

PREA Facility Audit Report: Final

Name of Facility: Lenoir Youth Development Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/04/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" 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 checked="" type="checkbox"/>
Auditor Full Name as Signed: Jack Fitzgerald	Date of Signature: 05/04/2022

AUDITOR INFORMATION	
Auditor name:	Fitzgerald, Jack
Email:	jffitzgerald@snet.net
Start Date of On-Site Audit:	03/03/2022
End Date of On-Site Audit:	03/04/2022

FACILITY INFORMATION	
Facility name:	Lenoir Youth Development Center
Facility physical address:	3060 Dobbs Farm Rd , Kinston, North Carolina - 28504
Facility mailing address:	

Primary Contact	
Name:	Tangi Jordan
Email Address:	tangi.jordan@ncdps.gov
Telephone Number:	2525254446

Superintendent/Director/Administrator	
Name:	Tangi Jordan
Email Address:	tangi.jordan@ncdps.gov
Telephone Number:	2525254446

Facility PREA Compliance Manager	
Name:	Rose Best
Email Address:	rose.best@ncdps.gov
Telephone Number:	O: 2529395893

Facility Health Service Administrator On-Site	
Name:	Verna Harts-Whitfield
Email Address:	verna.bouie@ncdps.gov
Telephone Number:	2525254575

Facility Characteristics	
Designed facility capacity:	44
Current population of facility:	42
Average daily population for the past 12 months:	29
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	14-18
Facility security levels/resident custody levels:	Secure
Number of staff currently employed at the facility who may have contact with residents:	73
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	9
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1

AGENCY INFORMATION	
Name of agency:	North Carolina Department of Public Safety
Governing authority or parent agency (if applicable):	
Physical Address:	512 North Salisbury Street, Raleigh, North Carolina - 27604
Mailing Address:	
Telephone number:	9197332126

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

Agency-Wide PREA Coordinator Information			
Name:	Charlotte Williams	Email Address:	charlotte.williams@ncdps.gov

SUMMARY OF AUDIT FINDINGS	
<p>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.</p> <p>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.</p>	
Number of standards exceeded:	
1	<ul style="list-style-type: none"> • 115.365 - Coordinated response
Number of standards met:	
42	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-03-03
2. End date of the onsite portion of the audit:	2022-03-04

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Auditor made contact with local rape crisis agencies, local hospitals, the state nursing board, reviewed state and county websites. The Auditor also reviewed state laws and news outlets for information.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	44
15. Average daily population for the past 12 months:	29
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	21
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:	0
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:	0
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:	0

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:	0
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:	0
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:	0
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:	0
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:	0
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:	1
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:	0
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):	The Auditor reviewed with administration, medical and the Mental Health clinician to confirm that individuals in these categories were not currently in the population.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
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:	73
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:	0
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:	7
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:	The Auditor review with the facility director who confirmed the majority of the contracted staff are mental health professionals, There is a contracted nurse and a barber who comes on a schedule who are contracted. Volunteers were not allowed during much of covid so there were none currently in the facility at the time of the audit or in the twelve month prior. The facility has hired several new staff in the past year.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	

Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	13
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The Auditor used a random set of numbers to initially select the vast portion of the population to be interviewed in the all-male facility. The Auditor also checked to ensure the population was from all active housing units, varied in race and age. The Auditor also interviewed a larger pool of random residents to ensure a true sampling of the population occurred.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	1
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".	
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:	0

<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 spoke with administration, medical and mental health and made observations on the tour in identifying individuals.</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>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 spoke with administration, medical and mental health and made observations on the tour in identifying individuals</p>
<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>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 spoke with administration, medical and mental health and made observations on the tour in identifying individuals</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 spoke with administration, medical and mental health and made observations on the tour in identifying individuals</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>
<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 spoke with administration, medical and mental health and made observations on the tour in identifying individuals</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>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 spoke with administration, medical and mental health and made observations on the tour in identifying individuals</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 spoke with administration, medical and mental health and made observations on the tour in identifying individuals</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>
<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 spoke with administration, medical and mental health and made observations on the tour in identifying individuals</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>1</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>
<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 spoke with administration, medical and mental health and made observations on the tour in identifying individuals</p>

70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The Juvenile Population is very small at this facility. The juveniles have routine access to medical and mental health services and as a sentenced facility the clients have a full access to medical and mental health services where many of these categories would be identified. The facility also has a full education department that can identify historical identifications in IEP for cognitive, or other learning impairments. The facility is a treatment focus environment working with the individualized needs of each youth
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	13
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72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
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73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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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):	The Auditor looked at individual in different roles in the facility and well as shift assignments
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Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	7
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76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><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)</p>
<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>

81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	Agency Head's representative and PREA Coordinator Interviews were completed in 2021. There were some duplications of roles in the the targeted interviews. Since no individual acted as a first responder the auditor utilized random staff knowledge of what to do as a first responder.

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.

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

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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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).	No text provided.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	The Auditor asked for random samples of staff and client records (education, screening, hiring) in areas where documents had been provided the auditor checked on site or requested additional documents.
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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	0	0	0	0
Total	0	0	0	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	0	0
Total	0	0	0	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:	No cases
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

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

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" 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 type="radio"/> Yes <input type="radio"/> No <input checked="" 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.	No cases

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
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Non-certified Support Staff

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.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?	<input type="radio"/> The audited facility or its parent agency <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) <input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="radio"/> Other
Identify the name of the third-party auditing entity	DX Consultants

Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

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.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Lenoir Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>DPS Organizational Chart</p> <p>NCDPS PREA Office staffing list</p> <p>NCDPS Website</p> <p>PCM Appointment Memo</p> <p>NC-general Statutes 14-27.7</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with PREA Coordinator (PC)</p> <p>Interview with PREA Compliance Manager (PM)</p> <p>Interview with Agency Head Representative</p> <p>Interview with Director</p> <p>Interview with Staff</p> <p>Interview with Residents</p> <p>Tour Observations</p> <p>Summary determination.</p>
	<p>Indicator (a). The North Carolina Department of Public Safety has developed an agency wide policy on efforts to ensure compliance with the Prison Rape Elimination Act (PREA). The 30-page Juvenile PREA policy was written to address the various requirements of the standards. Page three 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 the Department of Public Safety juvenile justice serving sections/units 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." The policy, over the subsequent pages, 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 supports prevention, allows for detection, and ensures a full legal and medical response to any complaint.</p> <p>The facility staff showed knowledge consistent with training materials about their role in preventing, detecting, and responding to sexual assault claims. Staff also are provided with reminder cards at training about the importance of a zero-tolerance environment and their roles as first responders to sexual assault allegations. Random residents reported a PREA safe environment and a zero-tolerance culture.</p> <p>Indicator (b). Lenoir Youth Development Center is one of ten Juvenile facilities run by the North Carolina Department of Public Safety (NCDPS). The agency also runs 55 adult facilities, including high-security institutions, medium and minimum-security prisons. The Agency has a PREA Office with a Director and three staff that oversee the agency's compliance efforts across the numerous facilities. DPS policy clearly supports the PREA Coordinator's role in working with agency leadership and the various facilities. The Auditor was provided an agency flow chart showing the relationship between the PREA Coordinator who works in the North Carolina Department of Public Safety Central Office and DPS Juvenile Justice</p>

leadership. The Lenoir facility management knows PREA Office staff. The PREA Coordinator reports to the Deputy Secretary of DPS in charge of Professional Standards, Policy and Planning. PREA Coordinator reports she has considerable access to senior agency leadership. Working in the portion of NC DPS that oversees Standard compliance and policy allows the PREA Coordinator (PC) to influence policy development consistent with standards. The NCDPS Juvenile PREA policy supports the authority of the PREA Office with multiple references in the policy including. "All materials provided to residents on the subject of resident sexual abuse and sexual harassment, and any lesson plans used during any presentations on this topic shall be approved by Department of Public Safety's PREA Office".

Indicator (c). The NCDPS Juvenile 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." Director Jordan had named Youth Counselor Supervisors Rose Best and David Cobb as the primary and secondary PCMs for the facility. Interview with the facility Director supports the PCM has sufficient access and ability to influence policy and procedures toward ensuring PREA compliance. The Auditor spoke with both PCMs in the course of the visit and observed regular contact between the Director, Assistant Director and the PCMs.

Compliance Determination:

The North Carolina Department of Public Safety has policies that define the steps taken 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 Lenoir Youth Development Center PREA Compliance Manager confirm their roles to ensure PREA compliance is maintained. 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 DPS employees are educated on PREA and the NCDPS zero tolerance stance at hire even if they do not work in an 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 Lenoir Director support compliance with all standard expectations. Agency policy described in depth the agency expectation to protect, detect and respond to sexual misconduct. The policy also clearly defines the roles of the state PREA Coordinator, the PREA Office of NCDPS and the PREA Compliance Manager in each facility to support this cause. The policy also addresses prohibited behaviors and sanctions for any forms 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 manor. The facility has been able to maintain a safe environment where residents report violent sexual assault is not a concern. Discussions with advocacy organizations further support access to the facility and the PCM. The Auditor was informed that the NC DPS PREA office staff in non-pandemic periods perform site visits to all facilities within their respective catchment areas and regularly participate in monthly and quarterly Juvenile Justice meetings.

115.312	<p>Contracting with other entities for the confinement of residents</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Lenoir Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with PREA Compliance Manager</p> <p>Interview with PREA Coordinator</p> <p>Interview with Agency Head representative</p> <p>Summary Determination</p> <p>Indicator (a) The North Carolina Department of Public Safety currently does not utilize step down facilities to house juveniles under court ordered supervision.</p> <p>Indicator (b). The North Carolina Department of Public Safety currently does not utilize step down facilities to house juveniles under court ordered supervision.</p> <p>Compliance Determination</p> <p>The PREA Compliance Manager and the PREA Coordinator confirm the agency does not contract for Juvenile Services. Since neither indicator applies, the Auditor determined compliance based on discussion with the Agency Head representative and the PREA Coordinator, both of whom were aware of when contracting for beds there is an expectation to ensure the facility is PREA Compliant and there should be a requirement for ongoing monitoring.</p>
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115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Lenoir Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>NC Statutes 143B-709 (requirement for DPS staffing formula review)</p> <p>Annual Review meeting documents</p> <p>PREA Office Audit Report</p> <p>Call out Procedures</p> <p>Logbook entry's supporting unannounced rounds</p> <p>Management Unannounced rounds</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Facility Director</p> <p>Interview with PREA Coordinator</p> <p>Interview with PREA Compliance Manager</p> <p>Interview with Supervisory Staff</p> <p>Observation on tour of logbooks and Supervisory movement</p> <p>Observation of office space in proximity of residents</p> <p>Discussions with housing unit staff</p> <p>Interview with Residents</p> <p>Summary Determination</p>
	<p>Indicator (a) The North Carolina Department of Public Safety has created a document that outlines the requirements of what should be considered in determining a staffing plan that considers PREA safety. 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."</p> <p>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 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 human can support safety. The LYDC's Staffing documents the elements required in indicator (a). The plan provides the reader with the information used in determining the number of assigned staff as required in indicator (a). The facility capacity is 44 male residents in 4 units, but the Juvenile population average for 2021 was 29 residents. With the agency's effort to provide social distancing during the pandemic, the current population was down to 21 males during the site visit. Included in the 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</p>

findings of inadequacies. The facility has maintained staffing throughout the COVID-19 crisis.

Indicator (b). The staffing plan for the Lenoir 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 LYDC floor plan has two units in each of two housing and education wings. The unit has an officer who provides direct supervision whenever residents are present either in or out of the rooms. Residents are never not under direct supervision of staff out of their rooms. Custody staff sit in class during school to assist in the youth's education. Hallways have windows that allow for Supervisors to observe areas as they walk by. Documentation was provided to the Auditor, informing me there were no instances where the supervision minimums were not maintained in the past three years. The Director and supervisory staff confirmed that at no time has the facility run a shift under the minimum staffing compliment of 1 to 8 staff on during waking hours and 1 to 16 during sleeping hours. Residents support staff are always available to them and did not voice a concern about a lack of staffing at any time. The second portion of the indicator is Not Applicable as there were no deviations from the plan's minimum requirements. The Auditor also wanted to note the facility design allows for case manager's who are not part of the count to have offices on the units which increases the level of supervision informally.

Indicator (c) The Lenoir 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 on the overnight 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 at no time has the facility run a shift under the minimum staffing compliment. The Auditor was provided the staffing actuals for the week of the audit with the ratio during awake hours running from 1 staff for every 3.5 residents to 1 staff for every 2.3 residents. The overnight staffing ran at a consistent 1 staff for every 3 juveniles both which exceeded the standard expectation. The Auditor asked for and was able to review the staffing assignments for random dates 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 resident move about the building for groups, education and recreation.

Indicator (d). The PREA Coordinator, Agency Head's representative and the facility Director each described in interview, various points of communication that occur during the year that could impact staffing and technology deployment. The LYDC Director and PREA Coordinator approve the Staffing Plan annually and the most recent version requested as it was not initially uploaded in the OAS. The plan is descriptive of the population, the staffing to resident ratio expected in the unit on different shifts. The facility has had no 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 on NCDPS to act swiftly was echoed in discussions with the Regional Director for Juvenile Justice

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 was able to review logbooks during the tours. The Auditor confirmed that these tours do occur with the unit staff and Supervisors and that it is prohibited to notify coworkers of the tour. There is no central control officer that has access to cameras to provide such announcements. To further confirm the compliance, the Auditor requested evidence from a random selection of dates and corresponding log entries on showing the supervisors moving through the units. The Auditor also asked for the most recent examples of the administration making the unannounced entries. Shift Supervisors at LYDC are routinely on the floor or in direct visual to the one housing floor where resident and line staff would be interacting. The Auditor also confirmed supervisory and administration access in interviews with residents.

Compliance Determination:

North Carolina Department of Public Safety PREA policy, Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures, sets forth requirements of the staffing plan including the ratios as addressed in indicator (c), the requirements for documentations of staffing deviations, the requirement of unannounced supervisory rounds and the annual review of staffing needs. The Lenoir Youth Development Center has developed a plan in a narrative format that addresses the various considerations in indicator (a). The facility is not under any current judgement for inadequacy. The plan is reviewed annually with in-house administration and with the DPS PREA Office then, any request for staffing or electronic surveillance supports would go to DPS 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, windows between areas allowing for informal observation of space, and the Director's knowledge of potential risk areas. In addition to custody staff, the medical, mental health, and education staff provide an additional resource of information, supervision, and observation of resident's behaviors during the day. Supervisory staff routinely tour the facility and direct the assignment of staff during the shift. LYDC also has management 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.

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>Lenoir Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Cross Gender Announcement staff acknowledgement forms</p> <p>Cross Gender Campaign of awareness</p> <p>Youth Development Center Policy and Requirements and Procedures</p> <p>YC/DC 3 Searches Population Counts and Juvenile Supervision</p> <p>DPS -JJ LGBTQI Policy and Procedure</p> <p>New Employee Orientation Manual</p> <p>Search Training Outline</p> <p>LYDC Staffing Plan</p> <p>R&P YC Admission and Assessment Policy</p> <p>After Hour Phone Numbers.</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>Summary Determination</p> <p>Indicator (a) The NCDPS has multiple policies prohibiting cross gender strip searches or body cavity searches. Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures (page 6) 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". The NCDJJ Detention Services Policy and Requirements and Procedures states, (page 11) "Only a staff member of the same gender as the juvenile being searched may perform a strip search, and only in an area that protects the privacy and dignity of the juvenile." The policy goes on to state body cavity searches must only be completed only with probable cause and only at an off-site medical facility. A memo from the agency's PREA Office mirrors this expectation. The Lenoir Pre-Audit Questionnaire stated no such emergencies have occurred at LYDC and this was further confirmed through interviews.</p> <p>Indicator (b) Lenoir 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 expectation of the policy, "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</p>

member". The staff and residents also confirmed that this has not occurred.

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

Indicator (d). NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures 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 that are put over cell windows when the resident is using the bathroom or getting changed. All staff were observed knocking before looking in the rooms to allow for a resident to cover up. The shower areas are on one side of each unit. The showers are single person units with a small changing area directly outside. There is an opaque shower curtain between the housing floor and the changing area and between the changing area and the shower. To have privacy in the shower juveniles come out one at a time before lights out.

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 see announcements being made at the beginning of the shifts. The size and staffing usually has 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 announces themselves at the start of shift and knock before entering or looking in the bedrooms.

Indicator (e) NCDPS Policy and Memos from the agency PREA Office set forth the requirement that Transgendered individuals are not searched for the purpose of determining 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." As a YDC, the facility does not take direct admission from the community. All YDC residents would have been seen at a Juvenile Detention facility where the same policy applies. Shift Supervisors and Medical staff confirm if the resident was 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 would be able to have these conversations with the individual.

Indicator (f) The North Carolina Department of Public Safety 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 NCDPS Juvenile Justice 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 facility also provided documentation of a training on working with LGBTI population that all but one new staff received in the past year. In 2019 the agency added a policy on working with LGBTQI youth. This policy again reiterates the standard expectation, "a facility or contracted provider employee shall not search nor conduct a physical examination of a juvenile for the sole purpose of determining the juvenile's genitals or genital status." The agency added training on SOGIE (Sexual Orientation Gender Identity or Expression). Staff are directed in this policy that "transgender or intersex juveniles can request that a man or a woman employee conduct a strip search when required."

Compliance Determination:

The NCDPS has several policies in place to address the various elements in this standard. The newest policies and staff training, as evident from interviews, supported compliance. The Auditor suggested a review of all policy language as older documents were inconsistent with current training and practice. The DPS policy directs staff consistent with the standards on pat search, strip searches, resident right not to be naked in front of staff of opposite gender and procedures for working with transgender and intersex residents. The Auditor also reviewed the New Employee manual section on cross gender supervision which was consistent with standard language. Supporting documentation for this standard included training records, training outlines, and policy. There were no transgender individuals with whom to discuss searches. Information confirming no exigent circumstance of cross gender searches has occurred at LYDC in the past three years. Interviews with

staff and residents supported compliance with standard elements and policy expectations. The Auditor also took into consideration the policy of the facility and the other named supporting documents. Absent any exigent circumstance, there were no incidents to review.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 331 549 358">Lenoir Pre-Audit questionnaire</p> <p data-bbox="240 392 1046 418">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="240 452 453 479">Resident Handbooks</p> <p data-bbox="240 512 620 539">Intake notices in English and Spanish</p> <p data-bbox="240 573 692 600">Agency PREA Video in English and Spanish,</p> <p data-bbox="240 633 657 660">Agency contracts for interpretive services</p> <p data-bbox="240 694 469 721">Expect Respect Cards</p> <p data-bbox="240 754 568 781">Expect Respect Facilitator guide</p> <p data-bbox="240 815 379 842">DJJ Brochure</p> <p data-bbox="240 875 432 902">Photos of postings</p> <p data-bbox="240 936 552 963">Rape Crisis Agency Brochures</p> <p data-bbox="240 996 927 1023">PREA Exceptional Child Checklist (for disabled or LEP identification)</p> <p data-bbox="240 1099 679 1126">Individuals interviewed/ observations made.</p> <p data-bbox="240 1160 517 1187">Interview with agency head</p> <p data-bbox="240 1220 571 1247">Interview with random Residents</p> <p data-bbox="240 1281 526 1308">Interview with Random Staff</p> <p data-bbox="240 1341 504 1368">Interview with Intake Staff</p> <p data-bbox="240 1402 643 1429">Interview with facility PREA Coordinator</p> <p data-bbox="240 1462 395 1489">PREA Signage</p> <p data-bbox="240 1523 628 1550">Mailbox with pre addressed envelopes</p> <p data-bbox="240 1648 488 1675">Summary Determination</p> <p data-bbox="240 1709 1490 2134">Indicator (a) The Lenoir 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 pretrial clients, 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 would be put in place. The Facility documents these youth in a form for "exceptional children". LYDC must also provide informative supports to those individuals with significant developmental delays or significant mental illness that might make them a target for abuse. Staff providing the individualized education document the steps on the "exceptional children form" and it is reviewed by the PREA Compliance Manager. The Auditor confirmed with residents that there were staff available to assist in understanding the postings or handbooks. 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 school staff at LYDC's fully accredited educational environment. The PREA education video used in the facility was designed for Juveniles and is available in Spanish the second most spoken language at NCDPS Juvenile Facilities.</p>

Indicator (b) The Lenoir 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 LYDC facility only had limited use of interpretive services, and reportedly, it is for communication more often with the youth's family than with the youth themselves. The NCDPS has contracted with interpretive phone services and has the PREA video available in alternative languages. The Staff also report there are several staff who can speak more than one language.

Indicator (c) Documentation reviewed by the Auditor stated there were no instances where resident interpreters were used. Staff were aware that it was not appropriate to use residents to interpret for each other except in extreme emergencies. This prohibition is also addressed in the agency PREA which states, "The Department 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."

Compliance Determination

NCDPS PREA policy addresses equal access of services for those who have a disability or have limited English proficiency. The Auditor was able to speak with residents with cognitive disabilities but no individuals who were LEP or significantly disabled. LYDC provides all residents with a video education about PREA upon admission. The primary video, available in English and Spanish, is "Expect Respect". In addition to the video, the facility has signage up on the units of how to report concerns. As a juvenile facility with a fully accredited school program, all youth are assessed academically, which will further identify impairments to understanding. There were no residents at LYDC at the time of the audit that required translation services. The Auditor confirmed this through conversations with residents on tours, through random interviews with residents and staff. The residents reported knowing their rights, how to report PREA concerns and if they had difficulty in understanding information how to get help.

Staff were aware that it was not appropriate to use residents to interpret for each other except in extreme emergencies. Line staff knew to contact a supervisor if they needed to access an outside interpreter. Compliance was based on interviews with staff, residents, administration, and 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 exists.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Lenoir Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Administrative Memos on hiring practices.</p> <p>Administrative Memo Addendum</p> <p>Disqualifying factors</p> <p>HR 005 Form Applicant Verification</p> <p>Human Resource documentation for staff, contractors, volunteers</p> <p>Department of Public Safety Website</p> <p>Employment forms</p> <p>Memo from PREA Coordinator on child abuse registry process</p> <p>Documentation of all employees having been screened through the state child abuse registry.</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Facility Director</p> <p>Interview with Human Resource staff</p> <p>Staff records reviewed onsite.</p> <p>Summary Determination</p> <p>Indicator (a). NCDPS 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 Lenoir 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 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, which is filled out once the person is being offered a job or at application for promotion, asks the same PREA questions asked in the application process (HR-005). The document states, "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:</p> <ol style="list-style-type: none"> 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 offender population at an NCDPS facility. The Auditor also reviewed a list provided of disqualifying charges that would prohibit employment at a DPS Juvenile Justice facility.

Indicator (b). The North Carolina Department of Public Safety has a policy prohibiting sexual harassment at its facilities. Any such actions are required to be reported and would be the subject of a formal review. The finding of that review would become part of the staff person's record. Human Resources staff interviewed confirmed that a complete review of prior disciplinary actions would be part of the process when hiring or promoting a candidate. The facility has limited contracted employees, but the agency completes prior institutional employment checks on both staff and contractor to see if there are any concerns related to sexual misconduct. In addition to the facility HR person regional HR staff will also review the record of applicant 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.

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 9 employee's background checks. Random sampling allowed for confirmation of the practice. In 2021 the Auditor discovered that Abuse registries had not been being consulted at time of hire. NCDPS Juvenile Justice Staff and the PREA Office worked with the state's Health and Human Services Division to create mechanisms to obtain the registry. The Auditor requested the documentation of the random staff selected as part of the corrective action period. The Auditor was provided documentation of the agreements moving forward. At the time the NCDPS ran all current employees through the registry including the staff at LYDC and began the process of screening all new employees in the summer of 2021. The Auditor was provided documentation from the regional office that no individual at Lenoir Youth Development Center was on the abuse registry.

Indicator (d). LYDC, as stated in Indicator (a), completes criminal background checks on all contracted employees. The agency provide documentation supporting child abuse registries are also consulted. The NCDPS follows the same process for hiring of contractors or volunteers that they do with any employees including the criminal background check looking at state and multi state criminal histories, looking at driving records, sexual offender listings and the new process for child abuse registries.

Indicator (e). LYDC provided the Auditor with information of 9 random employees, including individuals who were employed over 5 years who had criminal background checks completed in the last 5 years. The random sample was confirmed through a review of files onsite with the Human Resources staff then uploaded to the OAS.

Indicator (f). As noted in Indicator (a), all LYDC employees are asked to complete the Employee Application, including questions required in indicator a). The employees, after hire, 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 is asked the aforementioned questions as well as create 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 Lenoir Youth Development Center employees must disclose all misconduct allegations, and any material

omission or false information regarding misconduct will be grounds for termination. The agency Employee Applicant form explains the 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 DPS 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 LYDC about prior employees but these request may be handled by the regional office if the request went there.

Compliance Determination

The North Carolina Department of Public Safety has policies in place to address the requirements of the standard 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 LYDC. The facility's Human Resources staff work 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 various elements of this standard. 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 YDC's service. The Agency has a system in place to check child abuse registries of potential candidates for employment or contracting. Compliance is based on policy, the documentation reviewed, and random files supporting the process is 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).

115.318	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Lenoir Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Lenoir Camera Upgrades</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the Agency Head Representative</p> <p>Interview with the LYDC Director</p> <p>Interview with the PREA Coordinator</p> <p>Interview with the PREA Compliance Manager</p> <p>Observation on tour</p> <p>Random Staff spoken to on tours</p> <p>Summary Determination</p> <p>Indicator (a) Lenoir Youth Development Center has not undergone any major renovations in the past three years. The facility is well designed with limited blind spots. The small size allow for constant observation of youth when out of their rooms. There is a main hallway one each side of complex connecting housing units and programming space. The design also allows for supervisors to be able to look into housing units and classrooms through well placed windows in these corridors. Facility leadership was able to point out the few locations in the facility of any concerns and described measures in place to mitigate any allegations. The Auditor did not see significant obstructions to viewing.</p> <p>Indicator (b) The Facility has reportedly upgraded it's camera system to include a total of 43 cameras. The Director can see the cameras from her office. There is no central control in LYDC that monitors these cameras. The Director supports that monitoring technology needs are taken seriously and that she has an ability to request items to improve safety when Identified. This sentiment was echoed by the DJJ Regional Director who supports the agency is glad to invest in client and staff safety.</p> <p>Compliance Determination</p> <p>The Lenoir Youth Development is a well-designed facility with exceptionally good lines of sight throughout. The Agency PREA Coordinator is reportedly brought in to planning meeting when facility redesign is occurring. Consistent understanding from both facility and agency management that safety is the top priority. Though the facility does not have a control center, video monitors in the Director's office allow her to support active 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. The interviews support NCDPS is committed to regular review of its physical plant needs and electronic surveillance to enhance safety. Absent any modifications, the Auditor took the stated items into consideration along with observations throughout the tour. The Auditor also recognized the divisions commitment to ensuring safety by having the Juvenile Justice Facility Operations Standards Manager and the Regional Director attend the tour.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Lenoir Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>NCDPS Memorandum to Local Law Enforcement Agencies and Sheriff's, PREA Investigations and Compliance,</p> <p>Best Practices in the Criminal Justice Response to Domestic Violence and Sexual Assault: Guidance for CCR/SART Response Protocols</p> <p>NC General Statutes 114-12 State Bureau of Investigations Powers and Duties.</p> <p>State Board of Nursing Website (SAFE/SANE training)</p> <p>NC Dept of Administration Website (Sexual Assault Program)</p> <p>National Association of Forensic Nurses- Website</p> <p>NC CASA- Website</p> <p>LYDC Sexual Assault Response plan</p> <p>OPA -120 Incident Tracking Form</p> <p>OPA- 121 Chain of Custody Form</p> <p>NC-GS 150 Victims Compensation</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Medical Staff</p> <p>Interview with Sexual Assault trained Investigator</p> <p>Interview with Rape Crisis representative</p> <p>Interview with Hospital staff about SAFE/SANE access and services</p> <p>Correspondence with State Board of Nursing staff on SAFE training/ protocol</p> <p>Summary Determination</p> <p>Indicator (a) The North Carolina Department of Public Safety's Juvenile Justice facilities are not responsible for the completion of criminal investigations, including sexual assaults. The facility will call local law enforcement staff to complete criminal investigations. 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 state of North Carolina trains SANE nurses to use the US DOJ National protocol for sexual abuse cases to ensure uniform steps are taken in obtaining physical evidence. LYDC Medical staff would not complete the forensic exam. Instead, the resident victim would be sent, the UNC Lenoir Health Care in Kinston NC, approximately 5 miles from the facility. 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 goes on to require "The Center Director providing the notification shall document in TROI that the information was provided." TROI is where the states critical incident are uploaded for administrative review.</p> <p>Indicator (b) As noted in Indicator (a), North Carolina SANE nurses use the national protocol developed by the U.S. DOJ.</p>

The Auditor confirmed that the protocol is the guiding expectation along with information from the state sexual assault kits. Agency PREA Office staff confirmed that all Juvenile Justice facilities will take victims to hospitals with trained SANE nurses. The policy also speaks to the standard's expectation. "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." Interviews with local 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 a well as 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 US DOJ Violence Against Women Act. The undated protocol the Auditor reviewed references the 2013 "A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents: 2nd edition". A review of the document show support for a victim-based approach. The document provides guidance on communication with victims, evidence for law enforcement to consider at the crime scene, and it provides 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 2018 version of the DOJ document.

Indicator (c) The Lenoir 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. State statutes show the state's obligation to paid for examinations since 2009. Funds are provided through the North Carolina Crime Victims Compensation Fund. 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 state government to ensure all victims come forward. Juveniles are guaranteed access to emergency services outside the facility which would include forensic exams.

Indicator (d) Lenoir Youth Development Center had an agreement with the local rape crisis agency to provide support services to victims of sexual assault. The facility has tried to obtain and updated MOU but has yet to receive a copy. A copy of the 2020 MOU with Real Crisis was provided to the Auditor and he was able to confirm with the agency they are still willing to support youth at LYDC 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. Hospital representative of confirmed the Real Crisis can provide trained accompaniment. The NCDPS also trains staff who volunteer to serve as PREA Support Persons (PSP) on working with victims of sexual assault. Though they are not specifically trained in forensic accompaniment, they serve as a go to person for victims during and after the investigative process. The PSP will encourage the client to utilize the rape crisis center. The Real Crisis 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, criminal justice interview, and provide ongoing support and referral to the victim. The Auditor was able to confirm with the Real Crisis staff on their ability to do accompaniments for forensic exams and victim interviews. The PREA Compliance Manager confirm a willingness to work with local and state rape crisis agencies to build on experiences. During COVID-19 there has been less access to the facility but in the event of a sexual assault, it is believed they would be able to gain access to support victims of abuse. The Auditor was able to review the MOUs from the Hospital and the RCC supporting access of the Real Crisis for forensic exams. LYDC 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 during the recent months of the COVID-19 crisis.

Indicator (f) The LYDC would have an investigation team from the Lenoir Sheriff's Office come to the Youth Development Center to complete a criminal investigation. The Agency will also notify the Department of Social Services who is responsible for investigations of abuse claims involving youth. NCDPS will assign an investigator to complete an administrative investigation from the Juvenile Justice facilities unless the alleged perpetrator is a staff person, then the agency's Office of Special Investigations 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 the trained Sexual Assault Nurse Examiners available at the hospitals in the region, including the UNC Lenoir Health Care in Kinston. The review of several websites and interviews with staff confirm the 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 Lenoir Health Care as did the Hospital website. 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. Absent an incident, compliance is determined based on the availability of resources to effectively investigate, secure and process evidence. Also taken into consideration in this determination was the overall staff knowledge displayed in the random staff interviews of how to preserve evidence, including instructions to the resident involved. Finally, the Auditor considered the information available from state agencies, Local Law Enforcement, non-profit victim's organizations and the hospital.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Lenoir 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>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with LYDC 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 Juvenile Justice employs individuals trained in completing administrative investigations. The Lenoir 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. LYDC has not had a criminal or administrative investigation of PREA in the past year. 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.</p> <p>Indicator (b) The NCDPS has policy in place that addresses the requirements of this standard. The 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 will be documented in incident reports and the facility logs. An incident report is required also to be entered into the agency incident portal TROI which would document the referral. The facility also has a PREA Incident checklist that will document the notification to local law enforcement and the facility investigator.</p> <p>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 describes the expectations of the investigators and the facility in ensuring a thorough investigative process occurs. The Auditor also reviewed a document from the Head of the Department of Public Safety to all of the state law enforcement agencies on completing PREA related sexual abuse investigations. The policy also discusses the need to have individuals seen by trained SAFE nurses at local hospitals. NCDPS Law Enforcement Notification Policy further describes the communication that should occur between the LYDC and the Lenoir 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.</p>

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 policy and trained investigative staff in place or through agreement to ensure all allegations of sexual assault and sexual harassment are investigated. The Lenoir Youth Development Center has developed a relationship with local trained law enforcement staff persons who will ensure all crimes, including sexual assaults, are investigated.

The Youth Detention Center would investigate any incidents initially to determine if the allegation is criminal in nature. The Administrative Investigator reports that if any information is obtained during an administrative investigation, then the local criminal investigator would be called immediately. Compliance was determined based on the published policy, the investigative information provided by the agency staff. Compliance is determined utilizing the above stated information which meets the requirements of Indicators (a) and (b). Interviews further supported compliance in that the agency takes all allegations seriously and ensures the impartiality of staff-involved events.

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 549 300">Lenoir Pre-Audit questionnaire</p> <p data-bbox="240 329 1046 358">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="240 387 1007 416">Juvenile Justice Facilities Housing LGBTQI Juveniles Policy and Procedures</p> <p data-bbox="240 445 515 474">LYDC staff training records</p> <p data-bbox="240 504 836 533">State approved training program outlines (101, 201, 11113)</p> <p data-bbox="240 562 494 591">DPS Employee brochure</p> <p data-bbox="240 620 408 649">Red Flag Poster</p> <p data-bbox="240 678 593 707">New Employee Orientation Manual</p> <p data-bbox="240 736 478 766">PREA Signage for staff</p> <p data-bbox="240 795 587 824">Staff Offender relationship training</p> <p data-bbox="240 965 679 994">Individuals interviewed/ observations made.</p> <p data-bbox="240 1023 735 1052">Interview with LYDC PREA Compliance Manager</p> <p data-bbox="240 1081 525 1111">Interviews with random staff</p> <p data-bbox="240 1193 488 1223">Summary Determination</p> <p data-bbox="240 1252 1489 1877">Indicator (a) The Lenoir 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 the prevention, detecting, and responding to sexual assault and sexual harassment of residents. Random staff were able to describe in the interviews how in their day-to-day job, they keep residents PREA safe. The staff members knew the signs and symptoms of someone who may be victimized, the rights of residents related to PREA and 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 transgendered or intersexed resident's preferred name and pronouns. Staff had knowledge that a multidisciplinary committee reviews transgender resident's case individually to determine housing, search procedures, hygiene accommodations and medical or mental health treatment planning. Staff were able to provide information on the 11 required elements of this indicator that they have been trained on. Policy states, "All employees shall receive initial instruction related to sexual abuse and 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 of 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 course closely related including one on undue familiarity between staff and residents.</p> <p data-bbox="240 1968 1461 2125">Indicator (b) The Lenoir Youth Development Center works with only male populations, but 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 juvenile might react differently to abuse. They were aware of trauma and its frequency in the population served at Lenoir Youth Development Center. No staff had transferred into the facility in the past year from a coeducational facility.</p>

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). Lenoir Youth Development Center staff report ongoing training happens in a classroom setting as well as through the online Power DMS platform. Staff records reviewed and the random staff knowledge of the training information indicators support they receive training frequently. The Auditor reviewed records on site and requested files uploaded to further support compliance with the indicator.

Indicator (d) Employees have to take an exam for which they receive a certificate for their Human Resources file. The Auditor also was able to see a training report used by facility administration to track employees completion of annualized trainings

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. Staff files reviewed as part of standard 315.17 showed this documentation. 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 an on-site training and understand the facility's Sexual Assault Response plan. Staff are provided visual documents posted in the facility like the Daily Dozen and Red Flags to reinforce the classroom experience.

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 that PREA related education of staff happens regularly. The Auditor confirmed the training dates of the staff including initial PREA training and most recent PREA education. Compliance determination was based on ten random training records, the material used in presentations and random staff ability to share examples of the content they had learned as part of PREA training consistent with standard requirements.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Lenoir Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Brochure for Volunteers</p> <p>Contracted Staff training (medical, MH, Barber)</p> <p>Volunteer training</p> <p>Training materials for volunteers and contractors on PREA</p> <p>Volunteer/Contractor (PREA orientation acknowledgement form)</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with LYDC PREA Compliance Manager</p> <p>Interview with Contractor</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) There are limited contractors and volunteers in the past year due to the COVID-19 outbreak. The facility reports they had 7 contractors and 0 volunteers in the past year who had contact with Juveniles. There was one volunteer who was trained in preparation for restart of training as the COVID-19 crisis diminished. Though the agency had more individuals on the approved list, only a contracted nursing staff and a contracted Mental Health professionals and a Barber are actively at the center. All contractors receive the same general PREA training that all individuals at LYDC receive.</p> <p>Volunteers are registered in the facility and those who have routine access to the facility are required to undergo an onsite education program on responsibilities and procedures for keeping a safe environment. As part of that program, the individuals are trained on PREA consistent with the agency policy which outlines training expectations to inform them how to support a zero-tolerance culture and knowing when and how to report concerns. They are provided a staff directed training class and received a volunteer brochure which address expectations related to PREA. The Policy also requires that volunteers are to sign annually that they understand PREA and their obligations. The forms have the individual acknowledge they understand the training and how to report a concern.</p> <p>Indicator (b) The training as noted in indicator (a) includes distinct levels of training which 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 (religious staff, educational volunteers, canteen vendors, etc.) get an abbreviated educational program. As noted, there are no current volunteers at LYDC. 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 NCDPS, and how to report a concern.</p> <p>Indicator (c) PREA 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 (OPA-T10) annually. 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 a</p>

sample of the PREA acknowledgment form that new volunteers sign after completing the training course.

Compliance Determination

The Lenoir Youth Development Center is compliant with the standard expectations. LYDC 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 on the tour and formal interviews 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 interview with the contracted staff persons and who were able to identify training elements. They were all able to explain how they could report a PREA concern at the facility if they arise. At the time of the Audit no volunteer was coming in so interviews did not occur but the facility provided documentation to support training process.

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Lenoir Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Resident files showing they have received PREA educational materials.</p> <p>OPA-T300 Resident Acknowledgement Form</p> <p>DJJ PREA Respect Brochure</p> <p>Expect Respect Poster</p> <p>Juvenile Education Materials</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Intake Staff Person</p> <p>Interview with case managers</p> <p>Interview with Residents</p> <p>Observation on the tour of PREA Signage in two languages</p> <p>Summary Determination</p> <p>Indicator (a) All Residents are provided information about PREA upon admission to LYDC. 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 Brochure, Rack Cards, postings in the facility and a video. The video "Expect Respect" was developed by the NCDPS and UNC New Hanover with funding from the US Bureau of Justice Assistance. The Auditor was walked through the admission process by mental health staff who act as intake staff, including the information the juvenile receives in the first hours at the facility related to PREA. In the year prior to the audit, 57 individuals were admitted, and all individuals were provided PREA education. New admissions receive PREA information during the intake, which includes information on protecting themselves and reporting PREA. The completion of PREA education is documented electronically in the facility's case management system and the residents sign a form acknowledging the education. Residents confirmed getting PREA materials at intake. The educational material on PREA is presented in an age-appropriate manner. All admissions to the Lenoir Youth Development Center have been previously educated about PREA at the NCDPS pretrial Juvenile Detention Centers.</p> <p>Indicator (b) All residents at Lenoir Youth Development Center are provided with a review of the facility specific PREA information with their social worker in the first few days in the facility. The Auditor was provided with documentation showing 100 percent compliance with the timeliness of PREA education within ten days. Interviews with intake staff, case management staff, and residents further support the education of residents in a timely and age-appropriate manner. The video provided to residents has previously been reviewed by the Auditor at another DJJ facility. The residents report the Facility Director provided the PREA training.</p> <p>Indicator (c) All residents at Lenoir Youth Development Center have received an education into PREA. The Auditor also spoke to residents and reviewed case files to confirm education dates against the provided documentation. All the YDC residents had been transferred in from other DJJ facilities where the resident's also supported being educated on PREA. 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 of reporting a concern if it was to arise.</p>

Indicator (d) Education is available in multiple languages and forms from written to video to large print documents. Videos are provided in English and Spanish the most spoken languages in the Department of Public Safety. Lenoir had no residents at the time of the onsite visit that could not speak English. Language line services are available as noted in standard 115.316. Residents support that 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 assistance 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 LYDC in both English and Spanish the two languages most spoken at the facility.

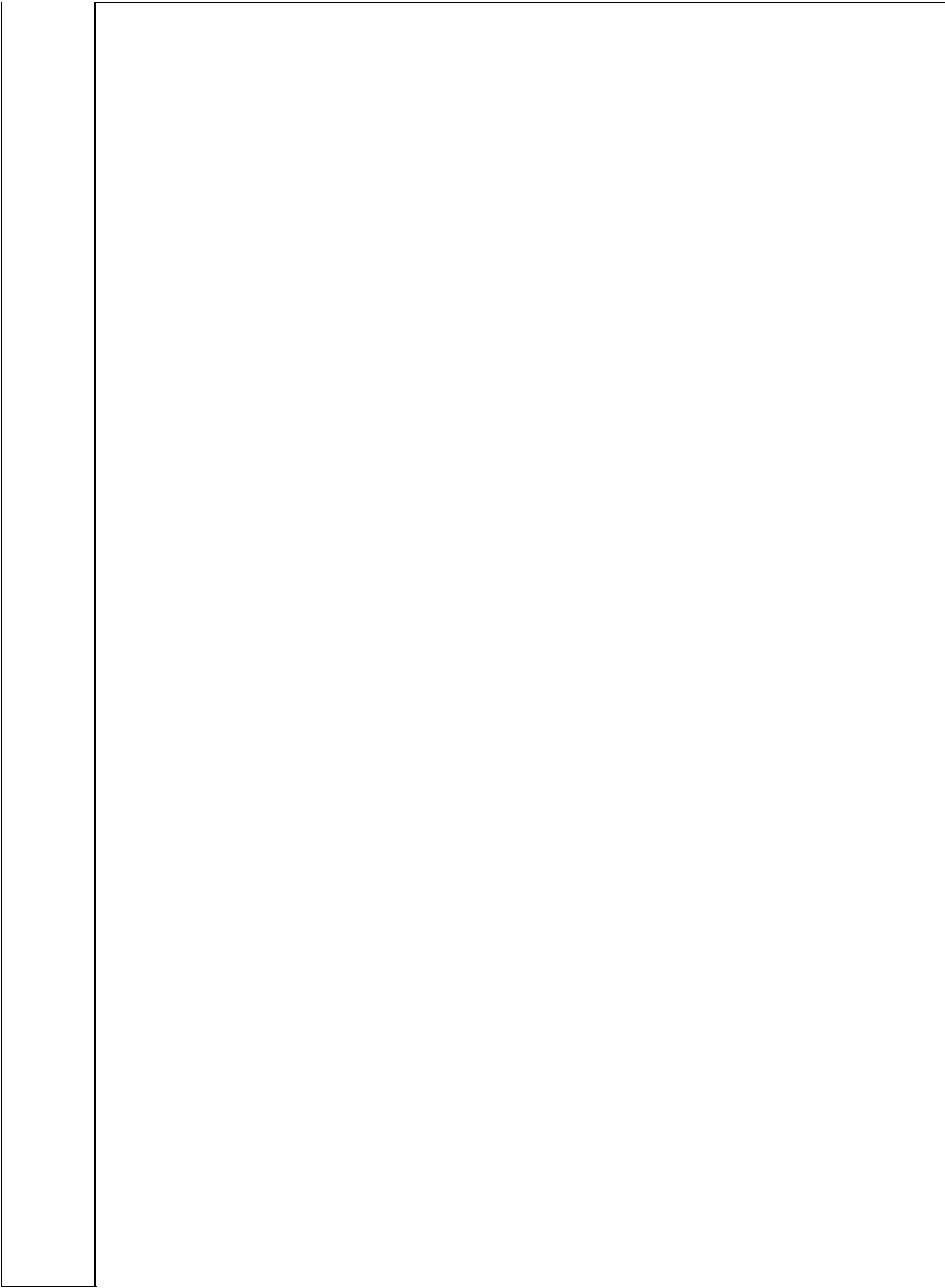
Indicator (e) Records were reviewed for a random sampling of 10 clients along with a full report of the previous year's admissions, or who were in the population previously. The documentation reviewed confirmed education of residents is tracked by the facility.

Indicator (f) Observations throughout the tour support there are continuously materials available to residents. The information viewed included handbooks, posters, and other signage about PREA or resources such as the local rape crisis agency. The facility reportedly runs PREA classes one to two times in week period depending on when intakes occur. The resident support they know how to access information on PREA

Compliance Determination

The North Carolina Department of Public Safety PREA policy sets forth the expectation of the timeliness of resident education, the manner in which education is delivered, and the requirement for materials for LEP and disabled resident's education. Residents at LYDC 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 are provided such information. The information reviewed is signed by the resident and placed in their case record. The facility has PREA educational materials available to residents in the form of videos, brochures, Respect rack cards and posters in addition to the handbook. Information in the written document seen on the tour includes phone numbers to 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, the materials viewed during the tours and the videos reviewed.

115.334	Specialized training: Investigations
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 331 549 358">Lenoir Pre-Audit questionnaire</p> <p data-bbox="240 389 1046 416">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="240 448 987 474">Training Material from NCDPS on completing administrative investigations.</p> <p data-bbox="240 506 568 533">Training records of Investigators</p> <p data-bbox="240 564 670 591">Understanding Sexual Violence Document</p> <p data-bbox="240 622 576 649">Coordinated Response Overview</p> <p data-bbox="240 730 679 757">Individuals interviewed/ observations made.</p> <p data-bbox="240 788 655 815">Interview with Agency PREA Coordinator</p> <p data-bbox="240 846 590 873">Interview with trained Investigators</p> <p data-bbox="240 904 443 931">Observation on tour</p> <p data-bbox="240 1016 488 1043">Summary Determination</p> <p data-bbox="240 1075 1485 1335">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. Lenoir Youth Development Center's Assistant Director has received specialized training in completing sexual assault investigations. The North Carolina Department of Public Safety was able to train a cadre of staff members on how to complete sexual assault investigations. The agency has sufficient staff to ensure each facility has sufficiently trained investigative staff. In addition to the LYDC Assistant Director, there are several other staff in the region including the Regional Director who have completed the training. The Agency can provide an investigator from another facility if the Assistant Director is away at the time of an incident.</p> <p data-bbox="240 1424 1474 1617">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 materials 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 materials also used examples from North Carolina DPS case files.</p> <p data-bbox="240 1706 1310 1733">Indicator (c) Training records were provided for the Assistant Director of Lenoir Youth Development Center.</p> <p data-bbox="240 1823 512 1850">Compliance Determination</p> <p data-bbox="240 1881 1493 2141">The North Carolina Department of Public Safety ensures that staff who complete investigations have received appropriate specialized trainings on investigating sexual assault in a correctional setting. Absent any current investigations, the Auditor had to rely on the materials and the information provided (training materials, records) and interviews with the trained investigator. The Assistant Director was able to describe the training provided, what his approach would be in an investigative process, how the training discussed interviewing victims, and the steps taken in determining an outcome. He also discuss how he would maintain communication with the criminal investigators. Compliance was based on the interview with the trained investigator, and the training materials provided, and the sufficient resources in place to investigate sexual abuse or sexual harassment claims.</p>



115.335	Specialized training: Medical and mental health care
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 549 358">Lenoir Pre-Audit questionnaire</p> <p data-bbox="242 387 1046 416">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="242 445 834 474">PREA training materials for Medical and Mental health staff</p> <p data-bbox="242 504 549 533">Documentation of staff training</p> <p data-bbox="242 613 679 642">Individuals interviewed/ observations made.</p> <p data-bbox="242 672 446 701">Interview with Nurse</p> <p data-bbox="242 730 515 759">Interview with Psychologist</p> <p data-bbox="242 840 488 869">Summary Determination</p> <p data-bbox="242 900 1490 1128">Indicator (a) the Lenoir Youth Development Center contracts for 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 trainings for medical and mental health staff.</p> <p data-bbox="242 1216 796 1245">Indicator (b) The staff do not complete a forensic exam.</p> <p data-bbox="242 1332 1447 1426">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.</p> <p data-bbox="242 1514 1439 1574">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 YDC employees annually as well as the training described in 115.32.</p> <p data-bbox="242 1662 510 1691">Compliance Determination</p> <p data-bbox="242 1720 1468 2013">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 DPS with the custody employees. 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. NCDPS PREA Policy also was reviewed by the Auditor to determine compliance along with interviews, training program materials and training records for the staff figured into the compliance determination.</p>

115.341	Obtaining information from residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 331 549 358">Lenoir Pre-Audit questionnaire</p> <p data-bbox="240 389 1046 416">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="240 448 617 474">RP YC 2 Admission and Assessment</p> <p data-bbox="240 506 515 533">Population report for LYDC</p> <p data-bbox="240 564 528 591">YD 12 001 PREA Screening</p> <p data-bbox="240 622 702 649">YD O11 Admission Screening and Placement</p> <p data-bbox="240 680 697 707">Mental health screening/ services documents</p> <p data-bbox="240 739 518 766">Exceptional Child Checklist</p> <p data-bbox="240 797 491 824">DPS PREA Audit Report</p> <p data-bbox="240 855 772 882">Screening results and Reassessment documentation</p> <p data-bbox="240 963 679 990">Individuals interviewed/ observations made.</p> <p data-bbox="240 1021 655 1048">Interview with Agency PREA Coordinator</p> <p data-bbox="240 1079 529 1106">Interviews with Medical Staff</p> <p data-bbox="240 1137 580 1164">Interview with Mental Health Staff</p> <p data-bbox="240 1196 443 1223">Observation on tour</p> <p data-bbox="240 1303 488 1330">Summary Determination</p> <p data-bbox="240 1361 1493 1724">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 (Form YD 011) 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 pre-trial facility it receives juveniles from the community, most screenings are completed the same day as the juvenile's admission to the Youth Development Center. All residents are reassessed within 14 days of admission and if any additional information is learned adjustment 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 active population which included samples from multiple individuals in the facility's four housing units.</p> <p data-bbox="240 1809 1493 2110">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 clients self-reported information. The Auditor was provided with the materials on how to administer and score the tool to ensure that the application is objective. The Auditor spoke with an individual who completes the screening to verify the process. The tool scores all residents on levels of risk for perpetration of sexual violence or sexual vulnerability. Screenings are completed in North Carolina Juvenile Justice facilities by the facilities Mental Health team. The individual completing the scoring takes information from three sources, interviews with the resident, observations made during the screening and historical documents in the client records. The scorer answers yes, no, or unknown to each section questions. The number of yes answers will determine the juvenile's score.</p>

Indicator (c) Policy RP YC 2 Admissions and Assessment (page 4) describes the various elements required in the indicator. "The Center Director/designee shall determine the appropriate living unit and room assignment. All assessments/screenings shall be completed prior to assigning the juvenile to a room. Several factors must be considered in room assignment, including: 1. Social history; 2. Gang affiliation; 3. Prior sexual victimization or abusiveness (engaging in sexual abuse); 4. Observed sexual orientation (lesbian, gay, bisexual), transgender, or intersex status; 5. Current intake entries and offense history and nature of offense(s); 6. Age; 7. Level of emotional and cognitive development; 8. Physical size and stature; 9. Mental health history- mental illness or mental disabilities; 10. Intellectual or developmental disabilities (cognitive and emotional); 11. Physical disabilities; 12. The resident's own perception of vulnerability; and 13. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents."

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. Lenoir Youth Development 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 LYDC.

Indicator (d) The Lenoir Youth Development Center uses regular treatment meetings once a client is admitted to continually assess the client's needs and interactions. The Health Service Coordinator 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. It is through this process 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. As a YDC residents have had some initial needs assessments completed in the pretrial Juvenile Detention environments also run by NCDPS. Medical and mental health staff along with custody and education look at the resident's development. The Agency utilizes a full battery of Mental Health, Medical and educational screenings which can inform the PREA tool. This process and weekly team review of the population ensures quick communication when behavior changes occur. Random custody staff offered they would go to case workers, mental health or medical if they had a concern about a juveniles change in behaviors.

Indicator (e). The North Carolina Department of Public Safety completes the screening information in its electronic case management system (NC-Join). The electronic case management system limits who may have access to the screening information, especially the client's more sensitive information. Disclosures made in the Medical or Mental Health records are completely siloed from the custody staff in the electronic medical records. Staff are only provided enough information as necessary to keep them safe. Information on an individual's past abuse from record to treatment disclosures would not be available to custody staff. Residents support information is kept confidential unless someone is getting hurt.

Compliance Determination

The Lenoir 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 reassessed within 14 days by the facility classification team. The Agency also requires periodic rescreening by using the PREA assessment instrument. 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 DPS electronic medical record system protects resident's sensitive information from disclosure.

The objective tool of North Carolina DPS 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 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.

Compliance was determined based on the random screens provided consistent with time requirements in the standard The

Auditor worked with the facility to pick a random sample of files to ensure the screening process is completed consistent with standard expectations. Interviews with staff and residents further support that the appropriate questions are being asked. As a treatment focused facility mental health staff were able to describe how they use screening tools to inform treatment planning. These discussions support that the PREA score a individual has becomes part of the facility's overall treatment planning for the youth

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Lenoir 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>RP YC 2 Admission and Assessment</p> <p>PS/YC 4.1 Behavioral Expectations</p> <p>YD 011 Admission Screening and Placement (PREA)</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Facility PREA Compliance Manager</p> <p>Interview with Screening staff</p> <p>Interview with Teacher</p> <p>Interview with Random Staff</p> <p>Interview with Mental Health Provider</p> <p>Interview with Random Residents</p> <p>Population report</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>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."</p> <p>The PREA screen used at LYDC provides immediate assistance in determining the appropriate housing unit for any new resident. The agency ensures those with a high score for perpetration of sexual violence from being placed in the same housing unit as an individual with a known victim history. All cells in the facility are singles. Individuals with victimization history or perpetrating histories are provided counseling onsite by Mental Health staff or through the local rape crisis agency if requested. The multi-discipline team, using the results of the screening and the client history, will plan for housing, treatment, and education placement. During these team meetings, a potential conflict would be identified between the known individuals on each side of the scoring for risk. Agency practice if an individual score with both perpetrating and victim history is to house separate from others with victimization histories. Given the small unit sizes of the four-unit facility, and that juveniles are under staff direct supervision at all times aggression of any type would be easily identified. All bedrooms in the facility are single rooms and room assignments are based on scores to ensure vulnerable individuals are kept separate from aggressive best as possible in the environment. At LYDC youth go to school with the same youth from the housing unit and there is no work/vocational program currently. By not mixing units sexual aggressive individuals can be easily kept from those with victimization histories. Staff report recreation is also done by unit with direct staff supervision. Residents at LYDC are always under staff supervision and not allowed to move about the facility without escort. PREA Compliance Manager confirm that staff are provided enough information to ensure client a kept safe.</p>

Indicator (b) Lenoir Youth Development Center has not isolated any residents in the past 3 years to keep them safe from sexual assault. The Lenoir YDC was not designed with disciplinary holding units or special management units. 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." There is no segregation unit at the YDC, the only way to maintain this process would be to have the juvenile move separate of the peers on the housing unit. Staff and administration support there are no instances where juveniles were isolated to keep them safe from sexual advances of others.

Indicator (c) 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 Auditor confirmed through 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 perception of vulnerability or aggressiveness based on gender identity. There were no LGBTI juveniles in the facility to interview about their perceptions

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. LYDC received its last transgender admission in 2019. The resident meeting notes discussed housing, the residents preferred pronouns, accommodations provided, and treatment services offered. The Auditor made suggestions on improving the documentation of information to be able to document the concerns of the standards. The North Carolina Department of Public Safety has instituted a SOGIE (Sexual Orientation, Gender Identity, and Gender Expression) questionnaire for all residents which further helps in the identification of 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 need 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.

Indicator (e) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures states housing and program assignments for a transgender or intersex resident shall be reviewed through the facility classification process at least every six (6) months to consider any threats to safety experienced by the prisoner or resident. 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 the any planning meeting for transgender admissions.

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 Auditor pointed out ways to better document the resident's preferences in the safety review document. The Health Services Coordinator, Mental Health Provider 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." Lenoir Youth Development Center residents all have access to individualized showers. All juveniles reportedly shower while other residents are in the rooms. Though the room has two shower the facility practice is for one shower at a time.

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

Indicator (i) Lenoir Youth Development Center has not isolated any residents. NCDPS policy addresses if isolation 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 electronic case management system of North Carolina DPS (NC-Join) will prevent housing of potential or known victims with potential or non-aggressors based on the PREA Screening tool in 115.41. All residents are asked how they feel about their safety which helps guide the placement process for housing and eventually programming. LYDC currently has no transgender residents. Policy language in place support they understand the steps needed to protect the right of all LGBTI residents. During the tour and subsequent movement, the Auditor was able to see how a transgender residents would have privacy during shower or bathroom use. Documentation supports that LGBTI residents are not all housed together or denied programming. There is no legal judgement requiring such condition to exist.

Line staff also understand the need to protect potential victims from potential aggressors and discussed during their informal and formal interviews, how they get to know the resident and observe and address any behaviors. Facility leadership report known aggressors and known victims would not be housed in the same unit and that they move by 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. 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.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Lenoir Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>DJJ PREA Brochure</p> <p>New Employee Manual</p> <p>JJ PREA Posters</p> <p>Fraud Waste and Abuse hotline poster</p> <p>NCDPS PREA Hotline</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Random Staff</p> <p>Interview with Random staff</p> <p>Interview with Real Crisis representative</p> <p>Interview with UNC Lenoir Health Care representative</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>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." Random residents' interviews confirmed that they know there are multiple ways to report a concern within the facility or to the Department of Public Safety 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 any case manager or medical or mental health staff, by writing the Facility Director or by calling the PREA 'hotline' or the Department of Social Services. It should be noted residents supported they have comfort with going to line staff to report a concern. The facility also provides pre-addressed envelopes for mailing internal or external agencies about PREA concerns. The PREA Coordinator did confirm there were no claims filed through the PREA Hotline for LYDC. Staff interviewed knew of their mandated responsibilities to report all PREA allegations no matter the source, as well as any retaliation against individual who report or cooperate in an investigation. The staff were also clear they must report on a co-worker's actions or inaction that lead to any abuse of a youth. The Auditor was able to see large walls area of the housing unit that provide a kid friendly resource of information on PREA, how to report and resources for getting help internally and externally.</p> <p>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 is on the PREA poster, and the residents have pre-addressed envelopes to DSS in each housing unit. Residents were aware of these options and stated they could also call attorneys or family members also to report a concern. LYDC 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.</p>

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. 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, needed to be reported. The staff also confirmed that after giving notice to a supervisor they were required to file a written report on the claim. Finally, the staff also confirmed they had to report on the actions or failure to act of a fellow employee that leads 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 NCDPS policy and this standard indicator.

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 person they trust. They also were aware they could write outside agencies and most understood the meaning of privileged correspondence. As noted above the Auditor saw the mailbox system on the housing unit used to send internal or external mail. Below the black box was pre-labeled envelopes to internal and external reporting options including the Director, the State PREA Coordinator, and the Local DSS office. LYDC PREA Compliance Manager also confirmed the various ways in which a client reports a concern and how the administration would be notified of any claims

Indicator (e) The staff of Lenoir Youth Development Center have 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 report to another supervisor or to a higher-ranking individual, they can make a report using either the posted phone numbers, The North Carolina NCDPS 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 also was provided with a PREA informational brochure which describes how staff and volunteers can report a concern.

Compliance Determination

North Carolina Department of Public Safety and LYDC Juvenile Justice facilities Sexual Abuse and Harassment Policy and Procedures, outlines the requirements of this standard. The facility's Sexual Assault Brochure and posters throughout the facility all give direction on the importance and methods of reporting sexual abuse and sexual harassment. 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. 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, complete grievance form or call or write 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 a concern. Custody staff reported knowing how to privately report PREA concerns to administration and that there is no problem reporting out of the chain of command. The Auditor finds compliance with standard provisions, based on the policy, documentation provided and viewed on the tour, and the interview findings of random staff and residents as well as interview information from the PREA Compliance Manager and PREA Coordinator.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 329 798 356">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 387 549 414">Lenoir Pre-Audit questionnaire</p> <p data-bbox="240 445 1046 472">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="240 504 722 530">YD-6 NCDPS Juvenile Justice Grievance Policy</p> <p data-bbox="240 562 443 589">Resident Handbook</p> <p data-bbox="240 674 679 701">Individuals interviewed/ observations made.</p> <p data-bbox="240 732 738 759">Interview with facility PREA Compliance Manager</p> <p data-bbox="240 790 544 817">Interview with Facility Director</p> <p data-bbox="240 848 579 875">Interview with Random Residents</p> <p data-bbox="240 960 443 987">Observation on tour</p> <p data-bbox="240 1019 488 1046">Summary Determination</p> <p data-bbox="240 1077 1473 1202">Indicator (a) The Lenoir 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 prior to the site visit, there were zero sexual assault or sexual harassment claims filed through the grievance process.</p> <p data-bbox="240 1288 1473 1588">Indicator (b) Agency policy support the resident can file a grievance to a person who is not the subject of the grievance, and there is not a 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"</p> <p data-bbox="240 1673 1485 1937">Indicator (c) The facility has several steps in place to help juveniles in making grievances. Each housing unit has a secure black box in which grievances or inhouse mail to administration can be entered. The facility limits access to this box to administration and 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 a PREA Support Person did not report receiving any PREA related grievances. NCDPS 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."</p> <p data-bbox="240 2022 1485 2152">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 appeal 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 believe that grievance responses will generally be done much quicker than 90 days.</p>

Indicator (e) NCDPS 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, administrators or calling the PREA Hotline. Staff were also aware they need 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. 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 they are 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. Juveniles spoken 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

Lenoir Youth Development Center is not exempt from the exhaustion of administrative remedies. The North Carolina Department of Public Safety has created a policy that promotes the use of a grievance process. 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 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, PREA Compliance Manager, a PREA Support Person and the residents who were aware the grievance process was a possible avenue to report a sexual misconduct concern.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Lenoir Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>PREA Brochure</p> <p>MOU with Real Crisis</p> <p>NCCASA – PREA the North Carolina Approach</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>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 LYDC provides access to the local rape crisis agency Real Crisis. The Auditor also spoke with representatives of Real Crisis that reports they can provide support to 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 RCC agency’s employees are granted professional visitor status which allows for confidential communication. This means that calls are not recorded, mail is not read, and visitation can be private. The LYDC do not hold juveniles for civil immigration violations. The facility has postings up to inform residents how to access legal assistance. The Real Crisis staff confirm they can provide all the services required, including accompaniment for hospital and legal interviews as well as supportive counseling and referral.</p> <p>Indicator (b). All residents are informed at the inception of services that confidentiality is limited when there is an individual who has been victimized in the institution. All Lenoir Youth Development Center residents sign acknowledgment forms on confidentiality limitation. Health care staff report residents are educated on confidentiality as part of their service introduction for both 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. Juvenile understand about the limitation of communication with the local rape crisis agency. They can use phone on the housing floor but many report if the wanted to speak to Real Crisis they may ask to make that call from a social worker’s office for more privacy.</p> <p>Indicator (c) The LYDC has a Memorandum of Understanding with the Real Crisis 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 interview with the Real Crisis representative confirmed the relationship and what services are provided to victims of sexual abuse. The NCDPS PREA Office has a relationship with the state-wide rape crisis agency North Carolina Coalition Against Sexual Assault (NCCASA). The Real Crisis representative confirmed they can also do support for LBGTQI residents.</p>

Indicator (d). LYDC provides the residents with an understanding on the levels of confidentiality in their communication to legal representatives or to their parents. Due to the COVID-19 pandemic visitation were limited in person visits from attorneys so calls were done by phone or through video conferencing. The residents understand these restrictions and that even during the phone call, staff can only hear their side of the question. The detainees are not limited on 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 envelope for the Juveniles to use.

Compliance Determination

Resident victims at LYDC can access victim advocates for emotional support. The agency has entered into a Memorandum of Understanding with the Real Crisis to provide support to victims (Indicator (c)). As part of the audit process, the Auditor spoke by phone to Real Crisis representatives who confirms their ability to provide service at DPS facilities. The PREA Brochure and signage throughout LYDC 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 inform residents they can call or write 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 NCCASA and legal assistance 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.

115.354	Third-party reporting
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 549 358">Lenoir Pre-Audit questionnaire</p> <p data-bbox="242 387 1046 416">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="242 445 533 474">North Carolina DOC Website</p> <p data-bbox="242 504 563 533">PREA Posters on Housing units</p> <p data-bbox="242 616 679 645">Individuals interviewed/ observations made.</p> <p data-bbox="242 674 655 703">Interview with Agency PREA Coordinator</p> <p data-bbox="242 732 679 761">Observation on tour of reporting information</p> <p data-bbox="242 844 488 873">Summary Determination</p> <p data-bbox="242 902 1481 1296">Indicator (a) NCDPS PREA Policy (pg 14) 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. There is information directing residents 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. Staff were aware that they must take all reported concerns about PREA potential violations, including from third parties. The facility phones allow for residents to dial out to the advocates or the North Carolina DPS PREA Coordinator. The North Carolina Department of Public Safety policy addresses the requirements of this standard. The Auditor called the PREA Hotline from the housing unit phone and the PREA Coordinator received the message.</p> <p data-bbox="242 1384 512 1413">Compliance Determination</p> <p data-bbox="242 1442 1485 1538">North Carolina Department of Public Safety has put in place multiple resources of residents and families to report a PREA related concern. Absent a PREA complaint, compliance was based on policy and the systems North Carolina DPS has put in place to support residents and that residents were aware they could make a complaint on behalf of another resident.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 329 549 356">Lenoir Pre-Audit questionnaire</p> <p data-bbox="240 387 1046 414">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="240 445 555 472">DPS Abuse and Neglect Policy</p> <p data-bbox="240 504 884 530">Temp Contracted Employment agreement (PREA requirements)</p> <p data-bbox="240 562 786 589">NC Statute 14-43 (child abuse reporting requirements)</p> <p data-bbox="240 620 557 647">LYDC PREA Incident Checklist</p> <p data-bbox="240 678 488 705">Contractor requirements</p> <p data-bbox="240 790 679 817">Individuals interviewed/ observations made.</p> <p data-bbox="240 848 655 875">Interview with Agency PREA Coordinator</p> <p data-bbox="240 907 513 934">Interview with random staff</p> <p data-bbox="240 965 572 992">Interview with facility Investigator</p> <p data-bbox="240 1023 715 1050">Interviews with Medical and Mental Health staff</p> <p data-bbox="240 1193 488 1220">Summary Determination</p> <p data-bbox="240 1252 1485 1677">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 "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 the Department, while under the direct supervision of the Department, or occurring in or on DJJDP-operated facilities/grounds or Court Counselor offices, must immediately take appropriate action to: (1) safeguard the juvenile(s) involved; (2) secure the scene of the incident where the alleged abuse and/or neglect occurred on departmental facility grounds; (3) report the matter immediately through the chain of command and to the Department of Social Services (DSS); and (4) complete an Incident Report. All other instances of alleged or suspected abuse/neglect shall be reported to DSS and recorded in NC-JOIN case notes. 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 Lenoir staff understood their responsibilities under North Carolina law as mandated reporters of abuse and neglect. The Auditor reviewed state laws on abuse reporting requirements.</p> <p data-bbox="240 1767 1485 1991">Indicator (b) NCDPS 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 NCDPS PREA Incident Checklist which (item 6) reminds 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 as noted in indicator (a) reviewed state statutes which define reporting responsibilities consistent with the policy.</p> <p data-bbox="240 2080 1477 2139">Indicator (c) Random staff were aware of the importance of keeping information disclosed by a resident to those with a need to know such as the Supervisor on duty, and appropriate medical or Mental Health staff who may respond. The NCDPS</p>

PREA Incident Checklist (item 5) reminds staff that all allegations are reported to the senior person in charge. The information about the incident is confidential and should only be shared on a need-to-know bases.

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 sign 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 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.

Indicator (e) Agency PREA Policy (page 22) sets forth the obligation to notify parent or legal guardian 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 the alleged victim and/or the parents and/or the legal guardians at the time that consent is signed."

Compliance Determination

NCDPS has multiple policies and statutes that direct staff of LYDC 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 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 lead 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, LYDC Administration, local law enforcement, and the Department of Social Services. Juvenile spoken with understand the limitations of confidentiality on information about ongoing or past abuse. The above stated facts support compliance and that the staff have a clear understanding on the responsibility to report a concern related to PREA. The Auditor considered, absent a PREA allegation, the checklist that guides staff response and client interviews supporting an understanding of the limits of confidentiality if a resident was a risk of being hurt or hurting someone else and the multiple policy and laws that direct staff.

115.362	Agency protection duties
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 549 358">Lenoir Pre-Audit questionnaire</p> <p data-bbox="242 387 1046 416">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="242 445 798 474">Population report for Lenoir Youth Development Center</p> <p data-bbox="242 504 564 533">DJJ Grievance Policy document</p> <p data-bbox="242 616 679 645">Individuals interviewed/ observations made.</p> <p data-bbox="242 674 560 703">Interview with the Agency Head</p> <p data-bbox="242 732 542 761">Interview with Facility Director</p> <p data-bbox="242 790 526 819">Interview with Random Staff</p> <p data-bbox="242 963 488 992">Summary Determination</p> <p data-bbox="242 1021 1490 1245">Indicator (a) The Lenoir Youth Development Center 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 previous interview with the Agency Head's designee support a commitment to the safety of all juveniles served in DPS facilities. The LYDC has multiple units to be able to keep youth apart from each other. 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 YDC's in the state.</p> <p data-bbox="242 1335 512 1364">Compliance Determination</p> <p data-bbox="242 1393 1474 1686">The Lenoir Youth Development Center administration and the Department of Public Safety administration are verbal about their commitment 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 interviewed identified what to do in situations of imminent risk, including immediate separation of parties, increased contact, support to the residents, notify up the chain of command, and documentation of the incident. Each unit has special needs plan binders that promote client safety and ensure staff knows where potential conflicts exist. Compliance was determined based on the interviews with Administration and line staff. The Auditor also took into consideration that residents expressed staff were approachable and believed staff would take a complaint seriously and maintain their safety.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Lenoir Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</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 Department of Public Safety 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. Interview with the PREA Compliance Manager and the Facility Director support that LYDC has the culture 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 head of that other facility. Agency PREA policy (page 10) 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 appropriate investigative agency."</p> <p>Indicator (b) The PREA Coordinator, PREA Compliance Manager, and the 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.</p> <p>Indicator (c) Agency policy requires notifications are to be documented. Since there were no incidents, the Auditor relied on policy and the knowledge of the individuals interviewed.</p> <p>Indicator (d) Documentation was provided that there were no outside reports of sexual assault of a former resident from LYDC by another facility. The Facility Director confirmed, consistent with the policy, that all outside allegations will result in an investigation.</p> <p>Compliance Determination</p> <p>North Carolina Department of Public Safety Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures 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 DPS facilities, notification is done in writing and within 24 hours (the standard requirement is 72 hours). Interviews with the facility Director and PREA Coordinator confirmed they were aware of responsibilities, including the documentation of notifications. Absent a current case, compliance with this standard was based on the agency policy, the Facility Director and PREA Compliance Manager's knowledge of their responsibilities, and the documentation provided.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Lenoir Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>LYDC PREA Incident Checklist</p> <p>NCDPS PREA Training Outlines (first responder duties)</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) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures (page 20-21) covers the requirements of the first responder duties, including 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. The agency first responder checklist provides further direction on steps to be taken.</p> <p>"1. Record all information about the incident to be provided to the PREA investigator (e.g. date & time the incident was reported, name of 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.</p> <p>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).</p> <p>3 Separate alleged victim and assailant. If needed, move whichever is deemed appropriate to ensure there is no contact. Separate known witnesses (if applicable).</p> <p>4 Secure the scene (if applicable) until senior person in charge assumes control of the scene. a. Start Incident Scene Tracking 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.</p> <p>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.</p> <p>6 Make notification to DSS and Law Enforcement (as locally agreed upon) for all sexual abuse cases and all staff/juvenile sexual harassment cases."</p> <p>Absent a sexual assault incident, 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 with the policy. LYDC provides PREA manuals to each housing unit which provides reinforcement of duties. The manuals also include the PREA Incident checklist, further supporting first responder duties are fulfilled.</p> <p>Indicator (b) All staff and contractors in the Department of Public Safety are all trained on how to protect evidence in the</p>

event of a sexual assault. The random custody, and non-custody random staff, along with contracted staff interviewed, recognized the importance of closing off the crime scene, separating individuals, 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 crime scene analysis and the victim will be sent out to the local hospital with a Sexual Assault Nurse Examiner.

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 were able to 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 collection of evidence. Medical staff and educational staff were also aware of the steps to preserve evidence. (Indicator B). Staff at LYDC are prepared to respond as evident in their answers that support compliance. Staff interviewed confirmed steps taken to protect the resident, the evidence, and the crime scene. Compliance is based on policies, 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
	<p data-bbox="242 145 766 174">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 327 550 356">Lenoir Pre-Audit questionnaire</p> <p data-bbox="242 383 1045 412">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="242 439 558 468">LYDC PREA Incident Checklist</p> <p data-bbox="242 495 622 524">LYDC Sexual Assault Response Plan</p> <p data-bbox="242 551 790 580">Mock Drill documents from current and previous years</p> <p data-bbox="242 607 678 636">Individuals interviewed/ observations made.</p> <p data-bbox="242 663 829 692">Interview with Facility PCM and Agency PREA Coordinator</p> <p data-bbox="242 719 542 748">Interview with Facility Director</p> <p data-bbox="242 775 518 804">Interview with Investigators</p> <p data-bbox="242 831 518 860">Interview with Medical Staff</p> <p data-bbox="242 887 694 916">Interview with Hospital with SAFE/SANE staff</p> <p data-bbox="242 943 654 972">Interview with local Rape Crisis Agencies</p> <p data-bbox="242 999 558 1028">Interview with Supervisory staff</p> <p data-bbox="242 1055 598 1084">PREA Binder on the Housing Units</p> <p data-bbox="242 1178 486 1207">Summary Determination</p> <p data-bbox="242 1234 1484 1576">Indicator (a) The North Carolina Department of Public Safety has ensured each Juvenile Justice facility has a preparedness plan for sexual assault incidents. 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 agency PREA policy puts the development and maintenance of the facility plan on the facility PREA Compliance Manager. The 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.' The Facility Director confirmed the plan and that they have PREA Mock Drills to ensure the staff are properly prepared to handle a crisis. The Facility Director provided a copy of the last mock sexual assault drill completed and she confirmed another drill is scheduled for later this year.</p> <p data-bbox="242 1603 510 1632">Compliance Determination</p> <p data-bbox="242 1659 1492 1991">Lenoir 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 Checklist available along with PREA binders on each unit and random staff interviews further supports 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 binder to ensure a consistent response to sexual assault incidents. The facility has completed a mock PREA incident earlier this year which further supports compliance expectations have been exceeded. The Auditor based the exceeds on the strength of staff understanding of their responsibility, the obvious communications across the facility and agency and most important preparation of staff through not only formal training but by practicing how to respond in mock drills.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Lenoir Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>NC State Human Resource 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) North Carolina Department of Public Safety does not have unionized employees in its juvenile justice facilities.</p> <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. The Human resource manual pg 73 states, "An employee may be placed on ILWP (Investigative Leave With Pay) only:</p> <ul style="list-style-type: none"> · To investigate allegations of performance or conduct deficiencies that would constitute just cause for disciplinary action; · To provide time within which to schedule and conduct a pre-disciplinary conference; or · To avoid disruption of the work place and/or to protect the safety of persons or property" The Agency also can to temporary reassignment according to the manual. This standard is compliant based on the information provided in policy and agency manuals, and the interviews with administrators.

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 331 549 358">Lenoir Pre-Audit questionnaire</p> <p data-bbox="240 392 1046 418">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="240 452 512 479">Retaliation monitoring form</p> <p data-bbox="240 560 679 586">Individuals interviewed/ observations made.</p> <p data-bbox="240 620 659 647">Interview with the Agency Head designee</p> <p data-bbox="240 680 655 707">Interview with Agency PREA Coordinator</p> <p data-bbox="240 741 671 768">Interview with PREA Compliance Manager</p> <p data-bbox="240 801 544 828">Interview with Facility Director</p> <p data-bbox="240 862 612 889">Interview with PREA Support Person</p> <p data-bbox="240 922 512 949">Interview with random staff</p> <p data-bbox="240 1028 488 1055">Summary Determination</p> <p data-bbox="240 1088 1481 1473">Indicator (a) North Carolina Department of Public Safety has information on the expectation to monitor individuals after any PREA claims. The Agency PREA policy states, "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 of 90 days following the report." The North Carolina Department of Public Safety has created voluntary positions for facility staff who want to serve as PREA Support Persons. The individuals are approved by the facility Director and receive 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, discipline to follow up with mental health, or direct conversation with the resident by the person completing the monitoring. Since there have been no incidents requiring the monitoring of juveniles or staff the Auditor relied on the PSP and Directors interviews in considering the indicator.</p> <p data-bbox="240 1554 1481 1787">Indicator (b) The LYDC Director supported the facility is large 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 case workers 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. 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 could result in the movement of one of the residents to other facilities as deemed necessary.</p> <p data-bbox="240 1868 1481 2136">Indicator (c) As noted in Indicator (a) the Department of Public Safety 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. The individual completing the form must document if they reviewed discipline, if housing moves occur or are requested, programmatic or job performance changes, and document if face-to-face communication has occurred or if a mental health follow-up was requested from any of the monitoring concerns. The agency PREA policy states the monitoring will go for a period of at least 90 days. The Auditor was able to interview 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</p>

PCM and notify immediately if they have any concerns of possible retaliation. Agency PREA Policy (pg. 8) describes the duties of the PSP and required documentation (OPA-124) and the requirements for weekly communication with the Director. The Director confirmed that staff who cooperated in an investigation would be monitored by the Director or the Assistant Director who is the facility Investigator and would be well versed in the case. NCDPS has a form for monitoring staff (OPA-122)

Indicator (d) The occurrence of status checks can be documented through the form. The PSP can obtain information through treatment team meetings as well as the unit management team notes or mental health chart. The NCDPS Juvenile Justice PREA policy indicated the resident is expected to complete direct conversations weekly during the first three weeks and periodically thereafter. 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.

Indicator (e) As noted in indicator (b), the facility has sufficient means to protect a resident. Lenoir is one of ten Juvenile facilities for housing the North Carolina Department of Public Safety clients. The facility has multiple housing units, and all residents are single-celled. Juveniles are never unsupervised in the facility and units do not interact. In moving a youth to a unit on the opposite side of the complex there would be little chance for them to have any future interaction.

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

Compliance Determination

The North Carolina Department of Public Safety has a policy in place to address the elements of this standard.

Documentation supports the facility has been compliant with monitoring expectations. The facility did not have a staff person or resident who needed to be monitored this year. The policy ensures ongoing communication with the facility Director and the assigned investigator.

The Agency Head representative and the Facility Director, both described multiple mechanisms that would be put in place to protect individuals who report sexual assaults which include changing housing, preventing contact between the accused and the victim and monitoring reports about the resident or staff to see if there is any change in behaviors. 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 information provided, interview statements, and the policy.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Lenoir 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>DJJ PS/YC Behavioral Expectation</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Facility Director</p> <p>Summary Determination</p> <p>Indicator (a) The North Carolina Department of Public Safety Policy does not have special management units in the juvenile facilities. The residents are not allowed to be isolated in cells for long period of time. Agency 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 resident's 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 Director confirmed that it is not their practice to isolate individuals and if there a concern the individual with greater restrictions would be the aggressor, not the victim. Lenoir 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 stated, given the size of the facility and the various housing options, there would be no reason to isolate the youth given other supportive measures that could be put in place. 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 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>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 331 549 358">Lenoir Pre-Audit questionnaire</p> <p data-bbox="240 392 1046 418">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="240 452 912 479">Juvenile Justice Facilities Detention Services Policy and Procedure</p> <p data-bbox="240 512 659 539">NCDPS Coordinated Response flowchart</p> <p data-bbox="240 573 716 600">Training Records Sexual Assault Investigations</p> <p data-bbox="240 633 716 660">Memos from NCDPS Director on Investigations</p> <p data-bbox="240 792 679 819">Individuals interviewed/ observations made.</p> <p data-bbox="240 853 560 880">Interview with the Agency Head</p> <p data-bbox="240 913 655 940">Interview with Agency PREA Coordinator</p> <p data-bbox="240 974 799 1001">Interview with Interview with PREA Compliance Manger</p> <p data-bbox="240 1034 504 1061">Interview with Investigator</p> <p data-bbox="240 1137 488 1164">Summary Determination</p> <p data-bbox="240 1198 1485 1585">Indicator (a) North Carolina Department of Public Safety in PREA policy on pages 16 to 19 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 investigation of all allegations, including those from a third party or anonymous sources. Random staff interviewed supported they must report all claims no matter the source or if they believe the incident to have occurred. The Department of Public Safety further supports the objective investigatory process through its Office of Special Investigations if the allegation involves a staff member. This office will complete an investigation of any staff related complaints instead of having the investigative team associated with the facility lead the investigation. The facility investigator will work with the local law enforcement agency to ensure the administrative investigation does not impinge on the criminal investigation. In discussions with with the LYDC Investigator he confirmed he would coordinate with agency leadership and the local law enforcement in the event of a sexual abuse allegation. The NCDPS policy describes throughout the policy expectation of an investigator.</p> <p data-bbox="240 1675 1493 1933">Indicator (b) As noted in 115.334, the North Carolina DPS Juvenile Justice has several staff who have completed a course on administrative investigations of sexual assaults in a correctional institution. Documentation in that standard confirmed the Assistant Director had completed the training at the neighboring Dobbs facility before it closed. LYDC will rely on local law enforcement (County Sheriff) to do crime scene investigation including any DNA or other evidence collection. The Auditor confirmed through staff interviews they know how to protect evidence. The Assistant Director or PCM would also ensure that written reports and electronic surveillance evidence would be made available to the criminal investigators. Lenoir Sheriff's Office have staff capable of completing a criminal investigation in a locked setting. The Lenoir County Sheriff's Office runs a 285 bed adult detention facility.</p> <p data-bbox="240 2022 1477 2145">Indicator (c) In the Investigator interview described the steps to preserve evidence but that the local Sheriff's investigators would complete actual evidence collection at the crime scene. The LYDC staff knew how to ensure the preservation of evidence including DNA including closing off the crime scene and asking the individuals to not do anything to destroy evidence on their persons. The Investigator spoke on how evidence collected by the SAFE/SANE at the local hospital would</p>

become part of the criminal investigative file. He also spoke on the interview process and how prior records may be used in assessing the factors of the case. The facility staff all were able to explain how to protect evidence until the law enforcement authorities arrive. 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 to not move forward on administrative investigation steps, including interviews, until approved by the criminal investigator.

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." The Sheriff's Office staff would also pursue criminal investigation no matter if the victim or perpetrator is no longer at the YDC.

Indicator (e) The determination on compelled interviews would be made by the criminal investigator and the local prosecutor. NCDPS investigators would not be completing compelled interviews.

Indicator (f) The Investigator interviewed confirmed that there is no requirement of a victim 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 biasness toward their position as a staff or resident.

Indicator (g). All criminal investigations potentially can include a referral to the NCDPS Special Investigations Unit if the evidence supports that a staff persons 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 administrative investigations that are completed are required to have a related investigation file which includes written or oral statements, video or other physical evidence, and the reasoning behind the conclusions reached. There were no files to review of criminal or administrative investigations.

Indicator (h). All criminal investigations would be completed by the Lenoir County Sheriff's Office. Since there was no prior investigations there is no documentation 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 criminal prosecution and interviews with facility leadership support they would encourage prosecution in the event of a sexual assault incident. The Auditor confirmed with facility investigator and the facility Director that they would stay informed about any of the required steps toward prosecution that require resident notification. As the states law enforcement agency the NCDPS 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 LYDC. 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.

Indicator (k) Agency policy mirrors the standard language and the Investigators interviewed confirmed 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."

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

Indicator (m) As noted in above indicators, both facility leadership and the investigator interviewed confirm they would remain informed on criminal investigations completed by the Lenoir County Sheriff's Office.

Compliance Determination

The North Carolina Department of Public Safety has policy language that supports this standard. In determining compliance, the Auditor took into consideration many factors. The North Carolina Department of Public Safety 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 DPS Juvenile Justice investigates all potential sexual-related incidents as possible PREA events even if the residents report the actions were consensual. In 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 central office's Special Investigations Unit would lead the administrative investigation if the incident involved a staff member.

In the Auditor's interview, the Assistant Director who is a trained investigator was able to identify the steps taken to gather evidence, how the credibility of the various persons involved is determined on an individual basis, and a polygraph exam would not be required for the initiation of an investigation. Consistent with policy, it was stated that investigative reports will be completed on all administrative and criminal investigations. The facility will remain informed on all criminal cases handled through the local law enforcement agency. Absent a PREA allegation the Auditor relied on policy and information obtained in formal interviews and informal conversations.

115.372	<p>Evidentiary standard for administrative investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Lenoir 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 LYDC Investigator</p> <p>Summary Determination</p> <p>Indicator (a) North Carolina DPS Juvenile Justice Policy states, "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 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. Preponderance of the evidence is a lesser standard of proof than "beyond a reasonable doubt," which is required to convict in a criminal trial."</p> <p>Compliance Determination</p> <p>Compliance was based on the policy language and the interview with the trained investigator. Since there was no prior incident, there was no investigative file to review.</p>
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115.373	Reporting to residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 331 549 358">Lenoir Pre-Audit questionnaire</p> <p data-bbox="240 389 1046 416">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="240 448 912 474">Juvenile Justice Facilities Detention Services Policy and Procedure</p> <p data-bbox="240 506 719 533">PREA Notification forms (OPA-130, OPA-130A)</p> <p data-bbox="240 618 679 645">Individuals interviewed/ observations made.</p> <p data-bbox="240 676 596 703">Interview with an Investigative Staff</p> <p data-bbox="240 734 526 761">PREA Compliance Manager</p> <p data-bbox="240 792 480 819">PREA Support Persons</p> <p data-bbox="240 963 488 990">Summary Determination</p> <p data-bbox="240 1021 1481 1447">Indicator (a) North Carolina DPS Juvenile Justice provides notification to all residents on the outcome of their investigations into sexual misconduct. "The alleged victim shall be provided a completed OPA-130 (PREA Support Services form) by the PSP with the results of the investigation." The agency policy requires the notification to residents if the allegation was substantiated, unsubstantiated or determined to be unfounded. 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 notifications of the outcome of the investigation is to be documented on a department approved form and kept as part of the investigative file.</p> <p data-bbox="240 1536 1458 1599">Indicator (b) As noted in the previous indicator the LYDC administration and administrative Investigator would ensure they are kept abreast of the criminal case so they can update the victim as required.</p> <p data-bbox="240 1688 1493 1912">Indicator (c & d). The NCDPS policy requires notification by the PREA Support Person to 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 be made to any resident regarding any indictment or conviction of a perpetrator if the victim is still in custody. The agency notification form uses language directly from the standard as part of the notification process.</p> <p data-bbox="240 2002 1391 2065">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.</p>

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

Compliance Determination

Absent a PREA incident 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, the PREA Compliance Manager and a PREA Support Person.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Lenoir 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 LYDC Director</p> <p>Interview with the Agency Head Representative</p> <p>PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator (a) North Carolina DPS Juvenile Justice provides notification to all employees in two policies, employee handbooks, and trainings on the obligation to report any sexual abuse or sexual harassment of a resident at LYDC. 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. 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 which 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 employees including individuals who do not work in institutional settings, are educated about PREA and the NCDPS Zero tolerance as part of new employee orientation. There were no sexual abuse allegations against staff at Lenoir Youth Development Center.</p> <p>Indicator (b) The NCDPS policy requires that staff who engage in sexual misconduct be referred for prosecution. The Agency policy and training notify employees that those staff who engage in sexual misconduct have violated the North Carolina laws at a felony level. Staff interviewed understood that termination is the expected outcome for those who engage in sexual misconduct with youth at the YDC. Zero individuals have been disciplined or would have been disciplined if they had not left the agency in the past year.</p> <p>Indicator (c) North Carolina Department of Public Safety policy allows for other sanctions to occur besides termination if the incident is of a non-criminal act. Discipline can occur for other behaviors related to PREA, such as inappropriate comments/language. In these cases, the DPS 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.</p> <p>Indicator (d) The Auditor was able to confirm, with the LYDC 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</p>

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.

Conclusion: 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 discipline of staff at Lenoir Youth Development Center in 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, NCDPS Employment Handbook and mechanisms in place to hold staff accountable.

115.377	Corrective action for contractors and volunteers
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 549 358">Lenoir Pre-Audit questionnaire</p> <p data-bbox="242 387 1046 416">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="242 445 912 474">Juvenile Justice Facilities Detention Services Policy and Procedure</p> <p data-bbox="242 557 679 586">Individuals interviewed/ observations made.</p> <p data-bbox="242 616 467 645">Interview with Director</p> <p data-bbox="242 674 572 703">Interview with PREA Coordinator</p> <p data-bbox="242 844 488 873">Summary Determination</p> <p data-bbox="242 902 1490 1232">Indicator (a) North Carolina DPS Juvenile Justice 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 the LYDC 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, when appropriate criminal charges being filed. If the investigative process reveals that the actions were criminal in nature, the case would be referred for prosecution. In the case of contracted nursing staff, the appropriate state licensing body would be informed. LYDC has limited contracted staff or volunteers due to the COVID-19 pandemic.</p> <p data-bbox="242 1319 1458 1413">Indicator (b) Interviews support 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 Coordinators interviews.</p> <p data-bbox="242 1500 517 1529">Compliance Determination:</p> <p data-bbox="242 1559 1490 1821">North Carolina Department of Public Safety has contractors and volunteers at its facilities sign an acknowledgment form that notifies them that any sexual misconduct can result in termination of privileges and that they may be subjected to civil or criminal prosecution. NCDPS PREA policy allows LYDC to bar entry to any contractor or volunteer to prevent contact with potential victims in sexual abuse or harassment incidents. The policy requires the agency to refer incidents involving these individuals for investigation by law enforcement agencies. 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>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 327 798 353">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 383 549 409">Lenoir Pre-Audit questionnaire</p> <p data-bbox="240 439 1046 465">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="240 495 912 521">Juvenile Justice Facilities Detention Services Policy and Procedure</p> <p data-bbox="240 551 443 577">Resident Handbook</p> <p data-bbox="240 669 679 696">Individuals interviewed/ observations made.</p> <p data-bbox="240 725 480 752">Interview with Detective</p> <p data-bbox="240 781 477 808">Interview with Resident</p> <p data-bbox="240 837 541 864">Interview with Superintendent</p> <p data-bbox="240 893 572 920">Interview with PREA Coordinator</p> <p data-bbox="240 1070 488 1097">Summary Determination</p> <p data-bbox="240 1126 1493 1288">Indicator (a) Residents at Lenoir Youth Development Center who have been found to have engaged in a criminal offense, including sexual assault, are not only subjected to criminal prosecution 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. The latter may also impact their discharge planning. There were no allegations or substantiated cases of resident-on-resident sexual assault in the past 12 months.</p> <p data-bbox="240 1375 1477 1570">Indicator (b) Residents can be sanctioned for engaging in sexual misconduct even if it is consensual. The discipline code defined in policy prohibits and physical contact between residents (RP DC Pg. 18). The Policy outlines the definitions of and the 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 even on the disciplinary status. The Policy defines two major infractions related to PREA, 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.</p> <p data-bbox="240 1657 1461 1818">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. NCDPS 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 supports they would be asked for input on the residents ability to understand the action and consequences.</p> <p data-bbox="240 1906 1493 2002">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.</p> <p data-bbox="240 2089 1485 2150">Indicator (f) Residents Interviewed supported they cannot get in trouble for making a PREA complaint unless they have been proven to have purposefully lied.</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 LYDC for sexual misconduct.

Compliance Determination

North Carolina DPS Juvenile Justice addresses the requirements of this standard in several policies. The documents cover the disciplinary process, the consideration of the mental health of the resident in determining consequences, and that sanctions in the facility will be proportional to the offense. The North Carolina Department of Public Safety prohibits consensual relationships between residents and between residents and staff.

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 intentional false report related to PREA. Compliance, absent a PREA allegation, was based on policy reviews, interviews with staff and residents and documentation provided in investigative files. There were no cases for Auditor to review in which residents were disciplined for engaging in sexual misconduct.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Lenoir 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 intakes screening showing referral to Mental health</p> <p>Resident records</p> <p>Memo on Intake process</p> <p>Medical Assessment tools</p> <p>Mental Health Assessment Tools</p> <p>MAYSI</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Intake staff</p> <p>Interviews with Medical Staff</p> <p>Interviews with Mental Health Staff</p> <p>Interview with residents</p> <p>Interview with PREA Coordinator</p> <p>Observation of Electronic Records system</p> <p>Summary Determination</p> <p>Indicator (a) The North Carolina Department of Public Safety has implemented several tools specifically designed to identify individuals with traumatic histories, including sexual assault. During both the medical and intakes, which occur in the first hours after admission, resident are asked several questions which could identify prior sexual abuse history. Residents who are identified through the screening process or who admit a history of sexual trauma can be referred to either mental health services or to the local rape crisis agency. The Auditor confirmed this practice through the review of documented cases in client files and through interviews with residents and mental health, and medical staff. Juvenile Justice Facilities Detention Services Policy and Procedure (page 10) states, " If this screening indicates that a resident has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with an LMHC within 14 calendar days of the screening."</p> <p>The medical and mental health records are separate from custody files to protect information from general staff access. The LYDC has 24 hours on call nursing coverage and on-call mental health services. The facility operates as a treatment environment with residents having a treatment plan, identified goals, and regular clinical interventions. The LYDC has a regular multidisciplinary meeting on each juvenile in the facility, allowing for regular communication on juveniles, including any noticeable changes in behaviors. Interviews with the Qualified Mental Health Professional confirmed that residents are provided services immediately. Since QMHPs complete the PREA Screening they are able to use that information in developing the youth's overall treatment plan.</p> <p>Indicator (b) Residents who engage in sexual assault or have a history of sexual offenses are automatically referred to</p>

mental health for an assessment. The facility has licensed clinical staff (QMHP) who can treat individuals with sexual aggressive histories. The policy requires all residents are seen by mental health within 14 days of admission or after an incident of sexual aggression in the facility. As noted above residents are seen by a QMHP during the first day in the facility. As a YDC the Mental health staff can review with the sending NCDPS Juvenile Detention Center any critical information or management plans that have been put in place for the youth.

Indicator (c) Information disclosed by a resident about prior abuse history other than in screening tool information is part of the medical and mental health chart. Only information pertinent to the resident's treatment is disclosed to ensure safe placement in housing, education, programming, treatment, and work assignment. The Auditor confirmed through interviews with intake staff, case management staff, medical staff, mental health staff, facility leadership, and the PREA Coordinator that sensitive information is protected. Residents interviewed supported that information given to counseling staff is kept confidential. Agency administration ensures residents who are identified as a risk to be victimized are not on the same unit as those with perpetuating behaviors. The Director explained that youth only go to school and programming only with the residents of their unit.

Indicator (d). All residents sign with medical and mental health staff, an understanding of the limits of confidentiality related to criminal behaviors. Residents interviewed confirmed they had signed acknowledgment forms and verbally understood why a medical or mental health staff must disclose actual sexual abuse or imminent risk situations. Mental health staff were able to explain the circumstance in which a resident who discloses prior abuse must be reported to the state child welfare agency and how it might vary if the resident is over 18.

Compliance Determination

All residents are screened when they arrive at the Lenoir Youth Development Center. Residents are screened by mental health and medical staff. Residents with sexual assault histories and sexual victimization histories are offered treatment in a meeting with a mental health professional within 14 days of admission. Medical staff have several intake questions that are PREA related, this allows residents who did not disclose concerns at admission a second opportunity to disclose in a medical environment. Mental Health staff also have a series of screening tools they use that also helps to inform the PREA screening tool and resident's treatment planning. The Auditor confirmed medical and mental health records are not accessible to the custody staff. This process limits access to the most vulnerable information protecting the residents from having information exploited. Supporting documentation provided to the Auditor showed how Medical informs Mental Health who follows up on any disclosure of sexual abuse. Compliance was based on policies, the documentation provided, the security of records, interviews and information provided on tours by the Medical and Mental Health staff.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Lenoir 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 Response flowchart</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>Interview with PREA Coordinator</p> <p>Observation of the medical unit</p> <p>Summary Determination</p> <p>Indicator (a) The Lenoir Youth Development Center has a 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 16 hours as well as a medical practitioner several 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 state 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. Medical report 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 resident's needs are addressed.</p> <p>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 who is in need of a forensic exam will be sent to the UNC Lenoir Health Care in Kinston. Staff interviewed understood their role to encourage as detainee to go to the hospital and to not do anything that would destroy or degrade the physical evidence.</p> <p>Indicator (c) Discussions with hospital staff and facility medical staff confirm that sexual assault victims would be offered STD testing prophylaxis medications. The Auditor confirmed the same medications would be offered to the resident again upon return from a forensic exam even if they initially denied it. Medical staff confirmed they would educate the resident on the importance of such medications for continued health. As a all male facility pregnancy testing, emergency contraception, would not be routinely needed. Medical staff at the hospital confirmed that emergency contraception and pregnancy testing is available to victims for individuals with reproductive organs.</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 done 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 LYDC would function in the same way by providing follow up care.

Compliance Determination

LYDC can quickly respond to and provide emergency care and referral to a local hospital for forensic services. The agency response plan for PREA incidents outlines the steps taken to ensure access to care. Lenoir Youth Development Center have on site medical nursing daily plus on call services that appears to support there is sufficient resources for the population. The facility also has on call providers that can help to facilitate the referral to an outside medical hospital. The Auditor reviewed state websites and spoke to a representative of the local hospital. 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. Agency PREA policy (pages 25-26) outlines expectations consistent with this standard.

115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

- Policies and written/electronic documentation reviewed.
- Lenoir Pre-Audit questionnaire
- Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures
- Medical Notes
- Coordinated Response Plan
- Medical and Mental Health Assessments
- Mental Health Services Information
- Screening tools
- NCDPS – Website Rape Victims Assistance Program

- Individuals interviewed/ observations made.
- Interview with Medical Staff
- Interview with Resident
- Interview with Real Crisis
- Interview with PREA Coordinator
- Observation of the medical unit

Summary Determination

Indicator (a) The Lenoir 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 that occurred in another institution or in 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 that would be arranged by the Mental Health Clinician or the PREA Support Person. 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. LYDC has routine multidisciplinary meeting on the entire population where treatment goals and overall progress in the environment are discussed.

Indicator (b) Residents who are victims of sexual assault in a 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, LYDC medical services can provide the appropriate follow up services. The LYDC Medical and Mental Health staff spoken to confirmed, as did the Real Crisis 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.

Indicator (c) NCDPS offers residents of LYDC a full array of medical and mental health services, including dental and vision. The medical clinic addresses the needs associated with the adolescent male population. The medical team can address any

issue related to post sexual assault, including prophylactic treatments for STD and pregnancy testing and counseling. Mental Health services include counseling, medication management and, when needed the extra support. Residents of Lenoir Youth Development Center confirmed with the Auditor that they have free access to Mental Health Services and Medical Services.

Indicator (d) Lenoir Youth Development Center is an all-male facility.

Indicator (e) Lenoir Youth Development Center is an all-male facility.

Indicator (f) The Auditor confirmed with both the medical staff at LYDC and the representative of UNC Lenoir Health Care 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.

Indicator (g) Treatment services are provided without cost to the resident, including if the resident must go out for a forensic exam.

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 LYDC, mental health staff are experienced in working with individuals with prior perpetrating behaviors in the community.

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 LYDC 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 Real Crisis. There were no incidents of staff having to respond to sexual abuse of a juvenile at LYDC.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Lenoir Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Post Incident review form (OPA-I10)</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with LYDC Director</p> <p>Interview with PREA Coordinator</p> <p>Interview with PREA Compliance Manager</p> <p>Summary Determination</p> <p>Indicator (a) The North Carolina Department of Public Safety has 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. 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:</p> <ol style="list-style-type: none"> 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 that would be used if LYDC had an incident of sexual abuse. <p>Indicator (b) The policy states, consistent with standard expectation, the review should occur within 30 days of the investigation conclusion. "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 and the 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.</p> <p>Indicator (c) As noted in indicator (a) the policy language addresses the multi-discipline nature of the team. In a review of documentation provided and various staff interviewed, the multi-disciplinary nature of the team was confirmed. The facility confirmed they have mock audits reviewed the incident in a multi-disciplinary team. The Director believe he would include the PCM, line Supervisor, and a PREA Support Person as well as Medical and mental health staff. Information requires that all reviews be forwarded to the NCDPS PREA Office and the Regional Director for further review. The agency PREA</p>

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 agency Post-Incident Review form (OPA-I10) uses an agency approved form to document the review panel's considerations include the required information. The PIR form considers if the policy needs to be reviewed, 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.

Indicator (e) The Post Incident Review form used in all NCDPS Juvenile Justice facilities documents the findings to 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.

Compliance Determination

The North Carolina Department of Public Safety policy requires the completion of the steps outlined in this standard. The interviews support knowledge of aspect of a critical incident review in a PREA sexual assault cases. The policy requires what information needs to be part of the incident review. The language comes directly from standard. Absent an actual incident, compliance was determined based on policy language, the documentation provided, incident review member's understanding of the requirements and the incident review form.

115.387	Data collection
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 331 549 358">Lenoir Pre-Audit questionnaire</p> <p data-bbox="240 389 1046 416">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="240 448 461 474">Agency annual report</p> <p data-bbox="240 506 408 533">Agency Website</p> <p data-bbox="240 618 679 645">Individuals interviewed/ observations made.</p> <p data-bbox="240 676 523 703">Interview with Agency Head</p> <p data-bbox="240 734 572 761">Interview with PREA Coordinator</p> <p data-bbox="240 846 488 873">Summary Determination</p> <p data-bbox="240 963 1493 1155">Indicator (a) The North Carolina Department of Public Safety collects data consistent with the policy definitions which 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 TROI the NCDPS incident report site that allows for administrative review by agency leadership. The agency policy and annual reports define sexual abuse and sexual harassment consistent with federal definitions. The Agency has statewide case management systems that can capture, age, gender, as well as the outcomes of all investigations.</p> <p data-bbox="240 1245 1485 1339">Indicator (b) The agency completes an annual report with aggregate data from the Lenoir 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.</p> <p data-bbox="240 1429 1477 1554">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 report for the Lenoir Youth Development Center. Interviews with both the Facility PREA Compliance Manager and the state PREA Coordinator confirmed the elements would be tracked.</p> <p data-bbox="240 1644 1445 1738">Indicator (d) The agency has rules on the retention of records at all NCDPS facilities. Copies of criminal files involving resident-on-resident contact will be retained locally with a copy to the agency PREA Coordinator. The PREA Coordinator would receive all incident outcomes and ensure data accuracy.</p> <p data-bbox="240 1827 1023 1854">Indicator (e) The NCDPS does not contract for beds for its juvenile population.</p> <p data-bbox="240 1944 1445 2002">Indicator (f) The Department of Justice has not requested PREA related information from the NCDPS in the past year for LYDC.</p> <p data-bbox="240 2092 512 2119">Compliance Determination</p>

The Auditor has found the standard to be compliant. The NCDPS has a system in place for collecting uniform data that could be used to complete the Survey of Sexual Violence. The 2019 North Carolina Department of Public Safety Prison Rape Elimination Act (PREA) Sexual Abuse Annual Report 2020 outlines the efforts, including data for each of NCDPS's adult and juvenile facilities. The 2021 report will be finalized in late spring early summer. The agency has not been required to complete the Survey of Sexual Violence by the DOJ for this year for Lenoir YDC 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.

115.388	Data review for corrective action
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 549 358">Lenoir Pre-Audit questionnaire</p> <p data-bbox="242 387 1046 416">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="242 445 587 474">Annual Report on agency Website</p> <p data-bbox="242 557 679 586">Individuals interviewed/ observations made.</p> <p data-bbox="242 616 600 645">Interview with the Regional Director</p> <p data-bbox="242 674 560 703">Interview with the Agency Head</p> <p data-bbox="242 732 580 761">Interview with the Facility Director</p> <p data-bbox="242 790 654 819">Interview with Agency PREA Coordinator</p> <p data-bbox="242 902 488 931">Summary Determination</p> <p data-bbox="242 960 1474 1155">Indicator (a) The North Carolina Department of Public Safety utilizes both data related to PREA incidents and data related to 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 occurs not only at the facility level but also at a system level. Both the Director and the PREA Coordinator also confirmed trends are used to further guide policy/ procedural practices or the disbursement of resources.</p> <p data-bbox="242 1184 1465 1279">Indicator (b) The NCDPS 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 if the accused was a staff or a resident and provided the outcome determination.</p> <p data-bbox="242 1308 1489 1370">Indicator (c) The Agency Head representative confirms the Secretary of NCDPS approves the PREA report developed by the agency PREA Coordinator before being placed on the agency's website.</p> <p data-bbox="242 1400 1444 1462">Indicator (d) The DPS 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 data-bbox="242 1545 512 1574">Compliance Determination</p> <p data-bbox="242 1603 1489 1966">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, Regional Director, PREA Coordinator, and the facility Director at LYDC supported they utilize data to make informed decisions on programmatic and policy needs. This is consistent with the standard expectation to do a critical review of data to identify problem areas and enact corrective actions. Since the PREA Coordinator works in the Standards Division of the North Carolina Department of Public Safety, 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 NCDPS'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 environment free of sexual abuse or harassment.</p>

115.389	Data storage, publication, and destruction
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 549 358">Lenoir Pre-Audit questionnaire</p> <p data-bbox="242 387 1046 416">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="242 501 679 530">Individuals interviewed/ observations made.</p> <p data-bbox="242 560 655 589">Interview with Agency PREA Coordinator</p> <p data-bbox="242 618 442 647">Intake staff persons</p> <p data-bbox="242 676 557 705">Medical and Mental health staff</p> <p data-bbox="242 734 367 763">File security</p> <p data-bbox="242 846 488 875">Summary Determination</p> <p data-bbox="242 904 1485 1099">Indicator (a) The North Carolina Department of Public Safety has policies that protect the security of information. The Auditor spoke with facility leadership and medical and mental health staff on 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. NCDPS will keep copies of their documentation and the final criminal investigative report.</p> <p data-bbox="242 1182 1466 1312">Indicator (b) The North Carolina Department of Public Safety 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.</p> <p data-bbox="242 1395 1445 1462">Indicator (c) The Auditor's review of the NCDPS PREA annual report located on the state's website does not include any identifiers.</p> <p data-bbox="242 1545 1466 1644">Indicator (d) Agency policy states the Juvenile record will be destroyed 5 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 10 years.</p> <p data-bbox="242 1673 1466 1803">Conclusion: The standard is compliant. North Carolina Department of Public Safety policies ensures that records are maintained in a secure manner. Since much of the documentation lies within the TROI 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>

115.401	Frequency and scope of audits
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 549 358">Lenoir Pre-Audit questionnaire</p> <p data-bbox="242 387 1046 416">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="242 445 759 474">North Carolina Department of Public Safety website</p> <p data-bbox="242 557 679 586">Individuals interviewed/ observations made.</p> <p data-bbox="242 616 655 645">Interview with Agency PREA Coordinator</p> <p data-bbox="242 728 488 757">Summary Determination</p> <p data-bbox="242 788 1481 882">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 website supports that the audits are ongoing every three years since the initial audits. The Lenoir Youth Development Center was previously audited in the 3rd year of the 2nd cycle.</p> <p data-bbox="242 967 1453 1097">Indicator (b) The NCDPS has no less than one Juvenile facility audited in a year. The number of overall DPS facilities audited per year has been impacted by the COVID -19 pandemic, which put a temporary delay in audits on both the adult and juvenile facilities. In the current cycle most Juvenile Programs were completed in year two. A review of the agency website supported that Lenoir YDC was completed in the 3rd year of the second audit cycle.</p> <p data-bbox="242 1182 1485 1346">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. Because of COVID -19, residents were spoken to within proper social distancing guidelines during the tour and in the interview spaces. All parties were required to wear masks. The Auditor was able to return to areas at request without obstruction.</p> <p data-bbox="242 1431 1485 1594">Indicator (i) The North Carolina Department of Public Safety provided required access to information. The Auditor had to speak with the Medical and Mental on the security of the documentation in the OAS. The Auditor was also able to get copies of other documentation as requested on site or during the post audit period. The Auditor requested a random sample of information using information on the identified population, the housing unit population list to ensure a diverse sampling of the population.</p> <p data-bbox="242 1680 1485 1774">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. Juvenile appeared to be open to speaking with the Auditor and were not hesitant to answer questions.</p> <p data-bbox="242 1859 1461 2022">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 spoken with during my time on site.</p> <p data-bbox="242 2107 512 2136">Compliance Determination</p>

The North Carolina Department of Public Safety has had PREA audits of each of its facilities since 2014-15. The NCDPS 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 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 the tour and residents were aware of the posting and the audit. Compliance is based on the above-mentioned facts which supports a culture in which PREA is monitored daily.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Lenoir 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 all the previous PREA Audits posted since it began having the adult and juvenile facilities. 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.</p> <p>Compliance Determination</p> <p>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 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.</p>

Appendix: Provision Findings		
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.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	
	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".)	na

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 staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	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: 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.)	na
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
	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 functions of the facility? (N/A for non-secure facilities)	yes
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 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?	yes
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: Residents who have speech 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: 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 safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
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 (c)	Hiring and promotion decisions	
	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 employees?	yes
	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.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (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
	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 not 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
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
	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
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 comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	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	
	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
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.)	na
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

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 the agency attempt to ascertain information about: Age?	yes
	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 pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
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

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 making facility and housing placement decisions and programming assignments?	yes
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 entity or office that is not part of the agency?	yes
	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	
	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	
	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
	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 the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
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 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?	yes
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 the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	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 accordance with these standards?	yes

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	
	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 of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	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: 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
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 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as 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 does not provide a basis for terminating an investigation?	yes

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 has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following 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
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
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
	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	
	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 cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
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.)	na
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.)	na

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 cooperates with any investigation arising out of the incident?	yes
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
	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 the confinement of its residents.)	na
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.)	na
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 publication would present a clear and specific threat to the safety and security of a facility?	yes
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.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, 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