medical and mental health responses to sexual abuse incidents. The policy ensures immediate referrals if the incident has occurred in the past 72 hours. "When there is knowledge, suspicion, and/or information pertaining to acute or nonacute sexual abuse (< 72 hours up to 5 days after the time of alleged sexual abuse and notification to Juvenile Justice) of a resident by another resident and/or by staff, contractor(s), and/or volunteer(s), the alleged victim may be provided access to an acute medical evaluation at a designated center, supported by a Memorandum of Agreement, to include the following mandatory standards and components. The policy also states the forensic exam should be completed in a manner consistent with the DOJ guidelines when it states, "The acute medical evaluations shall be in full compliance with standards established through the "National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." [U.S. Department of Justice; Office on Violence Against Women (September 2004)]. Per this standard, the alleged sexual abuse victim(s) shall be granted access to a Sexual Assault Nurse Examiner (SANE) at the designated acute medical evaluation center;

D. The acute medical evaluation shall be in full compliance with professionally accepted standards of care, and shall include the following components:

1. Telephone-based referral/intake prior to presentation to the designated medical center,
2. Complete medical history obtained from staff, the alleged victim, and/or from caregiver or legal guardian,
3. Detailed sexual abuse history obtained from staff and from the alleged victim,
4. Comprehensive physical examination,

5. Complete sexual assault evidence-collection kit, and possible photo documentation, while maintaining the chain of evidence,
6. Testing for sexually-transmitted infections and/or pregnancy, as appropriate,
7. Prophylaxis against sexually-transmitted infections and/or pregnancy, as appropriate,
8. Treatment for sexually-transmitted infections, as appropriate,
9. Information and access to all lawful medical pregnancy-related services and interventions,
10. Mental health screening, if indicated per center-specific protocol,
11. Written documentation of: assessment; key findings, intervention; recommendations; and/or referrals,
12. Mandatory reporting to state and/or local agencies, if indicated,
13. Medical evaluator participation in the official Sexual Abuse Incident Review, if requested, and
14. Provision of expert testimony, if required.”

No juveniles have needed to be sent for a forensic exam from the facility in the past year.

Indicator (b) Random staff knew as part of their first responder duties that immediate notification to medical was required. This is also stated in the facility's Sexual Assault Response plan available to staff. A resident needing a forensic exam will be sent to the University of North Carolina Children's Hospital's Emergency Room, about thirty-five miles away in Chapel Hill. The staff interviewed understood their role to encourage a detainee to go to the hospital and not do anything that would destroy or degrade the physical evidence. All staff knew to call the nurse if she was not on site. The Auditor saw the facility's emergency plan binder with a pull-out checklist for first responders and supervisors informing the staff about notifying medical and mental health staff.

Indicator (c) Discussions with hospital staff and facility medical staff confirm that sexual assault victims would be offered STD testing, prophylaxis medications, and emergency contraception. The Auditor confirmed the same medications would be offered to the resident again upon return from a forensic exam even if they had initially denied it. Medical staff confirmed they would educate the resident on the importance of such medications for continued health. Medical staff at the hospital confirmed that emergency contraception and pregnancy testing is available to victims for individuals with reproductive organs.

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| | <p>Indicator (d) The Auditor confirmed that medical services related to sexual assault victims are provided without cost in North Carolina. Payment for the medical forensic examination is made through the Rape Victim Assistance Program (RVAP), a state of NC-funded entity through the NC Dept of Public Safety. "Payment is made directly to the medical facility or medical professional. An itemized copy of the bill must specify the categories of expenses under which the services fall and be submitted with the RVAP Form-2019." The Auditor also confirmed that victims of sexual assault are provided initial and follow-up services at a local hospital through funding from the state. This is done to encourage all victims to come forward for help. The Medical team at Chatham YDC would function in the same way by providing follow-up care. The Auditor was also provided with state law that confirms victims are provided services without cost to them or their parents. Mental health staff also report they would report immediately following an allegation to support the victim.</p> <p>Compliance Determination</p> <p>Chatham Youth Development Center can quickly respond to and provide emergency care and referral to a local hospital for forensic services. The facility response plan for PREA incidents outlines the steps taken to ensure access to care. The facility has on-site medical nursing daily plus on-call services that appear to support there are sufficient resources for the population. The facility also has on-call providers who can help facilitate referrals to outside medical hospitals. The Auditor reviewed state websites and spoke to a local hospital representative. Absent a sexual assault incident, compliance is based on policy, staff understanding of expectations, the availability of onsite medical and mental health resources, and access to SANE nursing services at local hospitals. The Auditor also considered the agency's PREA policy, which outlines expectations consistent with this standard and the organized response plan.</p> |
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| 115.383 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> |

Medical Notes

Coordinated Response Plan

Medical and Mental Health Assessments

Mental Health Services Information

Screening tools

NCDPS - Website Rape Victims Assistance Program

NC Statute 14.27.2

Individuals interviewed/ observations made.

Interview with Medical Staff

Interview with Resident

Interview with Second Bloom of Chatham representative

Interview with PREA Coordinator

Observation of the medical unit

Summary Determination

Indicator (a) The Chatham Youth Development Center ensures that all residents are provided with the appropriate level of medical and mental health services for any issues of sexual abuse. Medical staff will provide the appropriate level of care depending on how long ago the abuse occurred. If the incident has occurred recently, the resident will be offered a forensic exam at a local hospital. If the incident is a prior life event in another institution or the community, the medical and mental health teams will complete a health assessment and mental health referral for services. If the resident is more comfortable discussing the abuse with a rape crisis agency staff person, then the Mental Health Clinician or the PREA Support Person would be arranged. Medical staff confirmed juveniles in crisis can be moved within minutes to outside hospitals for critical care and that there is no conflict with custody staff on this process. NCDPS PREA Policy on pages 20-27 provides clear instructions on what to do if the assault has occurred in the past 72 hours if the abuse occurred at some other time, and what staff are expected to do if there is no medical or mental health staff on site. The facility's PREA Response plan also sets forth expected action consistent with getting juveniles access to care as soon as possible. Interviews with the facility nurse confirmed there would be an initial assessment in the medical office but that if there is a concern that the individual was a victim of sexual assault, they would be transferred to UNC Children's Hospital

for a forensic exam by and trained Sexual Assault Nurse Examiner (SANE).

Indicator (b) Residents who are victims of sexual assault in an NCDPS Juvenile Justice facility are immediately referred to mental health services as well as medical services. If the services are provided initially in a hospital setting, as would occur in the forensic exam, the Chatham Youth Development Center medical staff will provide the appropriate follow-up services. The Chatham Youth Development Center Medical and Mental Health staff spoke with confirmed, as did the Second Bloom representative, that they would make referrals to ensure continuity of care if the resident was released home or transferred to another facility. Medical staff confirmed that if a resident has been transported to the hospital, the facility medical staff will thoroughly review the discharge instructions, carry out orders as appropriate, and develop treatment plans for alleged victims upon returning to the facility. Facility medical staff report the steps will all be documented in the resident's electronic health care record. There was no incident so the Auditor could not review any related medical charts for this indicator.

Indicator (c) NCDPS offers Chatham Youth Development Center residents a full array of medical and mental health services. The medical clinic addresses the needs associated with the adolescent population. The medical team can address any issue related to post-sexual assault, including prophylactic treatments for STDs and pregnancy testing and counseling. The facility has nursing services daily and on-call medical providers when nurses are not on site. The Nurse also confirmed that residents needing specialized care can be brought to a specialist in the community if needed. The medical staff also supports they have medical autonomy and do not feel that custody would impede the juvenile from going out for a forensic exam. Mental Health services include counseling, medication management, and when needed, extra support. The facility uses treatment-based planning for the sentenced population it serves. In addition to being able to service victims of sexual abuse, the treatment providers

Indicator (d) Female residents of Chatham Youth Development Center would have been offered pregnancy testing at the hospital and subsequently at the facility after sexual assault incidents. This was confirmed with hospital and facility medical staff.

Indicator (e) Female residents of Chatham Youth Development Center would have been offered timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. This was confirmed with hospital and facility medical staff.

Indicator (f) The Auditor confirmed with both the medical staff at Chatham Youth Development Center and the representative of UNC Children's Hospital that victims of sexual assault are offered testing for sexually transmitted diseases. This testing is provided free of charge, consistent with agency policy and state law. Policy language supports this expectation. The Nurse also confirmed that if the juvenile

refuses these suggested services at the hospital, they would be educated on why the hospital made the recommendations for testing and the service could be offered at the facility.

Indicator (g) Treatment services are provided without cost to the resident, including if the resident must go out for a forensic exam. Juveniles do not pay for medical services in NCDJDP facilities. State law 14.27.2 put NCDPS (the parent organization of NCDJDP) in charge of the funds to be paid to hospitals for the treatment of victims of sexual abuse. The Nurse confirmed that the juvenile will be sent for the exam no matter if they have named the abuser or not. Hospital staff also confirmed there is no requirement to name an abuser to receive services.

Indicator (h) All individuals involved in a sexual assault, both the victim and perpetrator, are referred for mental health assessments. The Auditor was able to confirm with mental health staff that they can complete a full array of services for both the victim and perpetrator of sexual abuse. Though there have been no incidents at Chatham Juvenile Detention Center, mental health staff are experienced in working with individuals with prior perpetrating behaviors in the community. Agency policy states, "A comprehensive forensic mental health evaluation may be conducted at the center (The forensic mental health evaluation shall be scheduled based on review by the senior person in charge and if recommended. The evaluation should be initiated within days of concerns coming to the attention of Juvenile Justice)."

Compliance Determination

The NCDPS Juvenile Justice services ensure residents have ongoing access to services that address the healthcare needs of resident victims of sexual abuse. The Auditor confirmed the capacity to support victims of sexual violence. The Chatham Youth Development Center, health services staff would provide follow-up medical and mental health services for victims of sexual assault or perpetrators of sexual offenses. Healthcare staff would ensure that all medical needs and follow-up treatment were provided after an initial referral to the local hospital for a forensic exam. Medical staff confirms that they could educate residents about the importance of pregnancy testing, STD testing, and prophylactic treatments if they initially refused these treatments at the hospital. Compliance is based on the resources available on-site and community-based services, the interviews with medical and mental health staff, and interviews with representatives of the Second Bloom. There were no incidents of staff having to respond to sexual abuse of a juvenile at Chatham Youth Development Center.

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| 115.386 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Policies and written/electronic documentation reviewed.

Chatham Youth Development Center Pre-Audit questionnaire

Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures

Post Incident Review Form (OPA-I10)

Individuals interviewed/ observations made.

Interview with the Facility Director/ PREA Compliance Manager

Interview with PREA Coordinator

Interview with Medical Staff

Interview with Mental Health staff

Summary Determination

Indicator (a) The North Carolina Division of Juvenile Justice and Delinquency Prevention has a policy in place that addresses this indicator. Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures (page 9) sets forth the requirement of an incident review on all cases of sexual abuse unless the investigation has determined the allegation was unfounded. The policy states, "the PCM will conduct a Post Incident Review (PIR) after every sexual abuse investigation unless "unfounded." The PIR (OPA-I10) will occur within 30 days of the conclusion of the investigation, and a copy of the final PIR will be submitted to the PREA Office within 30 days of completion. The PCM will include a review team of management, supervisors, investigators, and medical/mental health providers to conduct the PIR.

The review team will:

1. Consider if there is a need to change policy or practice;
2. Consider if the incident was motivated by race, ethnicity, gender identity, LGBTI identification, status, gang affiliation, or was motivated by group dynamics at the center;
3. Assess if physical barriers enabled abuse;
4. Assess the adequacy of staffing levels;
5. Assess if monitoring technology should be deployed or supplemented; and
6. Prepare a report of findings, determinations, and improvement recommendations. If the center does not implement recommendations, reasons must be documented." The Auditor was provided with examples of the review form used if Chatham YDC

had an incident of sexual abuse.

Indicator (b) The NCDJJD PREA policy states that consistent with standard expectations, the review should occur within 30 days of the conclusion of the investigation. The Policy list the review under duties described for the facility's PREA Compliance Manager. "The PIR (OPA-I10) will occur within 30 days of the conclusion of the investigation, and a copy of the final PIR will be submitted to the PREA Office within 30 days of completion." Interviews with the facility Director/ PREA Compliance Manager both supported knowledge of the importance and timeliness of the reviews. Absent an actual incident of sexual abuse, the Auditor confirmed with the agency PREA Office that they would be actively involved in the review process.

Indicator (c) As noted in indicator (a) the policy language addresses the multi-discipline nature of the team. In a review of the documentation provided and various staff interviewed, the multi-disciplinary nature of the team was confirmed. The facility confirmed they have mock audits and reviewed the incident with a multi-disciplinary team. The Director believes she would include the PCM, line Supervisor, a PREA Support Person, and Medical and mental health staff. Information requires that all reviews be forwarded to the NCDJJD PREA Office and the Regional Director for further review. The agency PREA Coordinator confirmed their review would also look at systemwide complaints to further identify consistencies that may need to be addressed through policy or training needs.

Indicator (d) The elements described in this indicator are all covered in policy as noted in indicator (a). The Post-Incident Review form (OPA-I10) uses an agency-approved form to document the review panel's considerations, including the required information. The PIR form considers if the policy needs to be reviewed and the underlying motivation for the incident, including if the victim was targeted due to their perceived membership of a particular group. It goes on to look at staffing, physical plant issues, and surveillance needs. Interviews with the Agency Head representative, the PREA Coordinator, the Facility Director, and the PREA Compliance Manager all support they would be assessing how policy, training, and operational practice might need to change to prevent any further incident.

Indicator (e) The Post Incident Review form used in all NCDJJD facilities documents the findings of the questions asked in this standard indicator. It provides the reader with information if the team has determined the cause of the abuse related to the six sub-indicators described in (d) and any recommended actions. The Director and PREA Compliance Manager were both aware of the form and the importance of good documentation of the information determined through the investigation and the subsequent review.

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| | <p>Compliance Determination</p> <p>The North Carolina Division of Juvenile Justice and Delinquency Prevention policy requires the completion of the steps outlined in this standard. The interviews support knowledge of the aspect of a critical incident review in PREA sexual assault cases. The policy requires what information needs to be part of the incident review. The language comes directly from the standard. Compliance was determined based on policy language, the documentation provided, the incident review member's understanding of the requirements, and the incident review form.</p> |
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| 115.387 | Data collection |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Agency annual report</p> <p>Agency Website</p> <p>NCDJJD Data tracking document</p> <p>Memo from NCDJJD PREA Office on incident and data collection.</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the Agency Head representative</p> <p>Interview with PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator (a) The North Carolina Division of Juvenile Justice and Delinquency Prevention collects data that is consistent with the policy definitions that were developed to be consistent with the standard. The PREA Coordinator states each facility's PREA Compliance Manager will collect incident-based sexual misconduct data and forward that data to the Department's PREA Coordinator. All information is also forwarded in TORI the NCDJJD incident report site, allowing for administrative</p> |

review by agency leadership. The agency policy and annual reports define sexual abuse and sexual harassment as consistent with federal definitions. The Agency has statewide case management systems that can capture age, gender, as well as the outcomes of all investigations. The state PREA Office has direct access to information from the state critical incident tracking system (TROI). The PREA staff confirmed that they are aware of all incidents and will be supplied information on 16 different elements of each incident, including tracking how long the investigation took and the outcome determination.

Indicator (b) The agency completes an annual report with aggregate data from the Chatham Youth Development Center Youth Development Center. There were no incidents to review but the agency PREA Coordinator was familiar with the various elements of required for the SSV and the agency's annual report. The Auditor also reviewed the agency's annual report which did not include any identifiers.

Indicator (c) The Auditor was able to confirm the various elements of the Survey of Sexual Violence are maintained and could be used to complete the report if requested by the Department of Justice. There has not been a request by the Department of Justice for a Survey of Sexual Violence reports for the Chatham Youth Development Center. Interviews with both the Facility PREA Compliance Manager and the State PREA Coordinator confirmed the elements would be tracked.

Indicator (d) The agency has rules on retaining records at all NCDJDP facilities. Copies of criminal files involving resident-on-resident contact will be retained locally, with a copy sent to the agency PREA Coordinator. The PREA Coordinator would receive all incident outcomes and ensure data accuracy.

Indicator (e) The NCDJDP just entered into its first agreement with the Department of Corrections for a Juvenile unit with sight and sound separation from adults in a co-located facility. Contractual Language reviewed in 115.312 requires the facility to be run under PREA Juvenile rules. The Juvenile PREA Office confirmed they would receive notification on all allegations of abuse at this contracted facility. This information should be included in the 2023 state summary report.

Indicator (f) The Department of Justice has not requested PREA-related information from the NCDPS in the past year for CYDC.

Compliance Determination

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| | <p>The Auditor has found the standard to be compliant. The NCDJJD has a system in place for collecting uniform data that could be used to complete the Survey of Sexual Violence. The North Carolina Department of Public Safety Prison Rape Elimination Act (PREA) Sexual Abuse Annual Report 2021 outlines the efforts, including data for each of NCDPS's adult and juvenile facilities. The 2022 report will be finalized shortly. The agency has not been required to complete the Survey of Sexual Violence by the DOJ for this year for this facility or at the statewide level. The State PREA Coordinator reports she has all the information available to complete the report and provided the previous year's report to further support their compliance. The Auditor also took into consideration the tracking system NCDJJD has in place that allows for facility and systemwide analysis to occur.</p> |
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| 115.388 | Data review for corrective action |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Annual Report on Agency Website</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the Regional Director</p> <p>Interview with the Agency Head</p> <p>Interview with the Facility Director</p> <p>Interview with Agency PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator (a) The North Carolina Division of Juvenile Justice and Delinquency Prevention uses data related to PREA and other critical safety incidents to determine program improvements. The department's central office staff and the facility's administrative team review critical incidents with an eye toward improving safety. Interviews with the Facility Director, the Agency PREA Coordinator, and the Regional Director who was on-site during the audit support critical analysis occur not only at the facility level but also at a system level. Both the Director and the PREA</p> |

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| | <p>Coordinator also confirmed trends are used to further guide policy/ procedural practices or the disbursement of resources.</p> <p>Indicator (b) The NCDJJD annual report has a comparison by each facility on the number of sexual assault and sexual harassment claims. Each facility's data compares the current year to the prior year's data. The report shows whether the accused was a staff or a resident and determines the outcome.</p> <p>Indicator (c) The Agency Head representative confirms the Secretary of NCDJJD approves the PREA report developed by the agency PREA Coordinator before being placed on the agency's website.</p> <p>Indicator (d) The Division of Juvenile Justice and Delinquency Prevention removes all identifiers from summary reports. The Auditor was able to review several documented reports on PREA that show cumulative data without utilizing identifiers.</p> <p>Compliance Determination</p> <p>North Carolina Department of Public Safety meets the requirements of this standard. The data elements are required to be reviewed by the agency PREA Coordinator to ensure consistent data. Interviews with the Agency Head, PREA Coordinator, and facility Director supported the fact that they utilize data to make informed decisions on programmatic and policy needs. This is consistent with the standard expectation to critically review data to identify problem areas and enact corrective actions. Since the PREA Coordinator works in the Analysis, Research, and External Affairs unit of NCDJJD, trends can be reviewed, and changes supported either from the facility level, such as supporting the need for additional staff or electronic surveillance equipment, or from a central administrative level such as policy/procedural modifications. The agency also showed compliance with PREA standards through the annual report that combines data, graphs, and narrative information on NCDJJD's efforts since 2015 are posted on the agency website. The report highlights each facility and tracks trends of incidents without identifying information as the agency attempts to provide an environment free of sexual abuse or harassment.</p> |
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| 115.389 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Policies and written/electronic documentation reviewed.

Chatham Youth Development Center Pre-Audit questionnaire

Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Intake staff persons

Medical and Mental health staff

File Security

Summary Determination

Indicator (a) The North Carolina Department of Public Safety has policies that protect the security of information. The Auditor spoke with the facility leadership and medical and mental health staff about the confidentiality of records. In discussions with the PREA Coordinator and medical and mental health staff, they described the layers of controls to ensure no unnecessary disclosure. The Administrative Investigative files have similar protections to ensure only those individuals who need access to the information discovered. Criminal Investigation files will be maintained in accordance with state law. NCDJDP will keep copies of their documentation and the final criminal investigative report.

Indicator (b) The North Carolina Division of Juvenile Justice and Delinquency Prevention ensures the information related to PREA incidents and the agency's efforts to support a zero-tolerance culture are published in an annual report available on the agency website. The Website provides information on the department's efforts to create and maintain environments free of sexual abuse and sexual harassment.

Indicator (c) The Auditor's review of the NCDPS PREA annual report located on the state's website does not include any identifiers.

Indicator (d) Agency policy states the juvenile's record will be destroyed five years after the juvenile's involvement with the agency ends. The agency's PREA Coordinator is aware that all PREA-related data should be maintained for a period of no less than ten years. PREA Records are stored electronically with the agency's

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| | <p>PREA Office.</p> <p>Compliance Determination:</p> <p>The standard is compliant. North Carolina Department of Public Safety policies ensure that records are maintained securely. Since much of the documentation lies within the TORI information system, it is secure and only accessible by approved individuals. Aggregate data for all DPS juvenile facilities are available annually. The Auditor reviewed the agency website to ensure the report was posted without any identifying information.</p> |
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| 115.401 | Frequency and scope of audits |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>North Carolina Department of Public Safety website</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator (a) The North Carolina Department of Public Safety website shows all its current and former facilities have been audited for PREA Compliance starting in 2014. The Division of Juvenile Justice and Delinquency Prevention website supports that the audits are ongoing every three years since the initial audits. The Auditor’s review of the website confirmed that Chatham Juvenile Detention was Audited in the previous cycle of PREA Audits.</p> <p>Indicator (b) The NCDJJD has no less than one-third of Juvenile facilities audited in a year. The number of overall NCDJJD facilities audited per year was been impacted by the COVID-19 pandemic during the previous audit cycle. The agency has PREA</p> |

Audits scheduled out with this Auditor across all three audit cycle years. There were four Audits in the first year of this cycle. This is the first Audit of the second year in the Audit Cycle.

Indicator (h) The Auditor did have open access to all parts of the facility. The Auditor was able to move freely about the housing units on tour to be able to speak informally with juveniles to ensure they were aware of the Audit, the agency's efforts to educate juveniles, and how to seek assistance if the need arises. The Auditor was able to return to areas at request without obstruction. The workspace used for interviews also allowed the Auditor to observe daily operations to confirm that stated practices were performed.

Indicator (i) The North Carolina Division of Juvenile Justice and Delinquency Prevention provided the required access to information. The Auditor also got copies of other documentation as requested on-site or during the post-audit period. The Auditor requested a random sample of information using the information on the identified population and the housing unit population list to ensure a diverse sampling of the population. The Auditor was able to test critical functions, including the phone system, outside calling access, and the interpreter line. The Facility provided all documentation in a well-organized manner.

Indicator (m) The Auditor was able to interview juveniles throughout the facility in private spaces. The space provided was appropriate to allow the Auditor and the juvenile to speak freely without others being able to hear our conversations. The juveniles appeared to be open to speaking with the Auditor and were not hesitant to answer questions. The Auditor confirmed their willingness to participate in the Audit. The residents answered questions supporting that they understood PREA, the Zero Tolerance expectation, and how to report a concern. The Auditor also found that residents supported that the environment was a safe place from sexual abuse and that staff were approachable and would address any negative behaviors, including sexualized verbal comments.

Indicator (n) The Auditor did not receive confidential correspondence from the posting of the Audit notice. The Auditor's information was posted and electronically verified in advance of the site visit and during the tour and resident interviews. During the audit, the facility PREA Compliance Manager was informed the posting should remain up until the final report is issued. The juveniles were aware of the audit and the posting on the wall, as were the staff members I spoke with during my time on site. Residents confirmed the notice was up for several weeks. The Notice was posted in the dayroom and in the entrance alcove.

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| | <p>Compliance Determination</p> <p>The North Carolina Department of Public Safety has had PREA audits of each of its facilities since 2014-15. The NCDJDP has spread its facility audits over the three-year PREA cycle. The auditor was given full access to the site and was not prohibited from returning to certain areas of the facility if requested. The Auditor was provided ample space and privacy to conduct confidential interviews with staff and residents. The facility did post the audit notice; it was visible on tour, and residents were aware of the posting and the audit. Compliance is based on the above-mentioned facts, which support a culture in which PREA is monitored daily.</p> |
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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>North Carolina Department of Public Safety website</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator: (f) The North Carolina Department of Public Safety website has posted all the previous PREA Audits since it began having audits of juvenile facilities in 2015. This was determined through a review of the state’s NCDPS website. The Auditor was able to review the previous Audit report from the agency website as part of the Audit preparation. As noted earlier, the PREA Office use to service both the Department of Corrections and the Division of Juvenile Justice. The Department of Corrections has since become its own entity in the North Carolina Government; as a result, the NCDPS Division of Juvenile Justice and Delinquency Prevention created its own PREA Office. The PREA Information is available directly through the DJJ page as part of the transition.</p> |

Compliance Determination

The North Carolina Department of Public Safety website has all previous facility PREA Audits posted under its PREA information link. The Auditor was able to see the timely posting of other audits that occurred during this audit cycle. The Auditor also took into consideration that the Agency PREA Coordinator was also aware of the timing requirement for the posting of the audit report.

| Appendix: Provision Findings | | |
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| 115.311 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
| 115.311 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? | yes |
| 115.311 (c) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) | yes |
| | Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) | yes |
| 115.312 (a) | Contracting with other entities for the confinement of residents | |
| | If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | yes |
| 115.312 (b) | Contracting with other entities for the confinement of residents | |

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| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) | yes |
| 115.313 (a) | Supervision and monitoring | |
| | Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate | yes |

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| | staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? | |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? | yes |
| 115.313 (b) | Supervision and monitoring | |
| | Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? | yes |
| | In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.) | yes |
| 115.313 (c) | Supervision and monitoring | |
| | Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) | yes |

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| | Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) | yes |
| | Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) | yes |
| | Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) | yes |
| | Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? | yes |
| 115.313 (d) | Supervision and monitoring | |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |
| 115.313 (e) | Supervision and monitoring | |
| | Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) | yes |
| | Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) | yes |
| | Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational | yes |

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| | functions of the facility? (N/A for non-secure facilities) | |
| 115.315 (a) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |
| 115.315 (b) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? | yes |
| 115.315 (c) | Limits to cross-gender viewing and searches | |
| | Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches? | yes |
| 115.315 (d) | Limits to cross-gender viewing and searches | |
| | Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? | yes |
| | In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) | na |
| 115.315 (e) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? | yes |
| | If a resident's genital status is unknown, does the facility | yes |

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| | determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | |
| 115.315 (f) | Limits to cross-gender viewing and searches | |
| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| 115.316 (a) | Residents with disabilities and residents who are limited English proficient | |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: | yes |

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| | Residents who have speech disabilities? | |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision? | yes |
| 115.316 (b) | Residents with disabilities and residents who are limited English proficient | |
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| 115.316 (c) | Residents with disabilities and residents who are limited English proficient | |
| | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's | yes |

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| | safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? | |
| 115.317 (a) | Hiring and promotion decisions | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| 115.317 (b) | Hiring and promotion decisions | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? | yes |
| 115.317 | Hiring and promotion decisions | |

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| (c) | | |
| | Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? | yes |
| | Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| 115.317 (d) | Hiring and promotion decisions | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? | yes |
| | Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? | yes |
| 115.317 (e) | Hiring and promotion decisions | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? | yes |
| 115.317 (f) | Hiring and promotion decisions | |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current | yes |

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| | employees? | |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.317 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| 115.317 (h) | Hiring and promotion decisions | |
| | Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| 115.318 (a) | Upgrades to facilities and technologies | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | na |
| 115.318 (b) | Upgrades to facilities and technologies | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) | na |
| 115.321 (a) | Evidence protocol and forensic medical examinations | |

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| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.321 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.321 (c) | Evidence protocol and forensic medical examinations | |
| | Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |
| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| 115.321 (d) | Evidence protocol and forensic medical examinations | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |

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| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| 115.321 (e) | Evidence protocol and forensic medical examinations | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.321 (f) | Evidence protocol and forensic medical examinations | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.) | yes |
| 115.321 (h) | Evidence protocol and forensic medical examinations | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) | yes |
| 115.322 (a) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |

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| 115.322 (b) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |
| 115.322 (c) | Policies to ensure referrals of allegations for investigations | |
| | If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a)) | yes |
| 115.331 (a) | Employee training | |
| | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment | yes |
| | Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? | yes |
| | Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? | yes |

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| | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |
| | Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? | yes |
| 115.331 (b) | Employee training | |
| | Is such training tailored to the unique needs and attributes of residents of juvenile facilities? | yes |
| | Is such training tailored to the gender of the residents at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? | yes |
| 115.331 (c) | Employee training | |
| | Have all current employees who may have contact with residents received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |

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| 115.331 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| 115.332 (a) | Volunteer and contractor training | |
| | Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |
| 115.332 (b) | Volunteer and contractor training | |
| | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |
| 115.332 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |
| 115.333 (a) | Resident education | |
| | During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| | Is this information presented in an age-appropriate fashion? | yes |
| 115.333 (b) | Resident education | |
| | Within 10 days of intake, does the agency provide age-appropriate | yes |

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| | comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? | |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? | yes |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? | yes |
| 115.333 (c) | Resident education | |
| | Have all residents received such education? | yes |
| | Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility? | yes |
| 115.333 (d) | Resident education | |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? | yes |
| 115.333 (e) | Resident education | |
| | Does the agency maintain documentation of resident participation in these education sessions? | yes |
| 115.333 (f) | Resident education | |

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| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? | yes |
| 115.334 (a) | Specialized training: Investigations | |
| | In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| 115.334 (b) | Specialized training: Investigations | |
| | Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| 115.334 (c) | Specialized training: Investigations | |
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |

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| 115.335 (a) | Specialized training: Medical and mental health care | |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.335 (b) | Specialized training: Medical and mental health care | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) | yes |
| 115.335 (c) | Specialized training: Medical and mental health care | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |

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| 115.335 (d) | Specialized training: Medical and mental health care | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) | yes |
| 115.341 (a) | Obtaining information from residents | |
| | Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? | yes |
| | Does the agency also obtain this information periodically throughout a resident's confinement? | yes |
| 115.341 (b) | Obtaining information from residents | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |
| 115.341 (c) | Obtaining information from residents | |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? | yes |
| | During these PREA screening assessments, at a minimum, does | yes |

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| | the agency attempt to ascertain information about: Age? | |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? | yes |
| 115.341 (d) | Obtaining information from residents | |
| | Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? | yes |
| | Is this information ascertained: During classification assessments? | yes |
| | Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? | yes |
| 115.341 (e) | Obtaining information from residents | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked | yes |

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| | pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? | |
| 115.342 (a) | Placement of residents | |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? | yes |
| 115.342 (b) | Placement of residents | |
| | Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? | yes |
| | During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? | yes |
| | During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? | yes |
| | Do residents in isolation receive daily visits from a medical or mental health care clinician? | yes |
| | Do residents also have access to other programs and work opportunities to the extent possible? | yes |

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| 115.342 (c) | Placement of residents | |
| | Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
| | Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
| | Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
| | Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive? | yes |
| 115.342 (d) | Placement of residents | |
| | When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? | yes |
| 115.342 (e) | Placement of residents | |
| | Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? | yes |
| 115.342 (f) | Placement of residents | |
| | Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when | yes |

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| | making facility and housing placement decisions and programming assignments? | |
| 115.342 (g) | Placement of residents | |
| | Are transgender and intersex residents given the opportunity to shower separately from other residents? | yes |
| 115.342 (h) | Placement of residents | |
| | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) | yes |
| | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) | yes |
| 115.342 (i) | Placement of residents | |
| | In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? | yes |
| 115.351 (a) | Resident reporting | |
| | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |
| 115.351 (b) | Resident reporting | |
| | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private | yes |

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| | entity or office that is not part of the agency? | |
| | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the resident to remain anonymous upon request? | yes |
| | Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? | yes |
| 115.351 (c) | Resident reporting | |
| | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.351 (d) | Resident reporting | |
| | Does the facility provide residents with access to tools necessary to make a written report? | yes |
| 115.351 (e) | Resident reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? | yes |
| 115.352 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | yes |
| 115.352 (b) | Exhaustion of administrative remedies | |

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| | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | yes |
| | Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| 115.352 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| 115.352 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | yes |
| | If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | yes |
| | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | yes |
| 115.352 (e) | Exhaustion of administrative remedies | |

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| | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | yes |
| | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) | yes |
| | Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) | yes |
| | If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) | yes |
| 115.352 (f) | Exhaustion of administrative remedies | |
| | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | yes |

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| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| 115.352 (g) | Exhaustion of administrative remedies | |
| | If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | yes |
| 115.353 (a) | Resident access to outside confidential support services and legal representation | |
| | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? | yes |
| | Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? | yes |
| 115.353 (b) | Resident access to outside confidential support services and legal representation | |
| | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and | yes |

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| | the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | |
| 115.353 (c) | Resident access to outside confidential support services and legal representation | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| 115.353 (d) | Resident access to outside confidential support services and legal representation | |
| | Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? | yes |
| | Does the facility provide residents with reasonable access to parents or legal guardians? | yes |
| 115.354 (a) | Third-party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? | yes |
| 115.361 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or | yes |

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| | information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | |
| 115.361 (b) | Staff and agency reporting duties | |
| | Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? | yes |
| 115.361 (c) | Staff and agency reporting duties | |
| | Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| 115.361 (d) | Staff and agency reporting duties | |
| | Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? | yes |
| | Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? | yes |
| 115.361 (e) | Staff and agency reporting duties | |
| | Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? | yes |
| | Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? | yes |
| | If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of | yes |

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| | the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) | |
| | If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? | yes |
| 115.361 (f) | Staff and agency reporting duties | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |
| 115.362 (a) | Agency protection duties | |
| | When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? | yes |
| 115.363 (a) | Reporting to other confinement facilities | |
| | Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| | Does the head of the facility that received the allegation also notify the appropriate investigative agency? | yes |
| 115.363 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |
| 115.363 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |
| 115.363 (d) | Reporting to other confinement facilities | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in | yes |

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| | accordance with these standards? | |
| 115.364 (a) | Staff first responder duties | |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| 115.364 (b) | Staff first responder duties | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| 115.365 (a) | Coordinated response | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |
| 115.366 (a) | Preservation of ability to protect residents from contact with abusers | |

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| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |
| 115.367 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.367 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? | yes |
| 115.367 (c) | Agency protection against retaliation | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report | yes |

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| | of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |
| 115.367 (d) | Agency protection against retaliation | |
| | In the case of residents, does such monitoring also include periodic status checks? | yes |
| 115.367 (e) | Agency protection against retaliation | |
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |
| 115.368 (a) | Post-allegation protective custody | |
| | Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? | yes |

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| 115.371 (a) | Criminal and administrative agency investigations | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).) | yes |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).) | yes |
| 115.371 (b) | Criminal and administrative agency investigations | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? | yes |
| 115.371 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| 115.371 (d) | Criminal and administrative agency investigations | |
| | Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? | yes |
| 115.371 (e) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |
| 115.371 | Criminal and administrative agency investigations | |

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| (f) | | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| 115.371 (g) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| 115.371 (h) | Criminal and administrative agency investigations | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| 115.371 (i) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 115.371 (j) | Criminal and administrative agency investigations | |
| | Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention? | yes |
| 115.371 (k) | Criminal and administrative agency investigations | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency | yes |

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| | does not provide a basis for terminating an investigation? | |
| 115.371 (m) | Criminal and administrative agency investigations | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| 115.372 (a) | Evidentiary standard for administrative investigations | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |
| 115.373 (a) | Reporting to residents | |
| | Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |
| 115.373 (b) | Reporting to residents | |
| | If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | yes |
| 115.373 (c) | Reporting to residents | |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency | yes |

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| | has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.373 (d) | Reporting to residents | |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.373 (e) | Reporting to residents | |
| | Does the agency document all such notifications or attempted notifications? | yes |
| 115.376 (a) | Disciplinary sanctions for staff | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |

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| 115.376 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |
| 115.376 (c) | Disciplinary sanctions for staff | |
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| 115.376 (d) | Disciplinary sanctions for staff | |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |
| 115.377 (a) | Corrective action for contractors and volunteers | |
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| 115.377 (b) | Corrective action for contractors and volunteers | |
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? | yes |

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| 115.378 (a) | Interventions and disciplinary sanctions for residents | |
| | Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process? | yes |
| 115.378 (b) | Interventions and disciplinary sanctions for residents | |
| | Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? | yes |
| 115.378 (c) | Interventions and disciplinary sanctions for residents | |
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? | yes |
| 115.378 (d) | Interventions and disciplinary sanctions for residents | |
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? | yes |

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| | If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? | yes |
| 115.378 (e) | Interventions and disciplinary sanctions for residents | |
| | Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |
| 115.378 (f) | Interventions and disciplinary sanctions for residents | |
| | For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |
| 115.378 (g) | Interventions and disciplinary sanctions for residents | |
| | Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) | yes |
| 115.381 (a) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? | yes |
| 115.381 (b) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? | yes |
| 115.381 (c) | Medical and mental health screenings; history of sexual abuse | |

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| | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |
| 115.381 (d) | Medical and mental health screenings; history of sexual abuse | |
| | Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? | yes |
| 115.382 (a) | Access to emergency medical and mental health services | |
| | Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| 115.382 (b) | Access to emergency medical and mental health services | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? | yes |
| | Do staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |
| 115.382 (c) | Access to emergency medical and mental health services | |
| | Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |
| 115.382 (d) | Access to emergency medical and mental health services | |
| | Are treatment services provided to the victim without financial | yes |

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| | cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | |
| 115.383 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |
| 115.383 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| 115.383 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| 115.383 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) | yes |
| 115.383 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) | yes |
| 115.383 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.383 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or | yes |

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| | cooperates with any investigation arising out of the incident? | |
| 115.383 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? | yes |
| 115.386 (a) | Sexual abuse incident reviews | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |
| 115.386 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| 115.386 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |
| 115.386 (d) | Sexual abuse incident reviews | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |

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| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| 115.386 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |
| 115.387 (a) | Data collection | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| 115.387 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |
| 115.387 (c) | Data collection | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |
| 115.387 (d) | Data collection | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |
| 115.387 (e) | Data collection | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for | na |

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| | the confinement of its residents.) | |
| 115.387 (f) | Data collection | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | yes |
| 115.388 (a) | Data review for corrective action | |
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| 115.388 (b) | Data review for corrective action | |
| | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | yes |
| 115.388 (c) | Data review for corrective action | |
| | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |
| 115.388 (d) | Data review for corrective action | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when | yes |

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| | publication would present a clear and specific threat to the safety and security of a facility? | |
| 115.389 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.387 are securely retained? | yes |
| 115.389 (b) | Data storage, publication, and destruction | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |
| 115.389 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| 115.389 (d) | Data storage, publication, and destruction | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |
| 115.401 (a) | Frequency and scope of audits | |
| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |
| 115.401 (b) | Frequency and scope of audits | |
| | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) | yes |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | yes |

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| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | yes |
| 115.401 (h) | Frequency and scope of audits | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| 115.401 (i) | Frequency and scope of audits | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| 115.401 (m) | Frequency and scope of audits | |
| | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes |
| 115.401 (n) | Frequency and scope of audits | |
| | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |
| 115.403 (f) | Audit contents and findings | |
| | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | yes |