

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report 3/22/19

Auditor Information

Name: Dorothy Xanos	Email: dorothy.xanos@truecorebehavioral.com
Company Name: TrueCore Behavioral Solutions, LLC	
Mailing Address: P.O. Box 4068	City, State, Zip: Deerfield, Florida 33442
Telephone: (813) 918-1088	Date of Facility Visit: 3/18 – 3/19/19

Agency Information

Name of Agency		Governing Authority or Parent Agency (If Applicable)	
North Carolina Department of Pblc Safety			
Physical Address: 512 N. Salisbury Street		City, State, Zip: Raleigh, NC 27699	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
Telephone: (919) 825-2754		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: The mission of the North Carolina Department of Public Safety (NCDPS) is to safeguard and preserve the lives and property of the people of North Carolina through prevention, protection and preparation with integrity and honor. Their goals: Prevent: NCDPS is the model for preventing and reducing crime. Protect: North Carolina is safe for living, working and visiting. Prepare: NCDPS is a leader in public safety readiness, communication and coordination. Perform: NCDPS excels in every facet of their work – Law Enforcement, Emergency Management, National Guard, Adult Correction, Juvenile Justice and Quality of Administrative Services. People: NCDPS values each other like family. NCDPS's vision to provide the finest safety and security services for all North Carolinians.

Agency Website with PREA Information: <https://www.ncdps.gov>

Agency Chief Executive Officer

Name: Erik A. Hooks	Title: NCDPS Secretary
Email: erik.hooks@ncdps.gov	Telephone: (919) 733-2126

Agency-Wide PREA Coordinator

Name: Charlotte Jordan-Williams	Title: PREA Director
Email: charlotte.williams@ncdps.gov	Telephone: (919) 825-2754
PREA Coordinator Reports to: Pamela Cashwell, Chief Deputy Secretary Professional Standards Policy & Planning	Number of Compliance Managers who report to the PREA Coordinator 138

Facility Information

Name of Facility: Lenoir Youth Development Center				
Physical Address: 3055 Dobbs Farm Road, Kinston, North Carolina 28504				
Mailing Address (if different than above): Click or tap here to enter text.				
Telephone Number: (252) 208-4920				
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit	
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal	
Facility Type:	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake	<input checked="" type="checkbox"/> Juvenile YDC
Facility Mission: Lenoir Youth Development Center's mission is to provide a safe & secured learning and therapeutic environment for youth committed to a Youth Development Center. The program focus is to reduce juvenile delinquency by effectively intervening, educating, and treating youth.				
Facility Website with PREA Information: https://www.ncdps.gov				
Is this facility accredited by any other organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Facility Administrator/Superintendent

Name: Tangi Jordan	Title: Facility Director
Email: tangi.jordan@ncdps.gov	Telephone: (252) 525-4446

Facility PREA Compliance Manager

Name: Rose Best	Title: Youth Counselor Supervisor
Email: rose.best@ncdps.gov	Telephone: (252) 208-4920

Facility Health Service Administrator

Name: Verna Harts-Whitfield	Title: Nurse
Email: verna.bouie@ncdps.gov	Telephone: (252) 525-4575

Facility Characteristics

Designated Facility Capacity: 44	Current Population of Facility: 30
Number of residents admitted to facility during the past 12 months	21
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	21
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	21
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:	0
Age Range of Population:	13-18
Average length of stay or time under supervision:	327.29 days
Facility Security Level:	Secure
Resident Custody Levels:	NA
Number of staff currently employed by the facility who may have contact with residents:	63
Number of staff hired by the facility during the past 12 months who may have contact with residents:	12
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	9

Physical Plant

Number of Buildings: 3	Number of Single Cell Housing Units: 44
Number of Multiple Occupancy Cell Housing Units:	0
Number of Open Bay/Dorm Housing Units:	0
Number of Segregation Cells (Administrative and Disciplinary):	0

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

Lenoir Youth Development Center has a system that monitors both areas inside and outside of the facility. There are 40 cameras in the facility. This system is actively monitored via screens, as well as 24/7 monitoring with a monitor in the staff area. This system automatically records and can take "snapshots" and is available for use in post-incident investigations and reviews.

Medical

Type of Medical Facility:	Clinic
Forensic sexual assault medical exams are conducted at:	UNC Lenoir County – Emergency Department

Other

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	12
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	3

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The PREA audit of the Lenoir Youth Development Center (Lenoir YDC) was conducted on March 18-19, 2019 by Dorothy Xanos, US DOJ Dual Certified PREA Auditor. The audit begins with the notification of the on-site audit that was posted by February 4, 2019, six weeks prior to the date of the on-site audit. The facility's last PREA audit was on August 8-9, 2016. The posting of the notices were verified during the tour and verified by photographs received on the USB flash drive from the Youth Counselor Supervisor/PREA Compliance Manager (PCM). The photographs indicated notices were posted in various locations throughout the facility including the front lobby, visitation area, medical area, staff information bulletin board and housing units/pods. This auditor did not receive any communication from the staff or from residents as a result of the posted notices. The Pre-Audit Questionnaire, policies, procedures, and supporting documentation for all forty-one (41) standards were received by February 18, 2019. The documentation was uploaded to a USB flash drive and it was organized, highlighted and easy to navigate, however the information in regard to the Pre-Audit Questionnaire and supporting documentation did not sufficiently address six (6) standards. The supporting documentation for the six (6) standards was provided to this auditor during the on-site and after the on-site visit to the facility.

A conference call was conducted prior to the site visit with the Assistant Facility Director and the Youth Counselor Supervisor/PREA Compliance Manager (PCM) to review the schedule and discuss the information to be sent to this auditor prior to the site visit. The Facility Director sent the documentation to this auditor prior to arrival to the facility. Also a number of supporting documents were provided during the on-site visit to address the deficiencies and are summarized in this report under the related standards.

The on-site audit was conducted on March 18-19, 2019. An entrance briefing was conducted with the Facility Director, Assistant Facility Director, Youth Counselor Supervisor/PREA Compliance Manager (PCM), Youth Counselor Supervisor and RN. During the entrance briefing, it was explained the audit process and a tentative schedule for two (2) days to include conducting interviews with the staff and residents and reviewing the documentation. A complete guided tour of the entire facility was conducted including the secure entrance/lobby area with administrative offices, conference rooms, intake/medical area, sally port area, visiting area, kitchen and dining area, mental health offices, maintenance area, storage areas, education area, two (2) classrooms, gymnasium & recreation area, and four (4) housing units/pods with single cells. Also, located in the housing units/pods were two (2) secure boxes for residents. During the tour, there were two (2) blind spots identified in the storage area and an office in the medical area. This was corrected after the on-site visit, and this auditor was provided with the documentation (pictures) confirming the correction had been completed.

Also during the tour, residents were observed to be under constant supervision of the staff while involved in various activities. Notification of the PREA audit was posted in all locations throughout the

facility as well as postings informing residents of the telephone numbers to call and report sexual abuse and sexual harassment and to call the victim advocate for emotional support services but the information was limited. This auditor observed cameras and the video surveillance system which enhances their capabilities to assist in monitoring blind spots and the review of incidents. There were no cameras installed in the shower area so residents are not seen on the surveillance system while showering. During the facility tour, it was observed that all of the shower areas had double shower curtains, however the shower curtains in front of the shower were missing or in need of repair and did not allow for privacy. This was corrected during and after the on-site visit, and this auditor was provided with the documentation (pictures) confirming the shower curtain replacements had been completed. Also, during the tour, it was observed that each cell had a bathroom and for privacy the residents would place a magnetic cover over the window when using the toilet.

During the two (2) day on-site visit, there were a total of thirty (30) residents in the facility. Eleven (11) residents were randomly selected from three (3) of the four (4) housing units/pods with the resident list provided by the Facility Director for the interview process. The other housing unit/pod was closed. None of the residents met the identified categories from the required list of targeted resident interviews. The required categories are as follows: resident who identified as Lesbian, Gay or Bi-sexual, Transgender or Intersex; resident who is Limited English Proficient (LEP); resident with a cognitive disability; resident in isolation; physical disability (Blind, Deaf or Hard of Hearing); resident who reported sexual abuse, and resident who reported sexual victimization during risk screening. Residents were well informed of their right to be free from sexual abuse and harassment and how to report sexual abuse and harassment using several ways of communication such as trusted staff, administrative staff, the DSS hot line, and the grievance process.

The community victims' advocacy services address and telephone number is available to the residents located throughout the facility. There is evidence of Lenoir YDC's Facility Director obtaining a Memorandum of Understanding with the SAFE in Lenoir County Domestic Violence and Sexual Abuse to provide free confidential crisis intervention and emotional support services related to sexual abuse or assault for the residents at the facility. The UNC Lenoir County – Emergency Department (SAFE certified) provides the emergency and forensic medical examinations at no financial cost to the victim. Also, this auditor contacted a representative from the SAFE in Lenoir County Domestic Violence and Sexual Abuse via telephone during the on-site visit. She indicated there had been no calls from residents in the past twelve (12) months requesting emotional support services related to a fear of sexual abuse that may occur at the facility.

Twenty-six (26) staff were formally interviewed including (11) staff from all three (3) shifts (supervisory and floor staff), (2) medical and mental health staff, (1) first responder, (2) school instructor/intern, Facility Director, Youth Counselor Supervisor/PCM, (1) staff charged with monitoring retaliation, (2) upper level management, human resources, facility investigator, (2) risk screening and intake staff, and incident review team staff were interviewed during the two (2) days of the on-site audit. Additionally, interviews were conducted via telephone with the NCDPS Secretary's representative and NCDPS PREA Coordinator prior to the on-site visit. Overall, the interviews revealed the staff is knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report.

At the end of the second day, an exit briefing with a summary of the findings was conducted with the Facility Director, Assistant Facility Director, Youth Counselor Supervisor, Program Assistant V, RN, Business Officer and DPS Director of Juvenile Facilities Operations. At the exit debriefing, it was discussed additional documentation was required for four (4) standards and it was determined this information would be sent to this auditor within the next two (2) weeks to be in compliance with all the PREA standards. The requested information was sent to this auditor by Lenoir YDC's Facility Director

prior to the submission of this report. This auditor reviewed all requested information and this facility is in full compliance with the PREA Standards.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Lenoir Youth Development Center (Lenoir YDC) is a forty-four (44) bed secure facility for male residents governed by North Carolina Department of Public Safety (NCDPS) located in Kinston, North Carolina. The facility was originally built in 2008 as a self-contained secure complex for male residents but was closed in 2013. Lenoir YDC was re-opened in May 2017 with a concurrent closure of Dobbs Youth Development Center (Dobbs YDC). Staff and residents transferred from Dobbs YDC to Lenoir YDC to continue providing mentoring, education and therapeutic treatment to prepare residents for re-entering into their communities. Residents adjudicated for offenses that occurred prior to their 16th birthday may be committed and assigned to a youth development center, which is the most restrictive, intensive dispositional option available to North Carolina's juvenile courts. Residents may be committed till their 18th birthday however the commitment period may be extended until the resident's 19th or 21st birthday if the resident was committed for a particular violent offense. Also a resident must be at least ten (10) years old to be committed. The average length of stay is ten (10) to twelve (12) months and can be extended if necessary. The average age is between 13 - 18 years old. There were thirty (30) residents at the facility at the time of the review. Lenoir YDC has continued with the foster grandmother program that has been successful and beneficial to the residents.

The facility's physical plant is a single story building with a fenced secured area and an outdoor recreation area. There is a secure entrance/lobby area with administrative offices, conference rooms, intake/medical area, sally port area, visiting area, kitchen and dining area, mental health offices, maintenance area, storage areas, education area, two (2) classrooms, gymnasium & recreation area, and four (4) housing units/pods with single cells. One of the housing units is closed at the present time. The facility is video monitored and recorded to ensure safety and security of all residents. Residents have the capability to quietly read in their rooms if not interested in an outdoor activity. The food personnel staff at the facility provides each resident with hot home cooked meals and plenty of snacks on a daily basis.

The facility has a staffing pattern that supports a high level of supervision and supportive interventions for residents. The facility is staffed with sixty-three (63) full-time and part-time employees. The staff consisted of: Facility Director; Assistant Facility Director; Clinical Chaplain II; Staff Psychologist; Psychological Program Manager; (3) Social Workers III; Professional Nurse; (3) Youth Counselor Supervisors; (9) Youth Counselors; (15) Youth Services Behavior Specialists; (2) Housing Unit Supervisor; (11) Youth Counselor Technicians; (8) Education Staff and (6) other staff (Administrative and Food Service). In addition, there are twenty-one (21) religious volunteers, contracted staff and an intern who are authorized to enter the facility.

The medical staff consists of a full-time professional nurse (licensed registered nurse) providing nursing services on-site 6:30 AM – 3:00 PM daily, five (5) days a week and an on-call physician. Additionally, the nurse is supervised by a regional registered nurse supervisor who is responsible for coordination of

the medical services and medical clinics. The facility has an agreement with the local hospital for 24 hour emergency needs. A medical physician visits the facility weekly. Also, the nurse provides health education and counseling about a variety of health topics. The medical staff provides medical care to include: completing the initial intake assessment, review intake referrals, routine and additional lab work as ordered, STD testing and treatment as indicated, updating immunization records, seasonal flu vaccinations, routine eye exams, dietary services and referrals, administration of medications/ treatments as prescribed, assessments of resident injuries and treatment as required, medical assessments and monitoring with any restraint or seclusion, assessments of somatic health complaints with treatment as indicated, develop treatment plans and provide medical discharge plans. Several on-site medical clinics occur including a weekly medical clinic, a weekly mental health clinic, and participation in weekly treatment planning meetings. The dental services are provided off campus and consisted of dental care, cleaning, education, and treatment fillings to extractions. All residents are seen by the dentist at least annually for a wellness check. The facility has contracted an optometrist who provides routine eye exams. SAFE in Lenoir County Domestic Violence and Sexual Abuse is the program identified to provide the victim advocacy services for the residents at the facility. UNC Lenoir County – Emergency Department (SAFE certified) provides the emergency and forensic medical examinations at no financial cost to the victim.

Lenoir YDC has a licensed social worker and staff psychologist besides an additional contracted psychologist who provides additional psychological services and participates in treatment planning for residents. Each resident is assigned to a licensed mental health clinician (LMHC) who develops an individualized mental health treatment plan addressing needs identified during a comprehensive psychological assessment. In most cases, residents receive either group or individual psychotherapy with their LMHC on a weekly basis. Psychiatric services are also available. Where indicated, some residents may participate in substance abuse education and treatment services

Educational Services are provided by the Lenoir County Public Schools and the teachers are licensed by the N.C. Department of Public Instruction. The educational staff consisted of: Lead Teacher, five (5) School Educators, Substitute Teacher, Teacher Assistant, Literacy Coach, Math Coach, Business Ed Teacher and Vocational Instructors. The majority of the residents are enrolled in standard public school courses. Residents participate in educational endeavors through an individual education program that is designed for them. Library services are provided to the residents and encouraged to check out books. The program is designed for residents to have the opportunity to learn at the highest level possible. The instructional program encourages the residents to explore their abilities to learn, understand their cultural backgrounds, and enhance their future. Residents receive instruction in life skills, English, mathematics, social studies and science. Residents age sixteen could enroll in the General Education Development study, post-secondary vocational courses or on-line college courses in cooperation with Lenoir Community College. Required special education services are provided for residents.

Lenoir YDC uses a multi-disciplinary team approach to providing treatment for residents. Upon arrival to the facility, the resident will undergo a comprehensive screening and assessment of developmental, educational, medical, neurocognitive, mental health, psychosocial and relationship strengths and needs. The results from these assessments, in combination with other relevant current and historical data, are used by the staff, parents/caregivers and community providers/stakeholders to develop an individualized service plan that outlines commitment services, including plans for education, mental health services, medical services and treatment programming as indicated. In addition, the assessments provide a framework for the development of post-release supervision services. Each resident is assigned to a service planning team that operates under a child and family-centered model. The service planning team develops an individualized plan to meet each youth's service needs within thirty (30) days of the resident's arrival. The team meets at least monthly thereafter to monitor progress

on service plan goals and to make adjustments in the plan when needed. The service planning team consists at a minimum of the resident, his parent(s) or guardian, a court counselor from the resident's home district, a social worker who facilitates the team meetings, a licensed mental health clinician and a school representative. Other facility staff and community stakeholders (i.e. chaplain, substance abuse counselor or direct-care staff) may also be members of the resident's service planning team.

Lenoir YDC has implemented the Model of Care program. The Model of Care is a therapeutic skill-based program to assist residents with transitioning back into the community. The Model of Care program consists of four stages: Stage 1-Preparation, Stage 2-Skill Building, Stage 3- Skill Mastery and Stage 4-Community Reintegration.

Recreation and leisure time activities are available to the residents. These activities consist of: sports, team building activities, board games, arts and crafts, and outside recreation weather permitting. There are varied locations for recreation that include the housing units/pods, gymnasium, outside and multi-purpose room/dining hall. An annual field day is held during the summer to allow all residents to engage in varied activities. Athletics DJJ Central Office has an athletics coordinator who develops an inter-YDC sports calendar that allows residents from the facility to travel to other YDC's to engage in athletic competitions.

The religious programming is led by the Chaplain that includes the utilization of community churches and allows for various guest speakers to provide their messages to the residents.

Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of Standards Exceeded	2	(115.311, 115.331)
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Number of Standards Met	39
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Number of Standards Not Met:	0
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Summary of Corrective Action (if any)	NA
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PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- 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 No

115.311 (c)

- 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 No NA
- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 and NC General Statute 14-27.7 (Intercourse and sexual offenses with certain victims; consent no defense) outlines how each facility implements its approach to preventing, detecting and responding to all allegations of sexual abuse and harassment, including the definitions of prohibited behaviors as well as sanctions or staff, contractors, volunteers and residents who had violated those prohibitions. Additionally, the policy provided comprehensive guidelines and a training foundation for implementing each facility's approach to include the zero tolerance towards reducing and preventing sexual abuse and harassment of residents. NCDPS's PREA Office has also required each facility director statewide to designate at their facility a primary and an alternate PREA Compliance Manager.

NC Department of Public Safety has a designated PREA Coordinator, her official title is PREA Director and reports directly to the Chief Deputy Secretary of Professional Standards, Policy and Planning. The PREA Director works statewide to implement the PREA Standards and indicated she has sufficient time and authority to develop, implement and oversee the agency's efforts toward PREA compliance of over sixty-nine (69) facilities with the support of the Department. The PREA Director is responsible for coordinating comprehensive PREA responses including technical and administrative guidance, creation of supporting policies and practices, interpretation relative to PREA implementation, design and modification of training, programming, investigation and analysis, ensuring proper reporting, trend evaluation and provision of recommendations for improvement and compliance.

The Lenoir YDC's Facility Director completed a memorandum on January 7, 2019 to the NCDPS PREA Office, her designation of two (2) Youth Counselor Supervisors as her primary and alternate PREA Compliance Managers. Lenoir YDC's PREA Compliance Manager during her interview indicated she had sufficient time and authority to develop, implement and oversee the facility's PREA compliance efforts to comply with the PREA standards. Both the agency's and the facility's organizational chart supports the requirement of this standard.

Based on the randomly selected and specialized staff and residents interviews, the extensive staff training, the resources available to the facilities, it is evident, the executive administration has taken the PREA Standards to another level and it is reflected in their commitment to protecting the residents in their care throughout the State of North Carolina. Also, during the tour of the facility, the observation of bulletin boards, posters, reviews of staff and resident handbooks, training curriculums confirmed the facility's commitment and dedication to create a PREA compliant culture. The facility has PREA reference binders that are located in the supervisor's office of the facility that contain the reporting process and forms for the facility staff in the event of an incident. Overall, this auditor has determined the agency and the facility have substantially exceeded the requirements of this standard based on the above information.

Standard 115.312: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

An interview with the PREA Coordinator and a review of documentation confirmed that the North Carolina Department of Public Safety Prisons (NCDPS) does not contract for the confinement of residents with private entities or other entities including other government agencies, therefore this standard is not applicable to this facility.

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- 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 No

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

- 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 No
- 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 No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- 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 No NA
- 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 No NA
- 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 No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- 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 No
- 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 No

- 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 No
- 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 No

115.313 (e)

- 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 No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 – Section 1.12 (Staffing) and GS 143B-709 (Security Staffing) contained the required information identifying the facility to develop a staffing plan, to provide for adequate staffing levels to ensure the safety and custody of residents, account for departmental resident to staff ratios, physical plant, video monitoring, and federal standards. Also, the policies contained information identifying the facility shall comply with staffing requirements including exigent circumstances and supervisory staff conducting unannounced rounds on a weekly basis during all shifts documenting the information in all logbooks and shift notes that contains observations of all areas of the facility.

According to the policy, Lenoir YDC's staff-to-youth ratios is identified as 1:8 during the resident waking hours and 1:16 during resident sleeping hours. Lenoir YDC's staffing plan was developed, implemented and approved in June 2018 and in compliance with the standard. An interview with the Facility Director and the documentation confirmed on an annual basis, there is a review of the facility's staffing plan. During the initial documentation review, the facility did not report deviations from the staffing plan during the past twelve (12) months, their critical positions are always filled, it is a mandate, and minimum staff ratios are always maintained. The facility has a mechanism in place for call outs and staff volunteers to stay over if needed. Also, the Facility Director has a "Lenoir Youth Development Center Call-in Procedures" form that is signed by all facility staff acknowledging they have read and reviewed the call-out procedures.

Lenoir YDC is a secure facility and utilizes constant video and staff monitoring to protect the residents from sexual abuse and sexual harassment. The Facility Director and Youth Counselor Supervisors conduct and document unannounced rounds on all three (3) shifts and in all areas of the facility to monitor and deter staff sexual abuse and sexual harassment on a monthly basis. All unannounced rounds are documented in all unit logbooks, campus life daily reports, unannounced monitoring report and an email is sent to the Facility Director that contains information and observations of all areas of the facility. During the facility tour, this auditor observed and reviewed all unit logbooks, where unannounced rounds were documented including the staff identification, date and time. A review of the samples provided by the facility of random dates and random housing units/pods showed that there is a minimum of one (1) unannounced round conducted monthly by upper management staff on all three (3) shifts. Also, during the tour, there was one (1) blind spot identified in the storage area. Since the initial review and on-site visit, this area was corrected and this auditor was provided with documentation (picture) confirming the correction had been completed. The Facility Director sent the documentation to this auditor prior to the submission of this report.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- 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 No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No

- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

- 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 No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- In facilities (such as facility) 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) Yes No NA

115.315 (e)

- 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 No
- 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 No

115.315 (f)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 – Section 1.13 (Searches); NCDPS Division of Juvenile Justice (DJJ) Detention Policy and Requirements and Procedures (R & P) Document reviewed and approved in July 2012 – Section 1.8 (Searches) and NCDPS DJJ Youth Development Center Policy and Requirements and Procedures (R&P) Document – Section 2.7 (YDC Admission Procedures) and NCDPS DJJ and Delinquency Prevention Policy dated 5/19/04 – Section YD/YC 3.2 (Searches, Population Count and Juvenile Supervision) required each facility to maintain protocols on limited pat down searches to same gender staff absent exigent circumstances, shower procedures, opposite gender announcing when entering housing areas, and prohibiting the search of a transgender or intersex resident solely for the purpose of determining the resident's genital status. Also, policy requires all staff to document any cross-gender pat down searches.

The NCDPS PREA Office in its "Campaign of Awareness" sent a memorandum dated April 22, 2013 to all Directors and Managers on the development of a Cross Gender bulletin board document and announcement to be displayed and shared with all staff. There is a requirement for all staff to sign and date the "Cross Gender Announcement and Acknowledgment" form acknowledging their completion of the orientation and limitations to cross gender viewing and searches. NCDPS has extensive staff training, a review of the training documentation including a "Safe Search Practices" power point and staff interviews confirmed training on pat down searches, cross-gender pat searches and searches of transgender and intersex residents are conducted in a respectful, professional manner and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents.

Random staff and resident interviews confirmed the staff of the opposite gender entering the housing units/pods consistently announces themselves. During the tour, it was observed that staff document in the unit log books when female staff enters the housing units/pods. A review of the training documentation (curriculum and staff rosters) and staff interviews confirmed the annual training on pat down searches, cross-gender pat searches and searches of transgender and intersex residents are conducted in a respectful and professional manner and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents. All staff interviews were able to describe what an exigent circumstance would be and were knowledgeable of the procedures for securing authorization to conduct such a search as well as the requirements for justifying and documenting those searches.

Random staff and resident interviews confirmed residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. Staff interviews identified the NCDPS policy on prohibiting staff from searching or physically examining a transgender or intersex resident for the purpose of determining that resident's genital status. During the facility tour, it was observed that all of the shower areas had double shower curtains, however the shower curtains in front of the shower were missing or in need of repair and did not allow for privacy. This was corrected during and after the on-site visit, and this auditor was provided with the documentation (pictures) confirming the shower curtain replacements had been completed. Also, during the tour, it was

observed that each cell had a bathroom and for privacy the residents would place a magnetic cover over the window when using the toilet.

There has been no cross-gender pat down searches, cross-gender strip or cross-gender visual body cavity searches of residents at the facility in the past twelve (12) months. Also, there have been no exigent circumstances of cross-gender pat down, strip or visual body cavity searches conducted of residents at the facility in the past twelve (12) months.

After the on-site visit, the Lenoir YDC Facility Director sent the appropriate supplemental documentation (pictures) to this auditor demonstrating corrective actions had been taken with this standard prior to the submission of this report. Based on the review of the agency policy and procedures, observations and information obtained through staff and resident interviews, review of documentation and the follow-up documentation, the facility has demonstrated compliance with this standard.

Standard 115.316: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- 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 No
- 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 No
- 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 No
- 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: Are blind or have low vision? Yes No

115.316 (b)

- 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 No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.316 (c)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 – Section 1.10 (General Provisions) contained procedures to be taken to ensure residents with disabilities or who are limited English proficient have an equal opportunity and are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and harassment. Additionally, the policy indicates each facility will not rely on resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardize a resident's safety. NCDPS has established a contract with Linguistica International, Inc. for statewide services to provide residents with disabilities and residents who are limited English proficient with various interpreter services on an as needed basis.

NCDPS DACJJ created a PREA brochure "Expect Respect: Your Safety in Juvenile Justice" and JJ Rack Card for the purposes of educating residents which includes information on suspicious behavior, reporting, prevention strategies, making false claims, sexual misconduct definitions, and retaliation. This brochure is available in English and Spanish. The facility's staff provides the PREA education at intake and during orientation. Random staff interviews indicated the PREA education is provided in a manner to ensure the resident comprehends the material and it is read during the intake process. There are postings throughout the facility in English and Spanish. The staff training documentation including the Juvenile Educator Manual and NCDPS DACJJ pamphlet contained information on providing appropriate explanations regarding PREA to residents based upon the individual needs of the youth.

Random staff interviews indicated minimal knowledge of the outside agencies providing services to the facility but indicated they would not rely on the use of resident assistants in relation to reporting allegations of sexual abuse or sexual harassment except in limited circumstances when an extended delay in obtaining interpreter's services could compromise an residents' safety, the performance of first-responder duties or the investigation of the resident's allegations. In the past twelve (12) months, the facility did not have any instances of resident interpreters or readers being used for reporting allegations of sexual abuse or sexual harassment.

After the on-site visit, all staff were re-trained on interpreter services provided at the facility and the process on how to obtain these services. All postings of the PREA and emotional support services information were updated to reflect both English and Spanish. The Lenoir YDC Facility Director sent the appropriate supplemental documentation to this auditor demonstrating corrective actions had been taken with this standard prior to the submission of this report.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, review of documentation, and the follow-up documentation, the facility has demonstrated compliance with this standard.

Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- 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 No
- 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 No
- 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 question immediately above? Yes No
- 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 No
- 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 No
- 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 question immediately above? Yes No

115.317 (b)

- 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 No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- 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 No
- 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 No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

- 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 No

115.317 (f)

- 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 No
- 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 No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.317 (h)

- 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 No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 and the Administrative Memorandum & Addendum dated 10-2013 from the Office of PREA Administration requires that a criminal background shall be conducted before hiring new employees who may have contact with residents, and will 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 allegations of sexual abuse. Requires that a criminal background records check is completed prior to enlisting services of any contractor who may have contact with offenders and a criminal background records check is completed at least every five (5) years for current employees and contractors, and annually for sensitive specialist assignments.

Also, the above policies and procedures indicated that the NCDPS DACJJ shall not hire or promote anyone for a position that may have resident contact who has been engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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; or civilly or administratively adjudicates to have engaged 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. NCDPS DACJJ shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with incarcerated residents. NCDPS DACJJ staff must ask all applicants and employees who may have contact with residents directly about previous misconduct noted above in written applications or interviews for hiring or promotions.

NCDPS has extensive initial background screening requirements that include the screening for criminal record checks (AOC & NCDL), possible checks on criminal convictions and pending criminal charges, access to local, state and federal criminal databases to conduct background checks, psychological, driving records check, child abuse registry checks, domestic violence check, Diana screening - sex offender registry checks, and best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse and any resignation during a pending investigation or an allegation of sexual abuse. The agency conducts 5-year background checks for all employees and contractors. There is an affirmative duty to disclose any arrests or previous misconduct and material omissions by an employee is subject to termination.

An interview with the facility's Program Assistant V confirmed the process on the facility performing the criminal background checks, considering the pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents, all employees who are considered for promotion

and every five (5) years. Additionally, volunteer and contractors who have contact with residents have documented criminal background checks. The personnel staff has a process to track all staff and their hire dates. Their central office provides information to requests from institutional employers where an employee has applied to work. They also conduct the same checks for contractors and volunteers. She advised that Central Office ensures background checks are conducted every five (5) years. Also, there is an affirmative duty to disclose any arrests or previous misconduct by all employees at hire and anytime there is a law enforcement contact.

A sampled review of staff's, volunteer's and contractor's HR files had documentation on staff completing varied forms containing the questions regarding past misconduct (Applicant Verification form, Professional Reference Check, DPS Employment Statements, On Board Checklist and the PREA Notice and Information Collection for Current Employees) that are completed during the hiring process. The HR staff sends the criminal background information to their Central Office and receives an email on whether an individual is approved or disqualified. Once an individual is approved for hire, the new employee begins the LMS training and orientation process.

Based on the review of the agency policy and procedures, observations and information obtained through an interview and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- 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.) Yes No NA

115.318 (b)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Lenoir Youth Development Center has not been newly designed but had a substantial expansion or modification since August 20, 2012. Since 2016, the Lenoir YDC was expanded and twelve (12) additional beds were added to the facility. Also, the facility is in the process of an upgrade with enhancing the video monitoring system and additional cameras. An interview with the Facility Director and documentation review indicated there had been an order for additional cameras in the past twelve (12) months. Also, she advised that some of the cameras will be moved from the other facility (Dobbs YDC). During the tour, cameras were observed throughout the facility and the Facility Director brought up the video surveillance system on her desk top for this auditor to review. This system will enhance their capabilities to assist in monitoring blind spots and the review of incidents. Additionally, this enables the staff to monitor residents more efficiently throughout the physical plant of the facility.

Based on the review of the agency policy and procedures, observations and information obtained through the interview and documentation, the facility has demonstrated compliance with this standard.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- 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 No NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

- 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 No NA

115.321 (c)

- 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 evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- 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 No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- 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 No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.321 (e)

- 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 No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.321 (f)

- 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/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 – Section 2.1 (Reporting, Sexual Abuse and Harassment) and NC General Statute Chapter 15B (Victims Compensation Article 1 Crime Victim's Compensation Act) requires, when requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. A qualified mental health/counseling staff member or qualified community-based staff member includes an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. Requires a history be taken by a health care professional who will conduct a forensic medical examination to document the extent of physical injury. There will be no financial cost to the resident for this examination. Requires an administrative or criminal investigation for all allegations of sexual abuse and sexual harassment and requesting the investigating agency follow the requirements of PREA Standards. Additionally, the policies require protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to child abuse investigative agencies.

Documentation and staff interviews confirmed Lenoir County Sheriff Department (LCSD) conducts the criminal investigations, Department of Social Services (DSS) and the Office of Special Investigations (OSI) conducts the administrative investigations of allegations of sexual abuse and sexual harassment

for residents under the age of 18 and DSS receive reports through their telephone number posted for residents at the facility. Residents are required to ask a staff member to utilize the telephone. The staff provides access to the telephone for a resident to call DSS privately. Residents 18 years of age are referred to the appropriate law enforcement agency to investigate allegations of sexual abuse and sexual harassment.

There is evidence of Lenoir YDC's Facility Director obtaining a Memorandum of Understanding with the SAFE in Lenoir County Domestic Violence and Sexual Abuse to provide free confidential crisis intervention and emotional support services related to sexual abuse or assault for the residents at the facility. The UNC Lenoir County – Emergency Department (SAFE certified) provides the emergency and forensic medical examinations at no financial cost to the victim. Also, this auditor contacted a representative from the SAFE in Lenoir County Domestic Violence and Sexual Abuse via telephone during the on-site visit. She indicated there had been no calls from residents in the past twelve (12) months requesting emotional support services related to a fear of sexual abuse that may occur at the facility.

NCDPS PREA Office sent a directive to all facilities to establish a standardized role of the PREA Support Person (PSP) that will serve as an advocate to link services (community based advocates or mental health professionals) and provide confidential emotional support to residents who report sexual abuse and sexual harassment by another resident, staff member, contractor or volunteer. The Facility Director has designated three (3) staff for this role and completed the required form (OPA-A18) on February 11, 2019. These individuals are screened for appropriateness to serve as a victim advocate and receive specialized training (PREA Support Person Training). Interviews with the facility and medical staff were knowledgeable of the procedures to secure and obtain usable physical evidence when sexual abuse is alleged. Also, staff interviews and training documentation confirmed the role of the PSP individual in the facility.

The facility has available the NCDPS DACJJ PREA brochure "Expect Respect: Your Safety in Juvenile Justice" and JJ Rack Card and SAFE in Lenoir County Domestic Violence and Sexual Abuse brochure that identifies for the residents to telephone or write. Documentation and interviews with the Facility Director and Youth Counselor Supervisor/PCM confirmed Lenoir County Sheriff's Office (LCSO) conducts the criminal investigations of allegations of sexual abuse. In the past twelve (12) months, there has been no allegation where a victim required a forensic medical examination.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- 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 No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 – Section 1.11 (Allegation of Juvenile Sexual Abuse or Sexual Harassment at Former Center) requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment. All staff are required to report all allegations, knowledge and suspicions of sexual abuse, sexual harassment, retaliation, staff neglect and/or violations of responsibilities that may have contributed to an incident or retaliation. All staff are required to refer all alleged incidents of sexual abuse or sexual harassment to the Department of Social Services (DSS) for investigation and determination of child abuse and Lenoir County Sheriff's Office (LCSO) for the determination of criminal charges.

Staff refers all allegations of sexual abuse and sexual harassment to the Office of Special Investigations (OSI), the Central Office and the NCDPS PREA Office for completion of an administrative investigation. The appropriate information will be entered into their internal TROI system. The PREA policy can be found at the North Carolina DPS state's website and information can be found in their PREA pamphlet (Expect Respect: Your Safety in Juvenile Justice) that is available in English and Spanish. The parent/guardian is provided with an information packet identifying the zero tolerance to sexual abuse or sexual harassment, the DSS & NCDPS information on how to report and provided SAFE in Lenoir County (Domestic Violence and Sexual Abuse) information for emotional support services.

Lenoir YDC has received no allegations of sexual abuse and sexual harassment resulting in a criminal investigation and/or an administrative investigation in the past twelve (12) months. The Assistant Facility Director tracks all the investigations at the facility. There is evidence of the Commissioner of Adult Corrections and Juvenile Justice sending a Memorandum dated 3/17/16 to the NC Sheriff's Association providing information on investigations being conducted in accordance with the PREA standards. All staff interviews confirmed their knowledge on the reporting, referral process and policy's requirements but did not know the agency who conducts the administrative and criminal investigation in response to an allegation of sexual abuse and sexual harassment.

Interviews with the Facility Director, Youth Counselor Supervisor/PREA Compliance Manager, and facility investigator confirmed that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Also, any internal investigation that identifies criminal activity or a staff member is involved in criminal activity would be immediately referred to the Lenoir County Sheriff's Office (LCSO). The local law enforcement and the facility investigator would act in a liaison position. The Lenoir County Sheriff's Office (LCSO) investigator informs Lenoir YDC's Facility Director on the progress of a sexual abuse investigation.

After the on-site visit, all staff were re-trained on who conducts the administrative and criminal investigations in response to an allegation of sexual abuse and sexual harassment. The Facility Director sent the appropriate supplemental documentation to this auditor demonstrating corrective actions had been taken with this standard prior to the submission of this report.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, review of documentation and the follow-up documentation, the facility has demonstrated compliance with this standard.

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? Yes No

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- 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 No

115.331 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- 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 No
- 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 No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 – Section 1.4 (Employee Training) requires an in-depth PREA Training upon initially becoming an employee (entry level training) as well as refresher training annually.

All the PREA training provided to employees statewide contains all eleven (11) topics consistent with this standard's requirements and is tailored to all facilities with the gender of their resident populations. These topics consist of: zero-tolerance policy, how to prevent, detect, report and respond to allegations

of sexual abuse and sexual harassment, resident's right to be free from sexual abuse and sexual harassment, staff and residents rights to be free from retaliation for reporting sexual abuse and sexual harassment incidents, dynamics of sexual abuse and sexual harassment in juvenile facilities, field offices, and community programs, common reactions of juvenile victims of sexual abuse and sexual harassment, 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, how to avoid inappropriate relationships with residents, how to communicate effectively and professionally with residents, including LGBTQI, and gender nonconforming residents, and relevant laws regarding the applicable age of sexual consent. Also, the staff receives training on professional and ethical boundaries relating not only to PREA but to their role as an employee.

All new employees receive the NCDPS Employee PREA brochure and sign the "PREA Acknowledgement Form" indicating they received the training and understand their responsibilities for all the different training modules and tested upon completion of the initial PREA training. All employees are trained as new hires regardless of their previous experience. The staff training documentation including a power point presentation, lesson plan, and observation of the day-to-day operations as well as staff interviews confirmed staff receives PREA training during initial training and during refresher training. Also, the staff interviews confirmed their comprehension of the PREA training and their obligation to report any allegation of the sexual abuse and/or sexual harassment. At the facility, it was evident that the staff is trained continually about the PREA standards during shift briefings and the completion of various trainings. Additionally, all staff is required to complete an annual in-service PREA training. Employee training records including curriculums are maintained electronically and certain training documents (NCDPS Human Resources On Boarding Checklist form and PREA Acknowledgement Form) are maintained in their personnel file.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and the review of detailed documentation during the on-site visit and facility tour, the facility has demonstrated exceeding this standard. The agency requires all staff to receive formal PREA training annually.

Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- 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 No

115.332 (b)

- 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 No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 – Section 1.5 (Training for Volunteers, Custodial Agents, Contractors, and Other Persons Providing Services to Residents) requires 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, detention, and response policies and procedures. The level and type of training provided shall be based on the services they provide and the level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and be informed how to report such incidents. All volunteers, interns and contractors receive the PREA training, PREA Volunteer brochure and sign the "PREA Acknowledgement Form" upon completion of the PREA training they received.

Documentation (curriculum & video) was reviewed for content and addresses the zero-tolerance policy, volunteers and contractors requirement for confidentiality and their duty to report any incidents of sexual abuse and/or sexual harassment. The facility reports twenty (20) volunteers and contractors who may have access to residents. A review of randomly selected individual volunteer and contractor files contained a signed and dated acknowledgement form that the volunteer and/or contractor completed and understood their requirement for confidentiality and their duty to report any incidents of sexual abuse and/or sexual harassment. Interviews with a school educator and an intern confirmed their knowledge of the PREA training and NCDPS's zero tolerance of any form of sexual activity at the facility as well as their duty to report sexual abuse or sexual harassment.

Based on the review of the agency policy and procedures, observations and information obtained through the school educator and intern interviews and documentation, the facility has demonstrated compliance with this standard.

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- 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 No
- 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 No
- 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 No

115.333 (c)

- Have all residents received such education? Yes No
- 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 No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No

- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.333 (f)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 – Section 1.6 (Resident Education) requires mandatory PREA information, both orally and in writing for residents to receive comprehensive age appropriate education information regarding safety, their rights to be free from sexual abuse, sexual harassment, retaliation, reporting and the agency's response to allegations within 10 days upon arrival. However, the assigned facility staff provides the residents with this information immediately upon arrival during their initial intake and orientation process. Also, the facilities are required to provide the PREA information for Limited English Proficient (LEP) residents, and those with disabilities such as limited reading skills, deaf or visually impaired.

During the initial intake, the assigned staff utilizes the Juvenile Educator Manual and the "PREA Juvenile Sequence Checklist" form to review detailed information verbally with the resident and the resident signs the "Juvenile PREA Acknowledgement" and the "Student PREA Education & Training" forms verifying

receipt for all information regarding orientation to the facility. Also, the resident observes the PREA video and the assigned staff reviews it with them. A follow-up is completed within ten (10) days of the resident's arrival to the facility. An interview with the contracted Psychologist confirmed the above practices and indicated in most instances the initial intake and orientation is completed within the first several hours of their arrival and the PREA Video is observed within 2 to 3 days. The clinical staff have a tracking sheet "PREA Juvenile and Education Training" that lists all residents who have received the PREA screening, initial PREA education and the follow-up discussion from 2018 – 2019.

Documentation review of resident records contained the required forms (Student PREA Education & Training and Juvenile PREA Acknowledgement). Residents are provided a NCDPS "Expect Respect" brochure which includes information on prevention/ intervention, self-protection, reporting and treatment/counseling and is available in Spanish for future reference. Residents interviewed stated they received this information the same day they arrived at the facility and identified the receipt of the brochure. Also, residents indicated they observed a video several days later. The staff presents PREA information in a manner that is accessible to all residents and provides education on an ongoing basis individually or in a group session. The parent/guardian is provided a packet with detailed information on PREA and the resident's orientation to the facility. PREA postings were observed during the facility tour in the housing units, common areas and residents identified the postings as another source of information for them.

Based on the review of the agency policy and procedures, observations and information obtained through the staff and resident interviews and documentation, the facility has demonstrated compliance with this standard.

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- 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 No NA

115.334 (b)

- 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 No NA
- 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 No NA
- 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 No NA

- 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 No NA

115.334 (c)

- 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 No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 – Section 2.3 (Investigations) requires the executive administration to ensure all investigators are properly trained in conducting investigations in confinement settings. The required training includes: Techniques for interviewing sexual abuse victims; Proper use of Miranda and Garrity Warnings; Sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

All investigators undergo an extensive training developed by the NCDPS PREA Office prior to conducting administrative investigations which includes the NCDPS PREA Specialized Investigations: Sexual Abuse and Sexual Harassment. The facility's PREA investigators when assigned conduct administrative investigations. There are two (2) staff at the facility who have completed the NCDPS PREA Specialized Investigations: Sexual Abuse and Sexual Harassment and other required investigative training. Documentation and interviews with a facility investigator confirmed completing the required specialized investigator training as well as the annual PREA education.

The investigator indicated the specialized investigation training consisted of interviewing techniques, Miranda warnings, Garrity warnings, sexual abuse evidence collection, and the criteria and evidence to substantiated a case for administrative or prosecution referral. At the facility level, the assigned investigator will complete the initial inquiry into the alleged allegation of sexual abuse or sexual harassment, subsequently conduct an administrative investigation and when necessary refer the information to the Lenoir County Sheriff's Office (LCSO) for further investigation for the determination of criminal charges. Also, the Office of Special Investigations (OSI) and the Department of Social Services (DSS) conducts administrative investigations for residents under the age of 18. Residents 18 years of age are referred to the appropriate law enforcement agency to investigate allegations of sexual abuse and sexual harassment.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- 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? Yes No
- 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? Yes No
- 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? Yes No
- 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? Yes No

115.335 (b)

- 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.) Yes No NA

115.335 (c)

- 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? Yes No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? Yes No
- 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? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Commissioner of Adult Corrections and Juvenile Justice in September 2013 – Section 1.7 (Specialized Medical/Mental Health Provider Training) requires PREA training and specialized training for medical and mental health staff who work at the facilities. Also, requires that all full and part-time medical and mental health staff who work regularly in NCDPS facilities receives specialized training in: How to detect and assess for signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse and sexual harassment and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

A review of the training documentation contained the signed "Medical & Mental Health Care PREA Training Acknowledgement" form acknowledging all eleven (11) medical and mental staff received the training and understand their responsibilities in the event of an incident. The facility's medical staff does not conduct forensic examinations. Interviews with a medical and a mental health staff confirmed their understanding of the requirement to complete the specialized training offered by NCDPS (Preventing, Detecting, and Responding to Sexual Abuse of Youth in Confinement: The Role of the Mental Health Clinician), verified completing the on-line course and participating in the annual basic PREA training provided by the facility. Also, the medical and mental health staff interviews confirmed they had received the appropriate training in detecting/assessing for signs of sexual abuse and sexual harassment; preservation of physical evidence of sexual abuse; responding effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report

allegations or suspicious of sexual abuse or sexual harassment. None of the medical staff conduct forensic examination.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- 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 No
- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? Yes No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? Yes No
- 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 No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? Yes No
- 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 No

115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained: During classification assessments? Yes No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 – Section 1.10 (General Provisions) requires prior to placement as part of the screening process each resident is screened upon admission with an objective screening instrument for risk of victimization and sexual abusiveness called NCDPS “Admission and Placement Screening” form within 72 hours and a mental health clinician will conduct an initial mental health clinical assessment. All residents are screened within twenty-four hours upon arrival at the facility to determine placement and their special needs. Those residents who score vulnerable to victim or sexually aggressive are included into their alert tracking system, as well as receiving further assessments, as identified.

The intake and admission process consists of the NCDPS “Admission and Placement Screening” form, medical and mental health assessment and various other forms are used in combination with information about personal history, parent/guardian interviews, medical and mental health/substance abuse screenings, conversations, classification assessments as well as reviewed court records and case files. Residents are reassessed within thirty (30) days of their arrival and throughout their stay at the facility. The facility's policies limit staff access to this information on a “need to know basis”.

Staff interviews confirmed that an initial screening is conducted within twenty-four (24) hours of the resident's arrival. Also, the staff reviews prior information in the court reports, health issues, classification assessments and past criminal behavior. The screening that is conducted includes any disabilities, age, physical build, current and previous juvenile programs, personal history, violent offenses, LGBTI status, mental illness, prior victimization and assaultive behaviors. Those residents who score vulnerable to victim or sexually aggressive are included into their alert system, as well as receiving further assessments, as identified. Residents reporting prior victimization, according to staff, are referred immediately for a follow-up with medical or mental health staff. These referrals to medical or mental health staff are documented.

Resident interviews and the documentation revealed that risk screenings are being conducted on the same day as their admission and reassessed within thirty (30) days at the facility. Residents confirmed during the intake process being asked the questions on whether they had been sexually abused, identified with being gay, bisexual or transgender, whether they had any disabilities and/or whether they think they might be in danger of sexual abuse at the facility. Although there has been no transgender or intersex resident admitted to the facility within the past twelve (12) months, staff interviews confirmed consideration is given for the resident's own views of their safety in placement and programming assignments.

Based on the review of the agency policy and procedures, observations and information obtained through staff and resident interviews, and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

115.342 (b)

- 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 No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? Yes No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? Yes No
- Do residents in isolation receive daily visits from a medical or mental health care Worker? Yes No
- Do residents also have access to other programs and work opportunities to the extent possible? Yes No

115.342 (c)

- 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 No
- 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 No
- 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 No
- 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 No

115.342 (d)

- 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 No
- 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 No

115.342 (e)

- 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 No

115.342 (f)

- 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 No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.342 (h)

- 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 No NA
- 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 No NA

115.342 (i)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 – Section 1.10 (General Provisions); NCDPS Division of Juvenile Justice (DJJ) Detention Policy and Requirements and Procedures (R&P) Document reviewed and approved in July 2012 – Section 3.3 (Admissions) and NCDPS DACJJ Youth Development Center Policy and Requirements and Procedures (R&P) Document – Section 2 (R&P/YC 2: YDC Admissions and Assessments) and NCDPS DACJJ and Delinquency Prevention Policy dated 4/15/07 – Section PS/YC 3.0 (Behavior Expectations) prohibits gay, bi-sexual, transgender and intersex residents being placed in a dorm area, bed or other assignments based solely on their identification or status. In addition, the policies describe the screening and assessment process and how that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine a resident’s appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

The assigned staff utilizes various forms, the Admission and Placement Screening, Mental Health Assessment Summary to name a few and any other pertinent information during the resident's admission process to determine placement of residents in a specific sleeping assignment according to their risk level (low, medium or high). Documentation review confirmed the risk assessment occurred within seventy-two (72) hours and the residents received the rescreening as required. The facility does not have a designated bedroom for gay, bisexual, transgender or intersex resident. This facility did not have a resident who identified as transgender or intersex during the on-site visit, therefore this auditor was unable to ask a resident of concerns regarding their placement, a special unit just for LGBTI residents, their safety, and request to shower separately.

Lenoir YDC's Youth Counselor Supervisor/PCM and the staff interviews described how information from the "Admission and Placement Screening" form precludes gay, bi-sexual, transgender and intersex residents being placed in a particular bedroom or other assignments based solely on their identification or status. In addition, they described the screening and assessment process and how that information, along with information derived from medical/mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine an resident's appropriate placement, bed assignments, as well as education and program assignments with the goal of keeping all residents safe and free from sexual abuse.

There are four (4) housing units containing a day room, tables/chairs, telephones, shower area, and ten (10) single cells with single bed, toilet/sink. All housing units had bulletin boards with some PREA information and other facility information. One of the housing was closed and not utilized at the present time. Isolation is not utilized at the facility as a means of protective custody.

Based on the review of the agency policy and procedures, observations and information obtained through staff and resident interviews and review of documentation, the facility has demonstrated compliance with this standard.

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- 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 No

115.351 (b)

- 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 No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- 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 No

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and

approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 – Section 2.1 (Reporting Sexual Abuse and Sexual Harassment) and NCDPS DACJJ and Delinquency Prevention Abuse and Neglect Policy and Requirements and Procedures (R&P) Document – Section 1.7 (Availability for Reporting Mechanisms in a Facility) identified the multiple internal ways for residents to report sexual abuse and harassment retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents.

Residents are informed verbally and in writing on how to report sexual abuse and sexual harassment. These various ways of reporting include advising an administrator, a staff member, telephoning the hotline number, placing a written complaint in the grievance box and external complaint to a third party. Additionally, residents are provided with access to a locked grievance box with grievance forms, envelopes addressed to (DSS, PREA Office, Facility Director & Director of Facility Operations), posting of the PREA information (reporting resources) and brochure. While touring the entire facility, it was observed in the living areas postings of the PREA information (posters), other facility information, the locked grievance box with grievance forms, envelopes addressed to (DSS, PREA Office, Facility Director & Director of Facility Operations). The victim advocate information postings were limited.

Resident interviews indicated several ways to report sexual abuse and sexual harassment by sending correspondence to the Facility Director, Director of Facility Operations and DSS (third party), telephoning the DSS or PREA Office telephone number, speak with a staff they trust, and court counselor. During the intake and admission process residents are advised of their rights and sign a form acknowledging they had been advised of these rights. Some residents identified the grievance box as a means to report sexual abuse and sexual harassment and about the anonymous reporting capability. Staff interviews along with the postings, and supporting documentation confirmed multiple internal ways (verbally, writing, anonymously) for residents to report sexual abuse and sexual harassment, their understanding of the policies and their obligation of being mandated child abuse reporters.

Based on the review of the agency policy and procedures, observations and information obtained through staff and resident interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- 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 No NA

115.352 (b)

- 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 No NA

- Does the agency always refrain from requiring a 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 No NA

115.352 (c)

- 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 No NA
- 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 No NA

115.352 (d)

- 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 No NA
- 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 No NA
- 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 No NA

115.352 (e)

- 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 No NA
- 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 No NA
- 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 No NA

- 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 No NA
- 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 No NA

115.352 (f)

- 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 No NA
- 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 No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- 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 No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (g)

- 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 No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 – Section 1.16 (Grievance Process) and NCDPS DACJJ Youth Development Center Policy and Requirements and Procedures (R&P) Document – Section 6 (R&P/YD 6: Non-Disciplinary, Internal Grievance Process) describes the orientation residents receive explaining how to use the grievance process to report allegations of abuse and has administrative procedures/appeal process for dealing with resident's grievances regarding sexual abuse or sexual harassment. Residents may place a written grievance or complaint in the locked grievance box located in each housing unit/pod of the facility. Residents are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff member involved in the allegation. The policies and procedures describe an unimpeded process and allow for other individuals to assist a resident in filing a grievance or to file grievances themselves on behalf of residents. Also, the facility has an emergency grievance procedure requiring an initial response within 48 hours and a final decision within five (5) calendar days.

Resident interviews and documentation confirmed there is a grievance process relating to sexual abuse or sexual harassment and a written complaint can be placed in the PREA/grievance box (black box). Also, they would contact a trusted staff, telephone the hotline, parent/guardian, facility's administration, DSS or court counselor in relation to sexual abuse or sexual harassment complaints. Staff interviews confirmed they will accept allegations of sexual abuse or sexual harassment verbally, in writing, anonymously, and identified the PREA/grievance box (black box) located in the housing units/pods. Also, the staff indicated they would contact their supervisor immediately to begin an investigation. Lenoir YDC did not have any grievances in the past twelve (12) months related to sexual abuse or sexual harassment complaints at the facility.

Based on the review of the agency policy and procedures, observations and information obtained through staff and resident interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.353: Resident access to outside confidential support services and legal representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- 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 assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- 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 No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- 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 No

115.353 (c)

- 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 No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 – Section 1.8 (Victim Support); NCDPS Division of Juvenile Justice (DJJ) Detention Policy and Requirements and Procedures (R&P) Document reviewed and approved in July 2012 – Section 2.7 (Telephone and Mail) and Section 2.8 (Visitation) and NCDPS DJJ Youth Development Center Policy and Requirements and Procedures (R&P) Document – Section 4.4 (Visitation) and Section 4 (R&P/YD 4: Legal Representation) ensures that residents are provided access to an outside victim advocate for emotional support services, access to confidential legal counsel and reasonable access to parent/guardian.

There is evidence of Lenoir YDC's Facility Director obtaining a Memorandum of Understanding with the SAFE in Lenoir County (Domestic Violence and Sexual Abuse) to provide free confidential crisis intervention and emotional support services related to sexual abuse or assault for the residents at the facility. The UNC Lenoir County – Emergency Department (SAFE certified) provides the emergency and forensic medical examinations at no financial cost to the victim. Also, this auditor contacted a representative from the SAFE in Lenoir County (Domestic Violence and Sexual Abuse) via telephone during the on-site visit. She indicated there had been no calls from residents in the past twelve (12) months requesting emotional support services related to a fear of sexual abuse that may occur at the facility.

Resident interviews confirmed they have reasonable and confidential access to their attorneys and reasonable access to their parent/guardian either through visitation, correspondence or by telephone. The facility provides weekly calls to parents/legal guardians, provides for the toll free hotline to report sexual abuse to DSS or SAFE in Lenoir County (Domestic Violence and Sexual Abuse), permits parental/legal guardians visitation and letter writing to parents/legal guardians. The staff provides the NCDPS "Expect Respect" brochure, SAFE in Lenoir County (Domestic Violence and Sexual Abuse) information, envelopes addressed to (DSS, PREA Office, Facility Director & Director of Facility Operations) and the availability of the 24 hour toll free telephone numbers identified in the posters located in the housing units/pods.

The facility's postings and the orientation handbook contained information of the outside services. Resident interviews confirmed their knowledge of how to access outside services but limited knowledge of what kind of services are provided to them. The staff will be providing additional education to future residents on emotional support services during their orientation process and during their group session while at the facility. Also, all the bulletin boards located in the housing units and the visitation area were updated with additional victim advocate services information.

After the on-site visit, all staff were re-trained on who provides free confidential emotional support services and to provide additional education to future residents on outside advocate services during their intake/orientation process. Postings of the outside advocate to access free emotional support information was updated both in English and Spanish and placed in the facility. The Lenoir YDC's

Facility Director sent the appropriate supplemental documentation to this auditor demonstrating corrective actions had been taken with this standard prior to the submission of this report.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, review of documentation and the follow-up documentation, the facility has demonstrated compliance with this standard.

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 – Section 2.1 (Reporting Sexual Abuse and Sexual Harassment) identifies the agency's third party reporting process and instruct staff to accept third party reports from any source. NCDPS website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. There are several reporting options (written, verbal and anonymous) for the receipt of third-party reports of sexual abuse or sexual harassment. In addition, the Department has established a confidential webpage for employees to report allegations fraud, waste, abuse, misconduct or mismanagement in the department and these concerns may be reported anonymously. This information is reported directly to the NCDPS PREA Office who will inform the Lenoir YDC's Facility Director.

The staff provides the parent/guardian with a packet containing varied forms, victim advocate services, the Facility Director's letter and third-party (DSS, NCDPS website) reporting information. Resident interviews confirmed their awareness of reporting sexual abuse or harassment to others outside of the facility including access to their parent(s)/legal guardian(s), court counselor and attorney. Additionally, they are instructed to report allegations of sexual abuse and sexual harassment to a trusted adult, parent/legal guardian, DSS, PREA Office, Facility Director & Director of Facility Operations, court counselor and/or attorney. All staff interviews were able to describe how reports may be made by third parties (DSS, NCDPS website).

Based on the review of the agency policy and procedures, observations and information obtained through staff and resident interviews and review of documentation, the facility has demonstrated compliance with this standard.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- 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 No

115.361 (d)

- Are medical and mental health professionals 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 No
- 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 No

115.361 (e)

- 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 No
- 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 No
- 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 No NA
- 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 No

115.361 (f)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 - Section 2.1 (Reporting Sexual Abuse and Sexual Harassment) and NCDPS DACJJ and Delinquency Prevention Abuse and Neglect Policy and Requirements and Procedures (R&P) Document – Section 1.7 (Availability for Reporting Mechanisms in a Facility) identified the reporting process for all staff to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

NCDPS has identified the reporting process for all staff employed, contracted or who volunteer to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and sexual harassment, retaliation against inmates or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. During random staff interviews, staff confirmed being mandated reporters and receiving information on clear steps on how to report sexual abuse, sexual harassment and to maintain confidentiality through the facility's protocol and/or training. All staff would complete an incident report with the details of any incidents that would occur in the facility and they are prohibited from sharing information with anyone who is not part of the investigation or reporting process.

Also, there is a PREA reference/emergency binder located at the staff work station and the intake area of the facility that contains the reporting process and forms to assist staff. Interviews with medical and mental health staff confirmed their responsibility to inform residents under 18 years old of their duty to report and limitations of confidentiality. Both the Facility Director and Youth Counselor Supervisor/PCM indicated that all alleged sexual abuse or sexual harassment reports, regardless of where the information came from, is reported immediately to the facility investigator and DSS.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- 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 No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 - Section 3.1 (First Response to Concerns of Sexual Abuse, Sexual Harassment and Voyeurism) and NCDPS DACJJ Youth Development Center Policy and Requirements and Procedures (R&P) Document – Section 6 (R&P/YD 6: Non-Disciplinary, Internal Grievance Process) requires that immediate action be taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse.

There were no residents determined to be subject to substantial risk of imminent sexual abuse in the past twelve (12) months at the facility. Documentation and interviews with the Facility Director and other random selected staff were able to articulate, without hesitation, the expectations and requirements of the NCDPS policies and PREA Standards, upon becoming aware that a resident may be subject to a substantial risk of imminent sexual abuse. All staff indicated if a resident was in danger of sexual abuse or at substantial risk of imminent sexual abuse, they would act immediately to ensure the safety of the resident, separate from the alleged perpetrator and contact their immediate supervisor. Additionally, the resident would be referred for mental health services. All resident interviews reported they feel safe at this facility and none had ever reported to staff that they were at substantial risk of imminent sexual abuse. Lenoir YDC's staff has a process in place that when identifying a resident who may be subject to a substantial risk of imminent sexual abuse the information is documented and resident is placed on a watch status

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- 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 No

- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.363 (c)

- Does the agency document that it has provided such notification? Yes No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 - Section 1.11 (Allegation of Juvenile Sexual Abuse or Sexual Harassment at Former Center) requires the Facility Director, upon receiving an allegation that a resident was sexually abused while confined at another facility, to notify the head of the other facility within 72 hours where the alleged abuse occurred and to report it in accordance with NCDPS policies and procedures. Also according to the policies and procedures, the Facility Director is to immediately report the incident for investigation and complete an incident report.

An interview with the Facility Director indicated she had received no allegations that a resident was abused while confined at another facility or were there any allegations received from another facility during the past twelve (12) months. Based on the review of the agency policy and procedures,

observations and information obtained through a staff interview and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

- 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 No
- 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 No
- 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 No
- 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 No

115.364 (b)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 - Section 3.1 (First Response to Concerns of Sexual Abuse, Sexual Harassment and Voyeurism) and NCDPS Sexual Abuse Incident Response Checklist for First Responder requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence.

Random staff and a first responder interviews validated their technical knowledge of actions to be taken upon learning that an resident was sexually abused and provided the action steps identified in the NCDPS policies and procedures of their responsibilities as first responders and aware of why they do these duties. Also, every interviewed staff, without hesitation, described actions they would take immediately and these steps were all consistent with NCDPS policies and procedures including reporting to the Supervisor. A review of the training documentation confirmed staff had been trained in their responsibilities as first responders and have been provided with all types of additional training. There have been no allegations of sexual abuse during the past twelve (12) months at the facility.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.365: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 - Section 3 (Youth Development Center and Detention Center Sexual Abuse and Sexual Harassment Policy); NCDPS Sexual Abuse & Harassment Coordinated Response Overview provides a written coordinated response system to coordinate actions taken in response to an incident of sexual abuse and the notification procedures among staff first responders, administration, executive staff and contacting medical and mental health outside sources.

Lenoir YDC's staff has a system in place providing the staff with clear actions to be taken by each discipline for accessing, contacting administrative staff, medical and mental health staff, contacting OSI, DSS and law enforcement, victim advocate services, hospital & parent/guardian and a number of other individuals in response to sexual abuse allegations. Also, the staff utilizes the "PREA Incident Report" form to complete the documentation of the incident. Interviews with the Facility Director and other staff validated their technical knowledgeable of their duties in response to a sexual abuse allegation.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.366: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- 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 No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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North Carolina Department of Public Safety (NCDPS) does not engage in the collective bargaining process regarding any violation of departmental policy regarding PREA. Also, the Department has not entered into a collective bargaining agreement that limits the ability to remove an alleged staff sexual abuser from contact with any residents pending the outcome of an investigation or a determination whether and to what extent discipline is warranted, therefore this standard is not applicable.

This was confirmed with an interview and documentation that collective bargaining is not utilized in the Department. Based on the information discovered in the documentation and interview this auditor has determined the facility meets the requirements of the standard.

Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- 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 No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.367 (b)

- 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 No

115.367 (c)

- 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 No

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.367 (e)

- 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 No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 – Section 1.8 (Victim Support) and Section 1.15 (Retaliation) requires the protection and monitoring of residents and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or harassment investigation. NCDPS policies and procedures prohibit retaliation against any staff or resident for making a report of sexual abuse as well as retaliation against a victim who has suffered from abuse. The monitoring at a minimum will take place for a period of 90 days or longer, as needed. This monitoring would include resident disciplinary reports, bedroom and program changes, negative performance reports as well as reassignments of staff.

An interview with the Facility Director confirmed her responsibility with monitoring the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to determine if changes that may suggest possible retaliation exist. She is responsible for assigning a PREA Support Person (PSP) that will serve as an advocate to link services (community based advocates or mental health professionals) and support to residents who report sexual abuse and sexual harassment by another resident, staff member, contractor or volunteer. The Facility Director has designated three (3) staff for this role and completed the required form (OPA-A18) on 2/11/19. These individuals are screened for appropriateness to serve as a victim advocate and receive specialized training. The staff interviews and training documentation confirmed the PSP individuals and their role in the facility. The PSP individuals will be completing several forms depending on whether it is a staff or resident retaliation monitoring. Upon completion of the investigation, a PSP individual will complete a "PREA Sexual Abuse and Harassment Retaliation Report" form [Staff (OPA-I22) or Resident (OPA-I24)]. There were no incidents of retaliation at the facility in the past twelve (12) months.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interview and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 – Section 2.2 (Response) & Section PS/YC 3.0 (Behavior Expectations) and NCDPS Division of Juvenile Justice (DJJ) Detention Policy and Requirements and Procedures (R&P) Document reviewed and approved in July 2012 – Section 2.3.13 (Temporary Confinement) contained information on post-allegation protective custody or guidelines for moving a resident to another facility as a last measure to keep residents who alleged sexual abuse safe and only until an alternative means for keeping the resident safe can be arranged. The facility restricts any isolation placement and does not provide protective housing for a resident as a last resort. The residents would be placed in another facility. An interview with the staff confirmed the facility does not use isolation for a victim of sexual abuse or sexual harassment the resident would be placed in another facility.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interview and review of documentation, the facility has demonstrated compliance with this standard.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- 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/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

- 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 No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- 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 No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? Yes No

- 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 No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- 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 No

115.371 (h)

- 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 No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.371 (j)

- 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 No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 – Section 2.3 (Investigations) and NCDPS Sexual Abuse & Sexual Harassment Coordinated Response Overview requires all staff to refer all alleged incidents of sexual abuse or harassment to local law enforcement [Lenoir County Sheriff's Department (HCSD)] for criminal investigations. The staff refers all allegations of sexual abuse and sexual harassment to the Department of Social Services (DSS), Office of Special Investigations (OSI), Regional Office and the NCDPS PREA Office for completion of an administrative investigation. Additionally, the facility's PREA investigators could be assigned to conduct the administrative investigation. Requires each facility to cooperate with the assigned investigator and shall remain informed as to the progress of the investigation. The report shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Also, the policies require investigations to be confidential and all interviews to be conducted in private; an investigation cannot terminate based on the department of the complainant's alleged victim or perpetrator from the agency employment or control, or if the source of the allegation recants; the credibility of an alleged victim, subject or witness must be assessed on an individual basis and never be determined by the person's status as a resident or staff; investigation records to include, but not limited to investigations reports, transcripts of statement, copies of documentation relevant to the investigation, and all related material from other agency incidents as applicable; investigations must include an effort to determine whether staff actions or failures to act contributed to the incident being investigated and be documented in writing to include investigative facts and findings.

Requires that all investigators shall receive special training in sexual abuse investigations before conducting PREA investigations, and that all investigations of allegations of sexual abuse or sexual harassment shall be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Requires the gathering and preserving of direct and circumstantial evidence, including physical and DNA evidence and electronic monitoring data, interviews, and reviews of prior complaints and reports of sexual abuse involving the suspected perpetrator. Requires consultation with prosecutors before conducting compelled interviews and prohibits the use of a polygraph examination or other truth-telling device as a condition for proceeding with an investigation.

Requires the credibility of any person shall be assessed on an individual basis. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the

abuse. Requires both administrative and criminal investigations shall be documented in written reports that shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessment, and the investigative facts and findings. Requires all allegations of criminal conduct be referred for prosecution. Requires an investigation not stop should the alleged abuser or victim depart from the employment or control of the facility or agency. Requires all case records associated with claims of sexual abuse or sexual harassment including all documentation be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years.

Documentation review and an interview with the facility investigator confirmed he completed the required specialized investigator training as well as the annual PREA education. The investigator indicated all allegations are investigated, regardless of how the information is initially obtained and reported that investigations begin immediately upon notification. At the facility level, the assigned investigator will conduct an initial inquiry into the alleged allegation of sexual abuse or sexual harassment, to determine if criminal behavior is involved or a staff person is the alleged perpetrator, at which time the investigation would be referred to Lenoir County Sheriff's Office (LCSO). The facility investigator collects evidence and maintains the evidence as required. The facility investigator's interview confirmed the credibility of the victim is based on evidence found, and that no polygraph examination or truth-telling device is a condition for proceeding with an investigation. Also, the facility investigator indicated an investigation does not cease until completed, regardless if the alleged perpetrator is released or resigns employment, or if the victim leaves the facility prior to the completion of the investigation. The facility investigator reported that he would assist if the investigation was conducted by Lenoir County Sheriff's Office (LCSO).

There have been no reported investigations that appeared to be criminal and referred for prosecution of alleged staff's or residents inappropriate sexual behavior that occurred in this facility in the past twelve (12) months. At the facility, there are two (2) staff who have completed the NCDPS PREA Specialized Training: Investigating Sexual Abuse and Sexual Harassment. It was evident, the staff reported incidents as required and reports are retained for five (5) years from the date the alleged abuser is released or employed by the facility, unless the abuse was committed by a juvenile and applicable laws require a shorter period of retention. The PREA data must be retained for ten (10) years.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- 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 No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 – Section 2.3 (Investigations) contains all the elements of the standard. The staff from the Department of Social Services (DSS) and the Office of Special Investigations (OSI) investigates the allegation and indicates a standard of a preponderance of the evidence for determining if allegations are substantiated.

An interview with the Facility Director indicated that they conduct fact finding investigations, make conclusions following the investigation and provide the information to the facility, to the Central Office and the DPS PREA Office for consultation with legal and human resources to determine disciplinary actions. Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into a resident’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.373 (b)

- 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 No NA

115.373 (c)

- 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 No

- 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 No
- 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 No
- 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 No

115.373 (d)

- 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 No
- 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 No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 – Section 2.3 (Investigations) and Section 1.8 (Victim Support) requires that any resident who makes an allegation that he suffered sexual abuse is informed in writing contains the process for notifying residents whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation.

The NCDPS PREA Office has a process to notify the resident. The policies further requires that following a resident's allegation that a staff member who has committed sexual abuse against the resident, the facility informs the resident unless the allegations are "unfounded" whenever the staff member is no longer posted within the resident's housing area; the staff member is no longer employed at the facility; Lenoir County Sheriff's Office (LCSO) notifies that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. With regard to investigations involving resident-on-resident allegations of sexual abuse, Lenoir County Sheriff's Office (LCSO) notifies the Facility Director who will then inform the resident whenever the facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.

Interviews with the facility investigator and the Youth Counselor Supervisor/PCM confirmed all investigation outcomes, whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation, are completed by the facility investigator and the documentation is maintained with the investigation. There have been no reported investigations that occurred in the past twelve (12) months containing a notification to the victim of the outcome of the investigation.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.376 (c)

- 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 No

115.376 (d)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 – Section 1.14 (Discipline) disciplinary sanctions up to and including termination for violating the facility's sexual abuse or harassment policies. The policy also mandates that the violation be reported to the DPS PREA Office and law enforcement if criminal in nature. All disciplinary sanctions are maintained in the employee's HR file in accordance with NCDPS policy and procedures. Termination is the presumptive sanction for staff who have engaged in sexual abuse. Additionally, staff may not

escape sanctions by resigning. Staff who resign because they would have been terminated are reported to the local law enforcement, unless the activities were not clearly criminal.

Interviews with the Facility Director, Program Assistant V and documentation review confirmed there had been no employee disciplined, terminated or resigned in the past twelve (12) months for violation of the facility's sexual abuse or sexual harassment policies. Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.377 (b)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 – Section 1.14 (Discipline) requires that volunteers and contractors in violation of the facility’s policies and procedures regarding sexual abuse and harassment of residents will be reported to DSS, OSI, DPS PREA Office and local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. Additionally, the policies requires the facility/YDC staff to take remedial measures and prohibit future contact with residents in the case of any violation of the facility’s sexual abuse and harassment policies by contractors or volunteers.

The Facility Director’s interview confirmed there were no instances or reports whereby a volunteer or contractor was alleged to have violated the sexual abuse or sexual harassment NCDPS policies and procedures in the past twelve (12) months. All volunteers and contractors must sign the “PREA Acknowledgement Form” upon completion of the PREA training they received. This was verified with the documentation review.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interview and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- 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 No

115.378 (b)

- 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 No
- 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 No
- 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 No
- 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 Worker? Yes No
- 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 No

115.378 (c)

- 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 No

115.378 (d)

- 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 No
- 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 No

115.378 (e)

- 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 No

115.378 (f)

- 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 No

115.378 (g)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 – Section 1.14 (Discipline); NCDPS Division of Juvenile Justice (DJJ) Detention Policy and Requirements and Procedures (R&P) Document reviewed and approved in July 2012 – Section 2.3 (Rules and Discipline); NCDPS DJJ Youth Development Center Policy and Requirements and Procedures (R & P) Document – Section 2 (R&P/YC 2: YDC Admission and Assessments) and NCDPS DJJ and Delinquency Prevention Abuse and Neglect Policy and Requirements and Procedures (R&P) Document – Section PS/YC 3.0 (Behavior Expectations) requires a resident who makes a report of resident-on-resident sexual violence or employee sexual misconduct or sexual harassment that is determined to be false, may be charged with sanctions pursuant to the behavior management program if it is determined the report was made in bad faith following consultation with the NCDPS PREA Coordinator. Residents shall not be charged for reports of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred. Such a report shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation.

Lenoir YDC's staff provides each resident with information that includes their rights and responsibilities, a disciplinary list of violations, disciplinary procedures and transfers. Residents will be offered therapy, counseling or other interventions designed to address and correct the underlining reasons for their conduct. Interviews with mental health staff confirmed crisis intervention and counseling are offered to residents. There have been no administrative or criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility in the past twelve (12) months. The Facility Director indicated that residents may also be referred for prosecution if the allegations were criminal.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interview and review of documentation, the facility has demonstrated compliance with this standard.

MEDICAL AND MENTAL CARE

Standard 115.381: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

- 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 No

115.381 (b)

- 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 No

115.381 (c)

- 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 No

115.381 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 – Section 1.10 (General Provisions) and NCDPS DACJJ Youth Development Center Policy and Requirements and Procedures (R&P) Document – Section 1.4 (Mental Health Services) require medical and mental health/substance abuse evaluations and as appropriate, treatment is offered to all residents victimized by sexual abuse and ensure confidentiality of information. Medical and mental health staff is required to notify residents at the initiation of services their duty to report, limitations of confidentiality, and must obtain informed consent from youth who are 18 years old or older before reporting information about the resident's prior sexual victimization that did not occur in an institutional

setting. Residents who report prior sexual victimization or disclose prior incidents of perpetrating sexual abuse, either in an institution or in the community, are required to be offered a follow-up with a medical or mental health practitioner within 14 days of admission/screening.

Documentation review confirmed Lenoir YDC's medical and mental health staff completes various admission screening forms (i.e. Healthcare Services Medical Screening Interview, MAYSI, Suicide Risk Screening, Healthcare Services Mental Health Consultation, and Healthcare Services Admission History and Physical Examination) during the initial intake process including informed consent disclosures. There were no residents who disclosed prior victimization during their initial screening process in the past twelve (12) months. Medical and mental health staff interviews confirmed that although there were no disclosures, all residents were offered follow-up meetings with medical and mental health providers. Medical staff provides residents with health education (including sexual abuse/assault) during the initial intake process and throughout their stay at the facility.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.382: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- 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 No

115.382 (b)

- 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 No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- 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 No

115.382 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 – Section 1.10 (General Provisions); Section 3.1 (First Response to Concerns of Sexual Abuse, Sexual Harassment and Voyeurism); NCDPS DACJJ Youth Development Center Policy and Requirements and Procedures (R&P) Document – Section 1.4 (Mental Health Services) and NC General Statute Chapter 15B (Victims Compensation Article 1 Crime Victim's Compensation Act) requires resident victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and unimpeded access to emergency medical treatment and crisis intervention services. The medical staff had a protocol in place to assist in expediting a resident to the emergency room with specific documentation for the staff.

Documentation and interviews confirmed UNC Lenoir County – Emergency Department (SAFE certified) provides the emergency and forensic medical examinations at no financial cost to the victim. SAFE in Lenoir County Domestic Violence and Sexual Abuse is the program identified to provide confidential emotional support services to the residents at the facility. The facility has available the NCDPS "Expect Respect" brochure that identifies for the residents to telephone the hotline number and postings of the PREA information (reporting resources). Also the facility has three (3) PREA Support Persons (PSP) that serve as an advocate to link services (community based advocates or mental health professionals) and provide confidential emotional support to residents who report sexual abuse and sexual harassment by another resident, staff member, contractor or volunteer.

Interviews with the medical and mental health staff confirmed that residents (victims) of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The medical staff indicated that services begin immediately upon notification of a victim of sexual abuse from the supervisor or any other staff to contact the hospital and medical practitioner. All notifications would be completed to the appropriate individuals and to follow the medical staff's directive regarding any forensic examination. The medical and mental health staff interviews indicated the scope of services is in accordance to their professional judgment, policy and any physician orders or protocols. All orders will be documented in the resident's medical/mental health record.

Also, the medical staff's interviews indicated that a referral could be made to the hospital to begin any sexually transmitted infection prophylaxis treatment/services and orders for follow-up services. Mental health services would begin when the victim is available once the forensic examination has been completed at the hospital. Mental health staff interviews indicated that they would see the victim no later than 24 hours of an incident, provide one-on-one counseling and make available outside emotional support services and follow-up care. The facility staff documents in their "Campus Life Daily" when a resident is transported to the emergency room or for any follow-up visits.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- 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 No

115.383 (b)

- 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 No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.383 (g)

- 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 No

115.383 (h)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 – Section 3.2 (Medical Evaluation and Forensic Mental Health Evaluation Following Allegations of Sexual Abuse, Sexual Harassment and/or Voyeurism) and Section 3.3 (Support of the Resident Post-Evaluation for Sexual Abuse, Sexual Harassment and/or Voyeurism) requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policies require the facilities to offer medical and mental health evaluations, transportation to a medical emergency room or a facility in the community that is equipped to evaluate, collect physical evidence and appropriate follow-up treatment that may include screening, including follow-up care for sexually transmitted diseases and other communicable diseases and any other counseling or assistance as requested.

Victims of sexual abuse will be transported to UNC Lenoir County – Emergency Department to receive treatment and the physical evidence can be gathered by a certified SANE medical examiner. There is a process in place to ensure medical and mental health staff track on-going medical and mental health services for victims who may have been sexually abused. The medical and mental health staff have a protocol (Medical/Mental Health Discharge Summary and Mental Health Request Referral form) in place to assist residents and their families upon discharge from the facility to continue services if needed. Documentation review confirmed there have been no investigations of alleged resident's sexual abuse that occurred in this facility in the past twelve (12) months

Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- 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 No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (d)

- 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 No
- 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 No
- 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 No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- 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 No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 – Section 1.9 [PREA Compliance Manager (PCM)] and Section 2.3 (Investigations) and NCDPS Sexual Abuse & Harassment Coordinated Response Overview requires a PREA Post Incident Review of every sexual abuse allegation at the conclusion of all investigations, except those determined to be unfounded within thirty (30) days.

Lenoir YDC's Sexual Abuse Incident Review Team consists of the Facility Director, Assistant Facility Director, Youth Counselor Supervisor/PREA Compliance Manager, chaplain, medical and mental health representatives and assigned PSP staff. Documentation and staff interviews confirmed they would document their review on the "PREA Post Incident Review" form that captures all aspects of an incident that include: brief chronological summary, acknowledgment of what went well during the incident, whether the incident response/action was in compliance with relevant NCDPS rules, policies, and procedures, corrective actions taken or still needed to improve outcomes in future similar incidents, policy changes, motivation of the incident, physical barriers, monitoring technology, medical and mental health services provided, outcome of the investigation/corrective actions, and resident notification of investigation outcome.

Lenoir YDC's Facility Director reported there has been no investigations of alleged staff's or resident's sexual abuse that occurred in this facility in the past twelve (12) months. Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- 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 No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.387 (c)

- 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 No

115.387 (d)

- 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 No

115.387 (e)

- 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.) Yes No NA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 – Section 1.10 (General Provisions) requires the collection of accurate, uniform data for every allegation of sexual abuse annually. The Facility Superintendent/Director inputs information into the TROI system and the NCDPS PREA Director obtains the data from this system relating to PREA. The NCDPS PREA Director implemented a data collection protocol and collects all data relating to PREA from the TROI system. Requires information gathered to include information that answers, at a minimum, the Department of Justice Survey of Sexual Violence (DOJ-SSV). Requires the agency maintain, review and collect data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. Requires the collection of same information from private agencies with whom it contracts for the confinement of its residents. Requires the NCDPS PREA Director to collect all necessary reports and information from completed investigations as required by the DOJ-SSV. Requires the annual submission to the BJS that includes SSV information and make this available no later than June 30 of each year.

An interview with NCDPS PREA Director/PREA Coordinator reported she gathers the PREA related data information from the facilities and completes the DOJ-SSV as request. She maintains all related data and document information as required by policy and procedure. An annual report is created and addresses all the information reported in the calendar year. A review of the 2017 NCDPS annual report was detailed, comprehensive and identified all state facilities within the North Carolina Department of Public Safety Prisons.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interview and review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- 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 No
- 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 No

- 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 No

115.388 (b)

- 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 No

115.388 (c)

- 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 No

115.388 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 – Section 1.10 (General Provisions) requires the NCDPS to collect and review data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training by identifying problem areas, taking on-going corrective action and preparing an annual report of its findings for individual facilities and the agency as a whole. Requires the report to include comparison data and corrective actions from prior years and allows the redaction of specific material and an indication of the material redacted. Requires the report is approved by the NCDPS Secretary and made public.

A review of the 2017 NCDPS annual report was detailed, comprehensive and identified all state facilities within the North Carolina Department of Public Safety. The report was approved by both the NCDPS Secretary and the NCDPS PREA Director/PREA Coordinator. The report is available to the public on the NCDPS website. Based on the review of the agency policy and procedures, observations and information obtained through the review of documentation, the facility has demonstrated compliance with this standard.

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (b)

- 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 No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.389 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of the North Carolina Department of Public Safety Prisons (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Deputy Secretary of Juvenile Justice in September 2013 – Section 1.10 (General Provisions) requires that the NCDPS shall ensure that data collected of allegations of sexual abuse is securely retained, and makes information readily available to the public through an annual report on its website. Requires that before making the report public, the NCDPS shall remove all personal identifies. Requires the NCDPS to maintain this information for at least 10 years after the date of initial collection unless Federal, State or local law requires otherwise. Also, NCDPS has a data collection retention schedule that identifies the completion of ten (10) years and then to be destroyed.

An interview with NCDPS PREA Director confirmed that data is collected and securely retained for a minimum of ten (10) years. A review of the 2017 annual report confirmed there were no personal identifiers within the document. Based on the review of the agency policy and procedures, observations and information obtained through the staff interview and review of documentation, the facility has demonstrated compliance with this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This auditor reviewed the North Carolina Department of Public Safety Prisons web page at <https://www.ncdps.gov/Adult-Corrections/Prison-Rape-Elimination-Act> containing the sixty-four (64) audit reports for PREA audits completed from January 2015 through December 2016. One third of each facility type operated by this Agency was completed during the first PREA review cycle in accordance with the standard. Sixty-nine (69) facilities (55 prisons, 10 juvenile and 4 adult community confinement) have been scheduled for the second PREA review cycle. This facility is one of the facilities scheduled for the third year of the second PREA review cycle. This auditor had access to the entire facility and was able to conduct staff and resident interviews in a private room and provided with documentation in accordance to the standard. Residents were permitted to send confidential information or correspondence to this auditor, the same method as sending to their legal counsel. Posters (pre-audit notices) for communicating to the auditor were in all areas of the facility

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the

case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This auditor reviewed the North Carolina Department of Public Safety Prisons web page at <https://www.ncdps.gov/Adult-Corrections/Prison-Rape-Elimination-Act> containing the sixty-four (64) PREA Final Reports that were audited for the previous three years and published within 90 days after the final report was issued by the auditor. Also, twenty-six (26) PREA Final Reports that were audited for the first year of the second cycle and published within 90 days after the final report was issued by the auditor. Twenty-five (25) PREA Final Reports that were audited for the second year of the second cycle and published within 90 days after the final report was issued by the auditor.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Dorothy Xanos _____

April 21, 2019 _____

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.