

PREA AUDIT REPORT INTERIM FINAL

JUVENILE FACILITIES

Date of report: 4/7/17

Auditor Information			
Auditor name: Dorothy Xanos			
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Telephone number: (813) 918-1088			
Date of facility visit: February 21-22, 2017			
Facility Information			
Facility name: New Hanover Juvenile Detention Center			
Facility physical address: 3830 Juvenile Center Rd., Castle Hayne, North Carolina 28429			
Facility mailing address: (if different from above)			
Facility telephone number: (910) 675-0594			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Jeff Fritz			
Number of staff assigned to the facility in the last 12 months: 26			
Designed facility capacity: 18			
Current population of facility: 9			
Facility security levels/inmate custody levels: Secure			
Age range of the population: 9-18			
Name of PREA Compliance Manager: Elderwin Reed		Title: Counselor Supervisor	
Email address: elderwin.reed@ncdps.gov		Telephone number: (910) 675-0594	
Agency Information			
Name of agency: North Carolina Department of Public Safety			
Governing authority or parent agency: (if applicable)			
Physical address: 512 N. Salisbury Street, Raleigh, North Carolina 27604			
Mailing address: (if different from above)			
Telephone number: (919) 825-2754			
Agency Chief Executive Officer			
Name: Erik A. Hooks		Title: NCDPS Secretary	
Email address: erik.hooks@ncdps.gov		Telephone number: (919) 825-2754	
Agency-Wide PREA Coordinator			
Name: Jordan-Williams, Charlotte		Title: PREA Director	
Email address: charlotte.williams@ncdps.gov		Telephone number: (919) 825-2754	

AUDIT FINDINGS

NARRATIVE

New Hanover Juvenile Detention Center (New Hanover JDC) is an eighteen (18) bed secure detention facility for male and female residents governed by North Carolina Department of Public Safety (NCDPS). The detention center was built in 1972, located in Castle Hayne, North Carolina serving residents from the surrounding counties. New Hanover JDC provides short term care for juveniles pending adjudication and/or disposition and commitment by the court or who are pending committed placements to a youth development center or have been apprehended as a result of a Security Custody Order. The average age is between 9-18 years old although juvenile jurisdiction could remain until the age of 21 and the average length of stay is ten (10) days. There were nine (9) male and female residents at the detention center at the time of the review.

The facility is staffed with twenty-six (26) full-time and part-time employees. The certified staff consisted of: Facility Director; (2) Center Supervisors; Human Services Coordinator; (17) Youth Counselor Technician and (5) non-certified staff (Administrative Assistant; Lead Teacher; Teacher's aide and (2) Food Service Staff).

The medical services consists of a contracted licensed registered nurse providing nursing services three (3) times per week (7am-4pm), available 24/7, and a contracted on-call physician's assistant once per week. The facility has contracts with the local hospital for 24 hour emergency services. 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. There are two (2) licensed contracted mental health clinicians that come to the detention center on an as needed basis to screen for suicide risk in new admissions and for one-on-one counseling with the residents.

The educational department consists of a lead teacher and teacher's aid providing educational services licensed by the N.C. Department of Public Instruction. Following required State law all educational staff in "licensed" positions holds the appropriate licensure for their subject(s), grade level(s) or professional assignment(s). Upon arrival to the detention center each resident under goes a series of pre-tests to determine their level of performance and then given assignments based on the results of the pre-tests. The residents participate in an individual education program that is designed for them. The detention facility provides an educational program during the week in order for residents to maintain their grades and the continuity of care upon return to their community schools. 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. Special Education services are offered to residents who qualify and counseling services are offered to all residents. During the school day, residents participate in a one hour structured physical activity which is led by a detention staff member. If a resident prefers not to participate in the physical activity they may go to their room during that time without a consequence. The school program offers substance abuse education which is provided to the residents once a week on Thursdays for approximately an hour and a half. It is taught by a certified substance abuse counselor through Coastal Horizons Center.

New Hanover JDC provides religious programming, including bible studies and church services several times during the week and the resident's participation is optional. Church services are scheduled every Sunday evening provided by the Chaplains or a local church (Wesley Memorial Church) and bible studies are scheduled throughout the week. The detention center has volunteers from Save Our Kids Outreach and Biker Prison Ministry, who work with multiple facilities around the North Carolina area.

Additionally, Paws4People, a non-profit organization provides service dogs to veterans and those with special needs holds a program with the residents each week. The volunteers bring puppies that are in need of socialization and older dogs that the residents can work with to learn about the training process and is often used to encourage good behavior throughout the week. Other programming provided once a month consisted of the following providers: New Hanover County Health Department and Rape Crisis Center of Coastal Horizons. The health department's program focuses on sexual health and the Rape Crisis Center's program focus is healthy relationships and dating practices.

DESCRIPTION OF FACILITY CHARACTERISTICS

New Hanover Juvenile Detention Center (New Hanover JDC) is located in Castle Hayne, North Carolina and was built in 1972. The detention center was designed and has the capacity for eighteen (18) male and female residents. The detention center's physical plant is a single story building with a fenced secured area and an outdoor recreation area. Adjacent to the building is a small separate building with an office and bathroom, three (3) storage sheds and the New Hanover County EMS unit. The outdoor recreation area has a basketball court with picnic benches and residents have the capability to quietly read in their rooms if not interested in an outdoor activity. The detention center has a secure entrance/lobby area with administrative and offices, control room, large multipurpose (activity/classroom) area surrounded by eighteen (18) single cell rooms, two (2) bathroom/shower areas, a full kitchen, dining area, laundry and storage area and four (4) single isolation cells. The open floor plan has little to no blind spots and all areas are easily monitored by the control room except for the bathroom/shower areas. The food personnel staff at the detention center provides each resident with hot home cooked meals and plenty of snacks on a daily basis.

SUMMARY OF AUDIT FINDINGS

The notification of the on-site audit was posted by January 10, 2017, six weeks prior to the date of the on-site audit. The posting of the notices was verified during the tour and verified by photographs received on the USB flash drive from the Facility Director. The photographs indicated notices were posted in various locations throughout the facility including the front entrance to the detention center, hallway through administration area, and multi-purpose/activity/classroom area. This auditor did not receive any communications from the staff or the residents as a result of the posted notices. The Pre-Audit Questionnaire, policies, procedures, and supporting documentation were received by January 24, 2017. The documents, which were uploaded to a USB flash drive, were organized and easy to navigate. The initial review revealed the need for additional information in regard to the Pre-Audit Questionnaire and supporting documentation which did not sufficiently address some of the standards. After a discussion with the Facility Director, Center Supervisor/PREA Compliance Manager, and Human Resources Coordinator and providing a list of noted concerns, the Center Supervisor/PREA Compliance Manager sent the documentation prior to arrival to the detention center. Also several documents were provided during the on-site visit. Specific corrective actions during the on-site visit taken to address some of the deficiencies are summarized in this report under the related standards.

The on-site audit was conducted on January 21-22, 2017. An entrance briefing was conducted with Facility Director, Center Supervisor, Center Supervisor/PREA Compliance Manager, and Human Resources Coordinator. During the briefing, it was explained the audit process and a tentative schedule for the two (2) days to include conducting interviews with the staff and residents and reviewing the documentation. A complete guided tour of the detention center was conducted including the secure lobby area, administrative area with several offices, kitchen and pantry, dining room, activity/classroom area, library area, outdoor recreation area, laundry/storage area, and eighteen (18) single cells. Also, there is a small separate building with an office and bathroom and three (3) storage sheds located adjacent to the detention center. During the tour, residents were observed to be under constant supervision of the staff while involved in various activities. The detention center was clean well maintained and it was obvious staff took pride in their working area. 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 against sexual abuse and harassment and to call the victim advocate. Cameras and video surveillance system enhance their capabilities to assist in monitoring blind spots and the review of incidents. There are cameras installed in several areas throughout the facility. There were no cameras installed in the resident's rooms or shower/toileting area so residents are not seen on the surveillance system while showering or toileting, but can be viewed by same sex staff as they supervise the shower area. During the tour, it was observed both shower/toilet areas did allow for privacy. Also each resident's bedroom had a privacy flap for their window that allowed for privacy.

During the two (2) day on-site visit, there were a total of nine (9) residents in the facility. All nine (9) residents were selected for the interview process. 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, family member, and the hot line. The community victims' advocacy service and telephone number is available to the residents. There is evidence of New Hanover JDC's Facility Director obtaining a Memorandum of Understanding to provide confidential emotional support to residents who are victims of sexual abuse and forensic exams at the detention center. The Rape Crisis Center of Coastal Horizons is the program identified to provide the victim advocacy services for the residents at the detention center. New Hanover Regional Medical Center (SANE certified) provides the emergency and forensic medical examinations at no financial cost to the victim. Twenty-three (23) staff including those from all three (3) shifts, supervisory staff, volunteer, contracted staff (teacher), medical, mental health and substance abuse staff, Facility Director, Center Supervisor, Center Supervisor/PREA Compliance Manager, and Human Resources Coordinator were interviewed during the on-site visit. 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 NCDPS Director of Facility Operations, NCDPS Assistant Director of Facility Operations, Facility Director, Center Supervisor, Center Supervisor/PREA Compliance Manager, and Human Resources Coordinator. At the exit debriefing, it was discussed additional documentation was required for five (5) 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 the detention facility's Center Supervisor/PREA Compliance Manager prior to the submission of this report. This auditor reviewed all requested information and this facility is in full compliance with the PREA Standards.

Number of standards exceeded: 2

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 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 approaches of sexual abuse and harassment, including the definitions of prohibited behaviors as well as sanctions for 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 Office of PREA Administration has also required each facility administrator statewide to designate at their facility a primary and an alternate PREA Compliance Manager. 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.

NC Department of Public Safety has a designated PREA Coordinator, her official title is PREA Director and reports directly to the General Counsel, NCDPS. 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 seventy (70) facilities with the support of the Department. New Hanover JDC's Facility Director completed an updated memorandum on August 16, 2016 to the NCDPS Office of PREA Administration, his designation of both Center Supervisors as his primary and alternate PREA Compliance Managers. New Hanover JDC's PREA Compliance Manager during his interview indicated he had sufficient time and authority to develop, implement and oversee the detention center's PREA compliance efforts to comply with the PREA standards. Additionally, he has created a PREA Reference Binder that is located in their control area containing the policy and reporting process for the detention staff. It was evident during the detention staff interviews, detention staff had been trained and were knowledgeable of NCDPS Sexual Abuse and Harassment Policy and R&P Document including all aspects of sexual abuse and sexual harassment in accordance with the requirements.

Standard 115.312 Contracting with other entities for the confinement of residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The documentation reviewed indicated that the North Carolina Department of Public Safety (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 detention center.

Standard 115.313 Supervision and monitoring

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 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. Additionally, the policies contained information identifying the facility shall comply with staffing requirements including exigent circumstances and supervisory staff conducting unannounced rounds during all shifts. According to the policy, New Hanover JDC's staff-to-youth ratios is identified as 1:8 during the resident waking hours and 1:16 during resident sleeping hours. New Hanover JDC's staffing plan was developed, implemented and approved in January 2016 and in compliance with the standard. An interview with the Facility Director and the documentation confirmed on a monthly basis there is a review of the detention center's staffing plan.

During the initial documentation review, the detention center did not report deviations from the staffing plan during the past twelve (12) months, however, the detention center's staff-to-resident ratios varied due to the fluxuation of the resident population during the awake and sleep hours in the housing area. In most instances during the past twelve (12) months, the detention center exceeded the minimum requirements of 1:8 during the resident waking hours and 1:16 during resident sleeping hours. Minimum staff ratios are always maintained, the detention center has a mechanism in place for call outs and staff volunteer to stay over if needed. New Hanover JDC is a secure detention center and utilizes constant video and staff monitoring to protect the residents from sexual abuse and harassment. The Facility Director and both Center Supervisors conduct and document unannounced rounds on all shifts and in all areas of the detention center to monitor and deter staff sexual abuse and harassment on a quarterly basis. All unannounced rounds are documented in the log books and an email is sent to the Facility Director that contains information and observations of all areas of the detention center. The documentation, Facility Director and staff interviews confirmed the process takes place in the detention center. After the on-site visit, the practice of the detention center conducting unannounced rounds on all shifts has been changed to a monthly basis in accordance with NCDPS policy and procedures. The New Hanover JDC's Center Supervisor/ PREA Compliance Manager sent the documentation to this auditor prior to the submission of this report. The information was reviewed by this auditor and the detention center is in full compliance with this standard.

Standard 115.315 Limits to cross-gender viewing and searches

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 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 dorm areas, and prohibiting the search of a transgender or intersex resident solely for the purpose of determining the resident’s genital status. Additionally, the Office of PREA Administration 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 to 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. A review of the training documentation and detention staff interviews confirmed the training on pat down searches, cross-gender pat searches and searches of transgender and intersex residents, and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents.

Most residents stated that they had never been searched by a detention staff member of the opposite sex nor had they ever seen a detention staff conduct a cross gender pat down search. Most detention staff and residents interviews indicated that both male and female staff entering the activity/classroom area consistently announce themselves. Detention 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. There have been no cross-gender pat down searches, cross-gender strip or cross-gender visual body cavity searches of residents 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 in the past twelve (12) months. All detention staff were able to describe what an exigent circumstance would be and in most instances were knowledgeable of the procedures for securing authorization to conduct such a search as well as the requirements for justifying and documenting those searches. Most detention staff interviews could identify the NCDPS policy on prohibiting staff from searching or physically examining a transgender or intersex resident for purpose of determining that resident’s genital status.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 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 Telephonic Interpreting 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 DJJ pamphlet “Expect Respect: Your Safety in Juvenile Justice” and JJ Rack Card are provided to the residents and is available in both English and Spanish. During the intake process, the staff complete a form called “NHJDC PREA Exceptional Children Identification Form” that provides teachers with additional information (i.e. disabilities, non English speaking students) about each resident. The teachers could provide residents with disabilities with various services on an as needed basis. Detention staff training documentation including the Juvenile Educator Manual and NCDPS DJJ pamphlet contained information on providing appropriate explanations regarding PREA to residents based upon the individual needs of the youth. Some detention staff and resident interviews confirmed the detention center does not use resident assistants and there were no instances of resident interpreters or readers being used in the past 12 months to report sexual abuse or sexual harassment. After the on-site visit, all detention staff were re-trained on interpreter services provided at the detention center and the process on how to obtain these services. The New Hanover JDC’s Center Supervisor/ PREA Compliance Manager sent the documentation to this auditor prior to submission of this report. The information was reviewed by this auditor and the detention center is in compliance with this standard.

Standard 115.317 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- 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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The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 2013 and the Administrative Memorandum & Addendum dated 10-2013 from the Office of PREA Administration contained all the elements required by this standard and all background checks are conducted initially on new employees, current and promotion decisions of employees and contractors. 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. A sampled review of detention 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 and the PREA Notice and Information Collection for Current Employees) that are completed during the hiring process. The HR staff send the criminal background information to their Central Office and receive 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. The Administrative Service Assistant V's interview and documentation confirmed the detention staff hired had documented criminal background checks and the questions regarding past conduct were asked and responded to during the hiring process. Additionally, volunteer and contractors who have contact with residents have documented criminal background checks.

Standard 115.318 Upgrades to facilities and technologies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

New Hanover JDC has not been newly designed or had a substantial expansion or modification since August 20, 2012. There was an update to the electronic surveillance system in June 2015. This will enhance their capabilities of monitoring residents during sleeping hours. During the tour, cameras were observed throughout the detention center and the Facility Director brought up the video surveillance system on his 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 detention staff to monitor residents more efficiently throughout the physical plant of the detention center.

Standard 115.321 Evidence protocol and forensic medical examinations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 2013 – Section 2.1 (Reporting, Sexual Abuse and Harassment) and NC General Statute Chapter 15B (Victims Compensation Article 1 Crime Victim's Compensation Act) contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency based upon the victim's age. Additionally, policies requires protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to child abuse investigative agencies. Documentation and staff interviews confirmed New Hanover County Sheriff's Department (NHCS) and Department of Social Services (DSS) conducts the criminal investigations and administrative investigations of allegations of sexual abuse and sexual harassment for residents under the age of 18 and they receive reports through their hotline. 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 the New Hanover JDC's Facility Director obtaining a Memorandum of Understanding from Rape Crisis Center of Coastal Horizons to provide confidential emotional support to residents who are victims of sexual abuse at the detention center. New Hanover Regional Medical Center (SANE) provides the emergency and forensic medical examinations at no financial cost to the victim. Additionally, the Office of PREA Administration 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 support to residents who report sexual abuse and sexual harassment by another resident, staff member, contractor or volunteer. The Facility Director has designated four (4) detention staff for this role and completed the required form (OPA-A18) on July 12, 2016. These individuals are screened for appropriateness to serve as a victim advocate and receive specialized training. Detention staff interviews and training documentation confirmed the PSP individuals and their role in the detention center.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 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 Department of Social Services (DSS) for

investigation and determination of child abuse and New Hanover County Sheriff's Department (NHCSA) for the determination of criminal charges. Staff refer all allegations of sexual abuse and sexual harassment to the Central Office and the Office of PREA Administration 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 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 and the hotline information on how to report.

New Hanover JDC had received no allegations of sexual abuse and sexual harassment resulting in a criminal investigation and/or an administrative investigation. All detention staff interviews reflected and confirmed their knowledge on the reporting and 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, sexual harassment and sexual misconduct. After the on-site visit, all detention staff were re-trained on who conducts the administrative and criminal investigations in response to an allegation of sexual abuse, sexual harassment and sexual misconduct. The New Hanover JDC's Center Supervisor/ PREA Compliance Manager sent the documentation to this auditor prior to submission of this report. The information was reviewed by this auditor and the detention center is in full compliance with this standard.

Standard 115.331 Employee training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 2013 – Section 1.4 (Employee Training) requires an indepth 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. Also, the staff receive training on professional and ethical boundaries (Daily Dozen) relating not only to PREA but to their role as an employee. The staff training documentation and staff interviews confirmed staff receives PREA training during initial training and during refresher training. All employees are trained as new hires regardless of their previous experience. 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. A review of all detention staff and training education forms as well as detention staff interviews confirmed that detention staff are receiving their required PREA training. Detention staff interviews confirmed their comprehension of the PREA training and their obligation to report any allegation of the sexual abuse and/or sexual harassment. Additionally, all employees receive training during monthly staff meetings. Employee training records are maintained electronically and certain training documents (NCDPS Human Resources On Boarding Checklist form and PREA Acknowledgement Form) are maintained in their personnel file.

Standard 115.332 Volunteer and contractor training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 2013 – Section 1.5 (Training for Volunteers, Custodial Agents, Contractors, and Other Persons Providing Services to Residents) requires volunteers, interns and contractors who have contact with residents to receive indepth PREA training. 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 confirmed they are aware of the detention center's requirement for confidentiality and their duty to report any incidents of sexual abuse and/or sexual harassment. Interviews with a teacher and a volunteer confirmed their knowledge of the PREA training.

Standard 115.333 Resident education

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 2013 – Section 1.6 (Resident Education) requires 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 detention staff provides the residents with this information immediately upon arrival during their initial intake and orientation process. During the initial intake, the assigned detention staff utilizes the Juvenile Educator Manual and reviews this detailed information verbally with the resident and the resident signs the “Juvenile PREA Education Acknowledgement” form verifying receipt for all information regarding orientation to the detention center. Documentation of resident's signatures were reviewed and confirmed during resident interviews. Residents are provided a NCDPS brochure which includes information on prevention/intervention, self-protection, reporting and treatment/counseling and is available in Spanish for future reference. Most residents interviewed stated they received this information the same day they arrived at the detention center and identified the receipt of the pamphlet. The detention 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.

Standard 115.334 Specialized training: Investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 2013 – Section 2.3 (Investigations) requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment and requires staff to refer all alleged incidents of sexual abuse or sexual harassment to New Hanover County Sheriff’s Department (NHCSO) for criminal investigations and the Office of PREA Administration and Department of Social Services (DSS) for administrative investigations. All investigators under go an extensive training prior to conducting administrative investigations which includes the NCDPS PREA Specialized Training: Investigating Sexual Abuse and Sexual Harassment. The detention center’s PREA investigators when assigned conduct administrative investigations. There are three (3) staff at the detention center who have completed the NCDPS PREA Specialized Training: Investigating Sexual Abuse and Sexual Harassment. Documentation was reviewed and in compliance with the PREA requirements for specialized training for investigators who investigate allegations of sexual abuse and sexual harassment in confinement.

Standard 115.335 Specialized training: Medical and mental health care

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 2013 – Section 1.7 (Specialized Medical/Mental Health Provider Training) requires PREA training and specialized training for medical and mental health staff. It was evident through the medical, mental health and substance abuse staff interviews they had received the basic PREA training provided to all staff and the specialized training offered by NCDPS (Preventing, Detecting, and Responding to Sexual Abuse of Youth in Confinement: The Role of the Mental Health Clinician). All five (5) medical, mental health and substance abuse staff signed the “Medical & Mental Health Care PREA Training Acknowledgement” form to acknowledge they received the training and understand their responsibilities in the event of an incident. The medical staff do not conduct forensic examinations.

Standard 115.341 Screening for risk of victimization and abusiveness

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 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 within 72 hours. All residents are screened within twenty-four hours upon arrival at the detention center to determine placement and their special needs. Those residents who score vulnerable to victim or sexually aggressive are included into their alert system, as well as receiving further assessments, as identified. NCDPS “Admission and Placement Screening” form, medical and mental health assessment and various other forms are used in combination with information about

personal history, medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files. Also, during the intake process, the staff complete a form called “NHJDC PREA Exceptional Children Identification Form” that provides teachers with additional information (i.e. disabilities, non English speaking students) about each resident. Residents are reassessed within thirty (30) days of their arrival and throughout their stay at the detention center. The detention center’s policies limits staff access to this information on a “need to know basis”. Detention staff interviews confirmed a screening is completed on each resident upon admission to the detention center. Residents reporting prior victimization, according to detention staff, are referred immediately for a follow-up with medical or mental health personnel. Although there have been no transgender or intersex residents admitted to the detention center within the past twelve (12) months, staff were aware of giving consideration for the resident’s own views of their safety in placement and programming assignments. Some resident interviews and the documentation revealed that risk screenings are being conducted on the same day as the admission. However, residents could not remember the questions during the intake process 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. After the on-site visit, it was determined to update the resident admission and orientation process to include the required questions as part of reviewing the PREA information verbally to the residents. The New Hanover JDC’s Center Supervisor/ PREA Compliance Manager sent the documentation to this auditor prior to the submission of this report. The information was reviewed by this auditor and the detention center is in full compliance with this standard.

Standard 115.342 Use of screening information

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 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 DJJ Youth Development Center Policy and Requirements and Procedures (R&P) Document – Section 2 (R&P/YC 2: YDC Admissions and Assessments) and NCDPS DJJ 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 policy describes 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 detention staff utilize 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. Also, the detention staff determine placement of residents in a specific sleeping assignment according to their risk level (low, medium or high). The detention staff interviews described how information is derived from the various forms and the initial medical and mental health/substance abuse screening forms to determine placement and risk level. There are eighteen (18) single cells with two (2) separate bathroom/shower areas, one is for male residents and the other one is for female residents. Additionally, there are four (4) isolation cells with cameras and two (2) of the eighteen (18) single cells have cameras that can be used for suicide watch. Isolation is not utilized at the detention center as a means of protective custody.

Standard 115.351 Resident reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 2013 – Section 2.1 (Reporting Sexual Abuse and Sexual Harassment) and NCDPS DJJ and Delinquency Prevention Abuse and Neglect Policy and Requirements and Procedures (R&P) Document – Section 1.7 (Availability for Reporting Mechanisms in a Facility) provides 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 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 pamphlet. Resident interviews indicated several ways to report sexual abuse and sexual harassment by telephoning the hotline, speak with a staff they trust or third party. Some residents identified the grievance box as a means to report sexual abuse and sexual harassment. Most resident and detention staff interviews along with the resident's pamphlet and supporting documentation verified compliance with this standard.

Standard 115.352 Exhaustion of administrative remedies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 2013 – Section 1.16 (Grievance Process) and NCDPS DJJ 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 harassment. Residents may place a written grievance or complaint in the locked grievance box located in activity/classroom area of the detention center. The detention center has a multi-layered grievance process enabling timely response and layers of review. The policies and procedures describe an unimpeded process. 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. Some 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 grievance box. Residents indicated they would contact a trusted detention staff or telephone the hotline in relation to sexual abuse or sexual harassment complaints. There have been no grievances relating to sexual abuse or sexual harassment received in the past 12 months.

Standard 115.353 Resident access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 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 outside confidential support services, legal counsel and parent/guardian. NCDPS continues to collaborate with NCCASA (North Carolina Coalition Against Sexual Abuse) to establish advocacy services, education and training statewide. There is evidence of New Hanover JDC's Facility Director obtaining a Memorandum of Understanding from Rape Crisis Center of Coastal Horizons to provide confidential emotional support to residents who are victims of sexual abuse at the facility. New Hanover Regional Medical Center (SANE) provides the emergency and forensic medical examinations at no financial cost to the victim. There have been no calls from residents to outside services in the past twelve (12) months. 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 detention center provides weekly calls to parents/legal guardians, provides for the toll free hotline to report sexual abuse, permits parental/legal guardians visitation, and letter writing to parents/ legal guardians. The detention center's minimal postings contained limited information of the outside services. Resident interviews revealed knowledge of how to access outside services but limited knowledge of what kind of services are provided to them. The detention staff will be providing additional education to future residents on victim advocate services during their orientation process and the postings have been updated to include information of the outside sources. The New Hanover JDC's Center Supervisor/ PREA Compliance Manager sent the documentation to this auditor prior to the submission of this report. The information was reviewed by this auditor and the detention center is in full compliance with this standard.

Standard 115.354 Third-party reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 2013 – Section 2.1 (Reporting Sexual Abuse and Sexual Harassment) identifies the Department's third party reporting process and instruct staff to accept third party reports. NCDPS website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. 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. The detention staff provides the parent/guardian with a packet containing varied forms, victim advocate services and third-party reporting information. Resident interviews confirmed their awareness of reporting sexual abuse or harassment to others outside of the detention center including access to their parent(s)/legal guardian(s) and attorney. Additionally, they are instructed to report allegations of sexual abuse and sexual harassment to a trusted adult, parent/legal guardian, and/or attorney. All detention staff interviews were able to describe how reports may be made by third parties.

Standard 115.361 Staff and agency reporting duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial 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 2.1 (Reporting Sexual Abuse and Sexual Harassment) and NCDPS DJJ 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. All detention staff are mandated reporters and random staff interviews confirmed the detention center's compliance with this standard. All detention staff receive information on clear steps on how to report sexual misconduct and to maintain confidentiality through the detention center protocol and/or training. The detention staff would complete an incident report with the details of any incidents that would occur in the detention center in compliance with this standard. Additionally, interviews with medical, mental health, and substance abuse staff confirmed their responsibility to inform residents under 18 years old of their duty to report and limitations of confidentiality.

Standard 115.362 Agency protection duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial 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 3.1 (First Response to Concerns of Sexual Abuse, Sexual Harassment and Voyeurism) and NCDPS DJJ 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 to 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. Documentation and interviews with the Facility Director and other random selected detention staff were able to articulate, without hesitation, the expectations and requirements of the policies and PREA Standards, upon becoming aware that a resident may be subject to a substantial risk of imminent sexual abuse. Detention 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 detention center and none had ever reported to staff that they were at substantial risk of imminent sexual abuse.

Standard 115.363 Reporting to other confinement facilities

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial 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 1.11 (Allegation of Juvenile Sexual Abuse or Sexual Harassment at Former Center) requires the Facility/Detention Director, upon receiving an allegation that a resident was sexually abused while confined at another facility, to notify the head of the other facility where the alleged abuse occurred and to report it in accordance with NCDPS policies and procedures. The Facility Director has received no allegations that a resident was abused while confined at another facility nor were there any allegations received from another facility during the past twelve (12) months.

Standard 115.364 Staff first responder duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial 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 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. There have been no allegations of sexual abuse during the past twelve (12) months. Random detention staff and first responder interviews validated their technical knowledge of actions to be taken upon learning that a resident was sexually abused. Also, every interviewed detention staff, without hesitation, described actions they would take immediately and these steps were all consistent with NCDPS policies and procedures. It was evident that detention staff have been trained in their responsibilities as first responders.

Standard 115.365 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial 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 3 (Youth Development Center and Detention Center Sexual Abuse and Sexual Harassment Policy); NCDPS Sexual Abuse & Harassment Coordinated Response Overview and New Hanover JDC's Sexual Abuse Institutional Response Plan provides a written coordinated response system to coordinate actions taken in response to an incident of sexual assault among staff first responders, administration, executive staff and contacting medical and mental health outside sources. New Hanover JDC's detention staff have 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 DSS and law enforcement, victim advocate services, & parent/guardian and a number of other individuals. Interviews with the Facility Director and other detention staff validated their technical knowledgeable of their duties in response to a sexual assault.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

North Carolina Department of Public Safety (NCDPS) does not engage in the collective bargaining process regarding any violation of departmental policy regarding PREA, therefore this standard is not applicable.

Standard 115.367 Agency protection against retaliation

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial 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 1.8 (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 prohibits 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. The Facility Director is responsible with overseeing the monitoring of the conduct or treatment of residents or detention 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. He 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, detention staff member, contractor or volunteer. The Facility Director has designated four (4) detention staff for this role and completed the required form (OPA-A18). These individuals are screened for appropriateness to serve as a victim advocate and receive specialized training. Detention staff interviews and training documentation confirmed the PSP individuals and their role in the detention center. The PSP individuals will be completing several forms depending on whether it is a detention 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 in the past twelve (12) months.

Standard 115.368 Post-allegation protective custody

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial 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 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 detention center restricts any isolation placement, however, New Hanover JDC has the capabilities to provide protective housing for a resident as a last resort. No residents who have alleged sexual abuse in the past twelve (12) months were secluded or isolated from the other residents. The residents would be placed in another facility or detention staff would be placed on "no contact with resident."

Standard 115.371 Criminal and administrative agency investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial 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 2.3 (Investigations) and NCDPS Sexual Abuse & Harassment Coordinated Response Overview require staff to refer all alleged incidents of sexual abuse, harassment or misconduct to the Department of Social Services (DSS) for investigation and determination of child abuse and New Hanover County Sheriff’s Department (NHCS) for the determination of criminal charges. Detention staff refer all allegations of sexual abuse and harassment to the Central Office and the Office of PREA Administration for completion of an administrative investigation. Additionally, the detention center’s PREA investigators could be assigned to conduct the administrative investigation. There have been no reported investigations that appeared to be criminal and referred for prosecution of alleged detention staff’s or residents inappropriate sexual behavior that occurred in this detention center in the past twelve (12) months. It was evident, the detention staff reported incidents as required and reports are maintained for as long as the alleged abuser is incarcerated or employed by the detention center, plus 5 years unless the abuse was committed by a juvenile and applicable laws require a shorter period of retention.

Standard 115.372 Evidentiary standard for administrative investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial 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 2.3 (Investigations) contains all the elements of the standard. Department of Social Services (DSS) and Office of PREA Administration investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof 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 detention center and to the Central Office and the Office of PREA Administration for consultation with legal and human resources to determine disciplinary actions.

Standard 115.373 Reporting to residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial 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 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. Office of PREA Administration 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; New Hanover County Sheriff's Department (NHCS D) learns 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, New Hanover County Sheriff's Department (NHCS D) notifies the Facility Director who will then inform the resident whenever the detention center learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the detention center. There have been no reported investigations of alleged detention staff or resident's inappropriate sexual behavior that occurred in this detention center during the past 12 months. The Facility Director validated his technical knowledge of the reporting process during his interview.

Standard 115.376 Disciplinary sanctions for staff

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial 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 1.14 (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 Office of PREA Administration and law enforcement. All disciplinary sanctions are maintained in the employees 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. There have been no employees terminated in the past 12 months for violation of the detention center's sexual abuse or harassment policies. The Facility Director interview validated his technical knowledge of the reporting process was consistent with NCDPS policy and procedures.

Standard 115.377 Corrective action for contractors and volunteers

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial 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 1.14 (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, Office of PREA Administration, and local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. Additionally, the policies requires the facility/detention staff to take remedial measures and prohibit future contact with residents in the case

of any violation of the facility/detention center's sexual abuse and harassment policies by contractors or volunteers. This was verified during an interview with the Facility Director. There have been no volunteers or contractors reported in the past twelve (12) months for engaging in sexual abuse or harassment of a resident.

Standard 115.378 Disciplinary sanctions for residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial 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 1.14 (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) any resident found to have violated any of the agency's sexual abuse or sexual harassment policies will be subject to sanctions pursuant to the behavior management program. New Hanover JDC'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. There have been no administrative or criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the detention center in the past twelve (12) months. The Facility Director indicated that residents may also be referred for prosecution if the allegations were criminal.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial 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 1.10 (General Provisions) and NCDPS DJJ Youth Development Center Policy and Requirements and Procedures (R&P) Document – Section 1.4 (Mental Health Services) require medical and mental health evaluations and as appropriate, treatment is offered to all residents victimized by sexual abuse and ensure confidentiality of information. 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. Medical and mental health staff complete various admission screening forms (i.e. Admission and Placement Screening; Admission Procedure Checklist, Medical Screening, Mental Health Assessment Summary, MAYSI, Suicide Risk Screening, and Treatment Services

Information Sheet) during the initial intake process including informed consent disclosures. There were no residents who disclosed prior victimization during their initial screening process. 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.

Standard 115.382 Access to emergency medical and mental health services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial 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 1.10 (General Provisions); Section 3.1 (First Response to Concerns of Sexual Abuse, Sexual Harassment and Voyeurism); NCDPS DJJ 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 have a protocol in place to assist in expediting a resident to the emergency room with specific documentation (Transport Request) for the detention staff. Additionally, documentation provided confirmed treatment services are provided to every victim without financial cost. Rape Crisis Center of Coastal Horizons is the program identified to provide the victim advocacy services for the residents at the detention center. New Hanover Regional Medical Center (SANE) provides the emergency and forensic medical examinations.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial 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 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 policy requires the facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported New Hanover Regional Medical Center where they will receive treatment and where physical evidence can be gathered by a certified SANE medical examiner. There have been no investigations of alleged resident's inappropriate sexual behavior that occurred in this detention center in the past twelve (12) months. 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 in place to assist residents and their families upon discharge from the detention center to continue services if needed.

Standard 115.386 Sexual abuse incident reviews

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial 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 1.9 [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. New Hanover JDC's Sexual Abuse Team consists of the Facility Director, both Center Supervisors, medical and mental health representatives. There have been no investigations of alleged detention staff or resident's inappropriate sexual behavior that occurred in this detention center in the past twelve (12) months. The detention staff interviews confirmed they would document their review on the "PREA Post Incident Review" form that captures all aspects of an incident.

Standard 115.387 Data collection

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial 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 1.10 (General Provisions) requires the collection of accurate, uniform data for every allegation of sexual assault. The Facility Director inputs information into the TROI system and the NCDPS PREA Coordinator obtains the data from this system relating to PREA. The NCDPS PREA Coordinator has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. A review of the 2015 annual report revealed it was completed and in accordance with this standard.

Standard 115.388 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial 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 1.10 (General Provisions) requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training. A review of the 2015 Annual Report indicated compliance with the standard and included all of the required elements. The NCDPS 2015 Annual Report is posted on the NCDPS Website for public review. The Facility Director monitors collected data to determine and assess the need for any corrective actions. The 2015 annual report was readily available on the North Carolina Department of Public Safety (NCDPS) website.

Standard 115.389 Data storage, publication, and destruction

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial 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 Commissioner of Adult Corrections and Juvenile Justice in September 2013 – Section 1.10 (General Provisions) requires that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed and all personal identifiers are removed.

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 inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Dorothy Xanos

April 7, 2017

Auditor Signature

Date