

PREA Facility Audit Report: Final

Name of Facility: Western Correctional Center for Women

Facility Type: Prison / Jail

Date Interim Report Submitted: 02/23/2022

Date Final Report Submitted: 08/17/2022

| Auditor Certification | |
|---|-------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: Kendra Prisk | Date of Signature: 08/17/2022 |

| AUDITOR INFORMATION | |
|------------------------------|---------------------------|
| Auditor name: | Prisk, Kendra |
| Email: | 2kconsultingllc@gmail.com |
| Start Date of On-Site Audit: | 01/12/2022 |
| End Date of On-Site Audit: | 01/13/2022 |

| FACILITY INFORMATION | |
|----------------------------|---|
| Facility name: | Western Correctional Center for Women |
| Facility physical address: | 55 Lake Eden Rd, Black Mountain, North Carolina - 28711 |
| Facility mailing address: | |

| Primary Contact | |
|-------------------|-----------------------|
| Name: | David Velez |
| Email Address: | david.velez@ncdps.gov |
| Telephone Number: | (828)-259-6009 |

| Warden/Jail Administrator/Sheriff/Director | |
|--|-----------------------|
| Name: | April Shoup |
| Email Address: | april.shoup@ncdps.gov |
| Telephone Number: | (828)259-6010 |

Facility PREA Compliance Manager

| | |
|--------------------------|-----------------------|
| Name: | David Velez |
| Email Address: | david.velez@ncdps.gov |
| Telephone Number: | |

Facility Health Service Administrator On-site

| | |
|--------------------------|------------------------|
| Name: | Johnna Shope |
| Email Address: | johnna.shope@ncdps.gov |
| Telephone Number: | (828)259-6182 |

Facility Characteristics

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|--|---------|
| Designed facility capacity: | 366 |
| Current population of facility: | 167 |
| Average daily population for the past 12 months: | 183 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Females |
| Age range of population: | 18-99 |
| Facility security levels/inmate custody levels: | Minimum |
| Does the facility hold youthful inmates? | No |
| Number of staff currently employed at the facility who may have contact with inmates: | 76 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 2 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 7 |

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

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|-------------------|--|
| Name: | |
| Email Address: | |
| Telephone Number: | |

Agency-Wide PREA Coordinator Information

| | | | |
|-------|---------------------------|----------------|------------------------------|
| Name: | Charlotte Jordan-Williams | Email Address: | charlotte.williams@ncdps.gov |
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SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

- | | |
|---|---|
| 1 | <ul style="list-style-type: none">• 115.33 - Inmate education |
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Number of standards met:

| |
|----|
| 44 |
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Number of standards not met:

| |
|---|
| 0 |
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POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

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|---|------------|
| 1. Start date of the onsite portion of the audit: | 2022-01-12 |
| 2. End date of the onsite portion of the audit: | 2022-01-13 |

Outreach

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| 10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated: | Our Voice and Just Detention International |

AUDITED FACILITY INFORMATION

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|--|--|
| 14. Designated facility capacity: | 366 |
| 15. Average daily population for the past 12 months: | 183 |
| 16. Number of inmate/resident/detainee housing units: | 12 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

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

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

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| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 230 |
| 38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: | 0 |
| 39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: | 0 |

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| 41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 3 |
| 42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit: | 27 |
| 44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit: | 0 |
| 45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit: | 0 |
| 46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit: | 0 |
| 47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit: | 0 |
| 48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations): | The facility also does not have a segregated housing unit. It should also be noted that the facility is a minimum custody female facility and as such there were very few inmates that met the required standard to be housed at the facility. As such, many inmates in targeted categories were not and have not been housed at the facility over the previous twelve months. |

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

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| 49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit: | 76 |
| 50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 10 |
| 51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 4 |
| 52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit: | Volunteers were those approved prior to COVID-19. |

INTERVIEWS

Inmate/Resident/Detainee Interviews

| Random Inmate/Resident/Detainee Interviews | |
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| 53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | 10 |
| 54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply) | <input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None |
| 55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse? | At least four inmate was selected from each of the housing buildings including; four from Gillett; six from Greenwood and eleven from Sloop. It should be noted the fourth housing building, Frye, was closed and did not house any inmates. |
| 56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | No text provided. |
| Targeted Inmate/Resident/Detainee Interviews | |
| 58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: | 11 |
| As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0". | |
| 60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol: | 0 |

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| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The auditor confirmed via conversation with medical staff, classification staff and inmates that there were zero inmates with a physical impairment.</p> |
| <p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The auditor confirmed via conversation with medical staff, classification staff, education staff and inmates that there were zero inmates with a cognitive impairment.</p> |
| <p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The auditor confirmed via conversation with medical staff, classification staff and inmates that there were zero inmates with a vision impairment.</p> |
| <p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>2</p> |

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| 64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol: | 0 |
| a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). | The auditor confirmed via conversation with classification staff, education staff and inmates that there were zero LEP inmates. |
| 65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol: | 9 |
| 66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol: | 0 |
| a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). | The auditor confirmed via conversation with medical staff, classification staff and inmates that there were zero transgender inmates. Additionally, the auditor reviewed documentation of LGBTI inmates and confirmed none were transgender or intersex. |
| 67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol: | 0 |
| a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). | The auditor reviewed the three allegations reported during the previous twelve months and confirmed none of the inmates were still at the facility. Additionally, the auditor spoke to the PCM and investigative staff who confirmed there were zero inmates who reported sexual abuse still at the facility. |
| 68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol: | 0 |
| a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). | The PCM and classification staff indicated there were zero inmates who disclosed during the risk screening over the previous twelve months. The auditor was unable to review any documentation as the facility did not have information related to the tracking. This was one of the standards corrected during the audit period. |
| 69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)" protocol: | 0 |
| a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). | The auditor confirmed during the tour that the facility does not have a segregated housing unit/area. |
| 70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews): | It should be noted that the facility is a minimum custody female facility and as such there were very few inmates that met the required standard to be housed at the facility. As such, many inmates in targeted categories were not and have not been housed at the facility over the previous twelve months. |
| Staff, Volunteer, and Contractor Interviews | |
| Random Staff Interviews | |
| 71. Enter the total number of RANDOM STAFF who were interviewed: | 12 |

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| 72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply) | <input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None |
| If "Other," describe: | Race, Ethnicity and Gender |
| 73. Were you able to conduct the minimum number of RANDOM STAFF interviews? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | Staff for the random interviews were chosen at random and varied across gender, race, rank and shift. Eight of the staff interviewed were from day shift and four were from night shift. Four were male and eight were female. Eight were Correctional Officers, two were Sergeants, one was a Lieutenant and one was non-security. All were non-Hispanic with two being black and ten being white. |
| Specialized Staff, Volunteers, and Contractor Interviews | |
| Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements. | |
| 75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors): | 19 |
| 76. Were you able to interview the Agency Head? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 77. Were you able to interview the Warden/Facility Director/Superintendent or their designee? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 78. Were you able to interview the PREA Coordinator? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 79. Were you able to interview the PREA Compliance Manager? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) |

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| <p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p> | <p><input checked="" type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p> |
| <p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
| <p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>a. Enter the total number of CONTRACTORS who were interviewed:</p> | <p>1</p> |

| | |
|--|---|
| <p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p> | <input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other |
| <p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p> | <p>Most of the specialized staff interviews were conducted after the on-site portion of the audit over the phone due to an outbreak of COVID-19 the first day of the on-site portion of the audit. There were no volunteers interviewed as volunteers did not have access to the facility in over a year due to COVID-19. Additionally, no staff involved with youthful inmates were interviewed as the facility does not house youthful inmates and no staff who supervise in segregated housing were interviewed because the facility does not have segregated housing unit</p> |

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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| <p>84. Did you have access to all areas of the facility?</p> | <input checked="" type="radio"/> Yes <input type="radio"/> No |
|---|--|

Was the site review an active, inquiring process that included the following:

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| <p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p> | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| <p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p> | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| <p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p> | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| <p>88. Informal conversations with staff during the site review (encouraged, not required)?</p> | <input checked="" type="radio"/> Yes <input type="radio"/> No |

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

The on-site portion of the audit was conducted on January 12, 2022 and January 13, 2022. The auditor had an initial briefing with leadership staff to discuss audit logistics. After the initial briefing, the auditor selected inmates and staff for interview as well as documents to review. The auditor conducted a tour of the facility on January 12, 2022. The tour included housing units, warehouse, intake, visitation, religious services, education, food service, health services, recreation and administration. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the appropriate standard findings. The auditor reviewed the cameras during the tour and verified that cameras located in housing areas and strip search areas did not pose any cross gender viewing issues. The audit announcement was observed on each of the bulletin boards in the housing units. Each housing unit had a plethora of PREA information on the bulletin board as well as posted inside each wing on the walls and near the phones. The opposite-gender announcement was heard upon entry into the housing units each time. The announcement was made verbally, at an adequate sound level, prior to the audit teams entry into the dayroom area of the wings.

The auditor tested the external reporting line while on-site and received confirmation the same day that the call was received. The auditor was not required to utilize a pin number or utilize voice recognition and as such the auditor determined that even though the phone is monitored, inmates are able to remain anonymous. The auditor also contacted Our Voice through the victim advocacy speed dial number on the inmate phones. The auditor reached a victim advocacy staff member each time the line was tested.

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

Yes

No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

During the audit the auditor requested personnel and training files of staff and contractors, inmate files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

Personnel and Training Files. The facility has 76 staff assigned. The auditor reviewed a random sample of 23 personnel and/or training records that included five individuals hired within the previous twelve months and five individuals hired more than five years ago. The sample included a variety of job functions and work assignments, including supervisors and line staff. Most of the files that were reviewed were of the staff the auditor selected for interview. Additionally, personnel and training files for three volunteers, three contractors and six medical and mental health care staff were reviewed.

Inmate Files. A total of 21 inmate files were reviewed. Eighteen inmate files were of those that arrived within the previous twelve months and two were disabled inmates. Most inmate files reviewed were of those selected for random and targeted interviews.

Medical and Mental Health Records. During the previous year, there were three allegations reported, two of which the facility indicated did not rise to the level of PREA. Two of the inmates were not at the facility at the time of the report and one was a verbal comment that was not sexual abuse, as such no medical or mental health records were available. The auditor did observe the medical and mental health area, services and documents (policies, procedures and forms) related to medical and mental health services.

Grievances. The facility reported they had zero grievances of sexual abuse. The auditor reviewed the grievance log and sample grievances to confirm the information.

Hotline Calls. The agency does not have an internal hotline for reporting. The hotline that is available for inmates to call is the outside reporting mechanism. The auditor tested the outside reporting mechanism while on-site and was provided confirmation on the same day that the call was received. A review of documentation indicated there were zero sexual abuse allegations reported via the external hotline.

Incident Reports. The auditor reviewed incident reports for the three reported allegations. The auditor reviewed the incident report log as well to confirm no additional sexual abuse or sexual harassment allegations were reported.

Investigation Files. During the previous twelve months, there were three allegations reported at the facility. Of the three, two were determined by the facility not to be PREA related allegations. As such the facility deemed only one allegation was reported during the previous twelve months. The auditor reviewed all three allegations/investigations to ensure all components were included from the investigating authority. One allegation was referred for criminal investigation but the local Sheriff's Office declined to investigate. It should be noted that the auditor identified that one allegation that was deemed by the facility not to rise to the level of PREA was actually a sexual abuse allegation.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

| | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|-------------------------------|--------------------------------------|-------------------------------------|---|--|
| Inmate-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 2 | 0 | 2 | 0 |
| Total | 2 | 0 | 2 | 0 |

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:

2

| | |
|---|---|
| <p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p> |
| <p>Inmate-on-inmate sexual abuse investigation files</p> | |
| <p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>Staff-on-inmate sexual abuse investigation files</p> | |
| <p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>2</p> |
| <p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |
| <p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |
| <p>Sexual Harassment Investigation Files Selected for Review</p> | |
| <p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>a. Explain why you were unable to review any sexual harassment investigation files:</p> | <p>There were zero sexual harassment allegations reported.</p> |

| | |
|---|---|
| <p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p> |
|---|---|

Inmate-on-inmate sexual harassment investigation files

| | |
|---|--|
| <p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p> | <p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
| <p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |

Staff-on-inmate sexual harassment investigation files

| | |
|--|---|
| <p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |
| <p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |
| <p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> | <p>The auditor reviewed all reported allegations, including those deemed Not PREA.</p> |

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

| | |
|---|--|
| <p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p> | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|---|--|

Non-certified Support Staff

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

AUDITING ARRANGEMENTS AND COMPENSATION

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

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

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|--------|---|
| 115.11 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Policy and Procedure J.0100 – Conduct of Employees 4. Policy and Procedure F.1600 – Management of Security Posts 5. Policy and Procedure E.2600 – Reasonable Accommodations for Offenders with Disabilities 6. Policy and Procedure P.0400 – Non-English Speaking Offender Program 7. Policy and Procedure E.3400 – Community Volunteer & Community Leave Program 8. Policy and Procedure G.0300 – Administrative Remedy Procedure 9. Policy and Procedure B.0200 – Offender Disciplinary Procedures 10. Health Services Policy & Procedure Manual CP-18 – Sexual Abuse 11. Policy and Procedure F.4300 – Evaluation & Management of Transgender Offenders 12. Agency Organizational Chart 13. Facility Organizational Chart <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Coordinator 2. Interview with the PREA Compliance Manager <p>Findings (By Provision):</p> <p>115.11 (a): The PAQ indicated that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The agency has F.3400 (adult prisons) that outlines the agency's strategies on preventing, detecting and responding to sexual abuse and includes definitions of prohibited behavior. Additionally, J.0100, F.1600, 4.0100A, E.2600, P.0400, E.3400, G.0300, B.0200, F.4300 and CP-18 supplement the PREA policies and provide information related to security staffing, employee and inmate discipline, reasonable modifications for disabled and LEP inmates, grievances, management of transgender offenders and medical and mental health care related to sexual abuse and sexual harassment. A review of the policies indicate that they address "preventing" sexual abuse and sexual harassment through the designation of a PC, training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors) and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, victim services, medical and mental health services, incident reviews and data collection. The policies are consistent with the PREA standards and outlines the agency's approach to sexual safety.</p> <p>115.11 (b): The PAQ indicated that the agency employs or designates an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards. The agency's organizational chart reflects that the PC position is an upper-level, agency-wide position. The PC is the PREA Director and reports to the Chief Deputy Secretary. The interview with the PC indicated that he has enough time to manage all of his PREA related responsibilities. He stated that there are three PREA Program Coordinators that assist with PREA compliance and that there are 138 PCM (primary and secondary) at each facility. He further stated that interaction between the PC and PCM is through telephone, Web-ex and on-site visits and training events. He further stated that if they identify an issue complying with a PREA standard, depending on the issue, the electronic system utilized by the agency, he would consult with IT. He stated he would look to resolve and review the deficient process and set up a work group and review the process to work toward compliance. He indicated he would also contact the facility's PCM and Warden to come up with a plan.</p> |

115.11 (c): The updated PAQ indicated that the position of the PCM at the facility is the Assistant Warden and that the position reports to the Warden. The PAQ indicated that the PCM has sufficient authority and time to coordinate the facility's PREA efforts. The facility's organizational chart confirms that the Assistant Warden reports to the Warden. F.3400, pages 23 and 24 describe the facility PCM responsibilities, including monitoring for retaliation and post incident reviews. The interview with the PREA Compliance Manager indicated he has sufficient time to coordinate the facility's PREA compliance. He stated that he is always reviewing policy updates and that he provides updates through refreshers and through handouts and PowerPoint trainings. He stated he ensures they complete annual training and they conduct unannounced rounds to identify any problem areas. The PCM further stated that when they make rounds they answer any staff and offender questions. The PCM indicated that when they identify an issue complying with a PREA standard they take whatever actions necessary to remedy the issue. He indicated there is also a PREA office in Raleigh that they can always contact for assistance as well. During the audit, the auditor observed that the PCM was very knowledgeable on PREA and the standards. The PCM had an excellent grasp on implementing the standards at the facility level and overseeing compliance at the facility. The PCM did an excellent job with sexual safety and exceeded this provision of this standard.

Based on a review of the PAQ, F.3400, J.0100, F.1600, E.2600, P.0400, E.3400, G.0300, B.0200, F.4300 and CP-18, the agency organizational chart, the facility organizational chart and information from interviews with the PC and PCM, this standard appears to be compliant.

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| 115.12 | Contracting with other entities for the confinement of inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Contract for Confinement of Inmates <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency's Contract Administrator <p>Findings (By Provision):</p> <p>115.12 (a): The PAQ indicated that the agency has not entered into or renewed a contract for the confinement of inmates since the last PREA audit. Further communication with the PC indicated that the agency has one contract for confinement of its' inmates that is currently expired, however the agency is in the process of renewing the contract. A review of the original contract confirms that page 11 states that the NC Department of Public Safety is committed to a standard of zero-tolerance pertaining to unduly familiar or sexually abusive behavior either by another juvenile or by staff, volunteer, vendor, contractors or party. Staff, volunteers, vendors, contractors or parties are strictly prohibited from engaging in personal dealing or any conduct of a sexual nature with any inmate or juvenile. Any contractual facility will comply with the national standards to prevent, detect, and respond to PREA and permit the Department to monitor this aspect of the contract to ensure compliance with the PREA standards.</p> <p>115.12 (b): The PAQ indicated that the agency has not entered into or renewed a contract for the confinement of inmates since the last PREA audit. Further communication with the PC indicated that the agency has one contract for confinement of its' inmates that is currently expired, however the agency is in the process of renewing the contract. The original contract contained language required under this standard and as such the renewal will also contain the same language. The interview with the Agency Contract Administrator indicated that PREA language is included in all contracts and that the agency sends documentation, information and training materials to assist with PREA compliance. She confirmed that PREA compliance results were completed for the one transition house contract and that the renewal contract is pending.</p> <p>Based on the review of the PAQ, the language within the contract and information from the interview with the Agency Contract Administrator, this standard appears to be compliant.</p> |

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| 115.13 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.1600 – Management of Security Posts 3. Staffing Plan 4. Staffing Plan Reviews 5. Deviations from the Staffing Plan 6. Documentation of Unannounced Rounds <p>Documents Received During the Interim Report Period:</p> <ol style="list-style-type: none"> 1. Mirror Order Requisition 2. Location of Mirrors Placement <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with the PREA Compliance Manager 3. Interview with the PREA Coordinator 4. Interview with Intermediate-Level or Higher-Level Facility Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Staffing Levels 2. Video Monitoring Technology or Other Monitoring Materials <p>Findings (By Provision):</p> <p>115.13 (a): The PAQ stated that the agency requires each facility it operates to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against abuse. F.1600, page 2 addresses the agency's staffing plan development. Specifically, it indicates that the Department of Public Safety shall ensure that each facility it operates shall develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against sexual abuse and sexual harassment. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: generally accepted correctional practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the inmate population, the number and placement of supervisory staff, institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. The PAQ indicated the staffing plan is predicated on 183 inmates. The facility employs 76 staff. Security staff mainly make up two shifts; day shift works from 6:00am-6:00pm while evening shift works from 6:00pm-6:00am. Each shift has Lieutenants, Sergeants and Correctional Officers assigned to housing units, canteen, clothes house, education, gatehouse, medical, yard, central control and operations. Additionally, medical and mental health care staff and administrative staff have their own varied scheduled work hours. During the tour the auditor observed security staff in each housing unit as well as unit management staff. There were numerous cameras and reflective mirrors strategically placed throughout the facility to assist with monitoring. The auditor did observe blind spots in the following areas and advised that mirrors would need to be installed in order to alleviate the safety issues: maintenance, laundry rooms in housing units and the warehouse. Additionally, during the tour the auditor observed that while there were zero inmates working in maintenance at the time of the audit, the maintenance area was left unsecure and numerous areas inside maintenance with tools were left unsecure. This area is supervised and managed by Regional staff, not facility staff. As such the auditor advised mirrors would be necessary, with a the recommendation of video monitoring for safety and security. During the interim report period the facility provided the auditor with confirmation that reflective mirrors were ordered (requisition order confirmation form) to be</p> |

placed in the areas identified. The facility provided the auditor with documentation confirming that they had identified the appropriate areas for the mirrors. Due to the supply change issues with COVID-19, the auditor has determined that the order of the mirrors has satisfied the intent of corrective action during the interim report period. The interview with the Warden confirmed that the facility has a staffing plan that includes adequate levels to protect inmates from sexual abuse. She stated that they try to make sure that they have adequate staff to supervise and provide safety and sanitation. She indicated that they document the staffing plan in file and also on the dashboard. The Warden stated that they take all situations into account when developing and reviewing the staffing plan including facility needs, security needs, offender needs and medical needs. She stated that the plan includes mandatory minimums and it is based on the security level, female offenders and the number of offenders at the facility. She further stated that there are more staff on day shift when there is more movement and more programming occurring. The Warden confirmed that she checks for compliance with the staffing plan through direct observation, supervision, monitoring through cameras, shift narrative review and communication with staff and offenders. The PCM stated that the staffing plan development and review includes the number of offenders, number of buildings, number of officers needed for each buildings for each shifts as well as the number of supervisors needed for each of those shifts. He stated the plan considers the number of staff needed for programs. The PCM confirmed that they follow all regulations, laws and standards and that the staffing plan considers all posts that are required to be gender specifics (due to female offenders) and the staffing plan considers all areas that can be potential blind spots.

115.13 (b): The PAQ indicated that each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The PAQ further stated that the most common reasons for deviations from the staffing plan in the past twelve months is staff shortage, gender specific posts, transportation, emergencies, staff sickness and staff on leave. F.1600, page 2 states that in circumstances where the staffing plan is not complied with, the facility shall document and justify all deviation from the plan. A review of documentation indicated that when posts are collapsed deviations are documented on the shift narrative including the post collapsed and the reason why. The interview with the Warden confirmed that any deviations from the staffing plan would be documented on the shift narrative.

115.13 (c): The PAQ indicated that at least once a year the facility in collaboration with the PC, reviews the staffing plan to see where adjustments are needed. F.1600, page 2 states that whenever necessary, but no less frequently than once each year, for each facility the agency operations, in consultation with the PREA Coordinator, prisons shall assess, determine and document whether adjustments are needed to: the staffing plan established pursuant subsection .1601(d)(1); the facility's deployment of video monitoring systems and other monitoring technologies, and the resources the facility has available to ensure adherence to staffing plan. The staffing plan was most recently reviewed on January 19, 2022. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. The staffing plan review included documentation the offender population, facility programs and services, physical plant, findings of inadequacy, current staffing levels, history of violent infractions, prevalence of substantiated and unsubstantiated incidents of sexual abuse and previous PREA audit findings. The PC confirmed that he is consulted regarding each facility's staffing plan. He stated that reports are completed every three years and that each facility staffing plan is reviewed annually.

115.13 (d): The PAQ indicated that the facility requires intermediate-level or higher-level staff to conduct unannounced rounds to deter staff sexual abuse and sexual harassment. The PAQ further indicated that the unannounced rounds are documented and they cover all shifts. Additionally, the PAQ stated that the facility prohibits staff from alerting other staff of the conduct of such rounds. F.1600, page 3 states that each facility shall implement a policy and practice for Facility Heads and/or the Facility Assistants to conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such rounds shall occur on all shifts. The policy shall prohibit staff from alerting other staff members that these rounds are occurring, unless such announcement is related to the legitimate operational function of the facility. During the on-site portion of the audit, the auditor requested documentation from six specific days over the previous twelve months to determine if unannounced rounds were being made. A review of the documentation confirmed that shift supervisors made rounds on each shift in each of the housing units. The interviews with intermediate-level or higher-level staff confirmed that they make unannounced rounds and that they document the unannounced rounds. The staff stated that unannounced rounds are documented in the unannounced rounds red folder/PREA book. Staff indicated that they do not make rounds the same time each day and they do not go in the same pattern. Staff stated they switch it up and do it randomly. One staff member stated they just pop up.

Based on a review of the PAQ, F.1600, the facility staffing plan, annual staffing plan review, deviations from the staffing plan, documentation of unannounced rounds, observations made during the tour, documentation received during the interim report to include the mirror requisition order and interviews with the PC, PCM, Warden and intermediate-level or higher-level staff, this standard appears to be compliant.

Recommendation

The auditor highly recommends that the agency train the Regional Maintenance Staff on the importance of safety and security of the maintenance building through locked doors and securing tools and other areas. Additionally, the auditor highly recommends that cameras be installed in the maintenance area as this space is off-site and has limited security staff presence/monitoring. Additionally, the staffing plan reviews do not have signature blocks or dates associated with the review.

The auditor highly recommends the current staffing plan document be updated to include signature blocks for those conducting the review and a date for the staff to indicate when they completed the review.

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| 115.14 | Youthful inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Population Reports <p>Findings (By Provision):</p> <p>115.14 (a): The PAQ indicated that no youthful inmates were housed at Western and as such this standard was not applicable. A review of population reports confirmed that the facility does not and has not housed inmates under the age of eighteen.</p> <p>115.14 (b): The PAQ indicated that no youthful inmates were housed at Western and as such this standard was not applicable. A review of population reports confirmed that the facility does not and has not housed inmates under the age of eighteen.</p> <p>115.14 (c): The PAQ indicated that no youthful inmates were housed at Western and as such this standard was not applicable. A review of population reports confirmed that the facility does not and has not housed inmates under the age of eighteen.</p> <p>Based on a review of the PAQ and population reports, this standard appears to be not applicable and as such, compliant.</p> |

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| 115.15 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.0100 – Operational Searches 3. Cross Gender Memorandum 4. Cross Gender Announcement & Acknowledgment OPA-T30 5. Safe Search Practices (816-B) Training Curriculum 6. Staff Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with Random Inmates <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Privacy Barriers 2. Observation of Cross Gender Announcement <p>Findings (By Provision):</p> <p>115.15 (a): The PAQ indicated that the facility does not conduct cross gender strip or cross gender visual body cavity searches of inmates. The PAQ indicated zero searches of this kind that were conducted at the facility over the past twelve months. F.0100, page 2 states that offenders housed at male facilities will be strip searched by a male Correctional Officer, except in exigent circumstances as determined by the shift supervisor. It further states that offenders housed at female facilities will be strip searched by a female Correctional Officer, except in exigent circumstances as determined by the shift supervisor. Additionally, page 2 states strip searches are to be conducted in an area, which is readily accessible to only persons participating in the search. Privacy is ensured to the extent possible and temperature and lighting area adequately controlled.</p> <p>115.15 (b): The PAQ indicated that the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. F.0100, page 2 states that routine, clothed (pat/frisk) searches of offenders housed in a female facility by male staff will only be conducted during exigent circumstances as determined by the shift supervisor. The only exception to this section is an instance when time and circumstances do not permit the arrival of a female staff or consultation with the shift supervisor prior to conducting the search due to an imminent threat of physical violence and a search is necessary to secure the offender to prevent injury to staff or other offenders. Interviews with 21 inmates confirmed that none were ever restricted from going somewhere because there wasn't a female to conduct a search. All twelve staff stated that there was never a time that a female inmate was restricted from going somewhere because there wasn't a female staff member to conduct a search.</p> <p>115.15 (c): The PAQ indicated that facility policy requires that all cross-gender strip searches and cross gender visual body cavity searches be documented. The PAQ further stated that the facility policy requires that all cross-gender pat-down searches of female inmates be documented. F.0100, page 2 states that in such cases, the staff conducting the search will thereafter submit a statement by witness form, explaining the exigent circumstances that justified the search exception. A supervisor will be responsible for completing an incident report.</p> <p>115.15 (d): The PAQ indicated that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, the PAQ stated that policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. The facility provided the auditor the Cross Gender Memo from 2013 that indicated that the Cross Gender Bulletin was required to be posted in visible areas in housing units and that the Cross Gender Announcement (a directive document) was required to be shared with staff in reference to the change in policy related to the announcement. A review of the Cross Gender Announcement identified that it covered cross gender searches, transgender searches and it stated that</p> |

staff of the opposite gender are required to announce their presence when entering a housing unit. Staff were required to sign the OPA-T30 upon completion of the receiving the information in the Cross Gender Memo. During the tour, the auditor heard the opposite gender announcement being made upon entry into the housing units. Additionally, opposite gender announcement placards were observed throughout the facility reminding staff to announce their presence. The auditor observed that inmates were provided privacy when showering, using the restroom and changing their clothes through curtains. All twelve random staff stated that inmates have privacy when showering, using the restroom and changing clothes. All 21 inmates interviewed indicated they had never been naked in front of a staff member of the opposite gender and that they have privacy when showering, using the restroom and changing their clothes. All 21 inmates and all twelve staff stated that staff of the opposite gender announce when entering inmate housing units.

115.15 (e): F.0100 page 2 states that searches of offender shall not be conducted for the purpose of determining the person's genital status as it relates to transgender or intersex. The PAQ indicated that there had been no searches of this nature within the past twelve months. Interviews with twelve random staff indicated that ten were aware of an agency policy that prohibits strip searching a transgender or intersex inmate for the sole purpose of determining the inmates' genital status. There were no transgender inmates during the on-site portion of the audit and as such no interviews were conducted.

115.15 (f): The Safe Search Practices training curriculum pages 1-8 outline how to conduct pat searches of all inmates and covers step by step procedures for a systematic approach. Page 2 specifically states that officers are expected to maintain a professional demeanor at all times, and employ a commons sense approach. Every effort is made to assure the offender is not unnecessarily embarrassed or humiliated. Page 3 further states that transgender and intersex offenders will be searched in accordance with previous stated guidelines. The auditor determined that transgender inmates are searched (both strip and pat) based on the facility they are assigned and as such the agency does not adhere to the requirements under the PREA Resource Center's frequently asked questions related to transgender and intersex inmate searches. The agency advised the auditor that they were working on a process to comply with one of the approved methods for transgender/intersex searches. The auditor requested that the facility provide a memo detailing which option they would be utilizing and the timeframe that they would be implementing the option through policy, however at the time of this report the auditor still had not received the information. The PAQ indicated that 78% of staff had received this training. Further discussion with the PCM indicated that 83% of staff had received the Safe Search Practices training. Interviews with twelve random staff indicated that ten had received training on how to conduct cross-gender searches and searches of a transgender and intersex inmates. A review of twelve staff training records indicated that had all twelve had completed the Safe Search Practices training.

Based on a review of the PAQ, F.0100, the Cross Gender Memo, Cross Gender Announcement & Acknowledgment OPA-T30 form, the Safe Search Practices (816-B) Training Curriculum, a random sample of staff training records, observations made during the tour to include curtains, the opposite gender announcement as well as information from interviews with random staff and random inmates indicates this standard requires corrective action. The agency currently searches transgender inmates in the manner that is consistent with the gender of the facility in which they are housed. Additionally, while the Safe Search Practices training covers searches of transgender and intersex inmates in a respectful and professional manner, it does not address how the searches are to be completed (i.e. female staff only, the inmate's preference, etc.) and it does not cover the documentation requirement of cross gender searches of the inmates.

Corrective Action

The agency will need to revise their current policy related to transgender and intersex inmate searches. The policy will need to align with one of the four options outlined under the PREA Resource Center's Frequently Asked Question related to proper search procedures. Once updated, the agency will need to update their Safe Search Practices training with appropriate search practices. Once the policy and training are updated, the facility will need to train all security staff and any other appropriate applicable staff on the policy update and all staff will need to complete the updated Safe Search Practices training. Once all staff have completed the training the facility will need to provide the auditor with an assurance memo as well as training records for the twelve staff requested during the on-site portion of the audit.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Policy and Procedure .3300 – Facility Search Procedures
2. Updated Safe Search Practices (816-B) Training Curriculum
3. Staff Training Records

On May 16, 2022 the agency provided the auditor with Policy and Procedure .3300. Page 2 states that a transgender female offender may request an accommodation for routine and complete search preferences based on their gender identity. This request for accommodations will be documented upon initial intake and/or transfer. Any operational issues that require a

deviation from the accommodation request shall be referred to the Facility Transgender Accommodation Review Committee (FTARC) for review. Policy further states that facility leadership shall ensure that approved routine and complete search procedures are always followed by staff. Cross gender routine searches of transgender female offenders who have an approved accommodation shall not be permitted, except in exigent circumstances.

The agency also provided an memo indicating that the policy was approved on May 12, 2022 and that the memo served as an assurance to fully implement the new policy by updating the search training to reflect the new policy, retraining of agency staff with the new requirements, training of intake/transfer staff on the policy and re-screening transgender offenders to determine search preferences. While the assurance memo serves as one component related to corrective action, the auditor advised that a memo does not prove compliance. Therefore, training of staff at the facility is required. A copy of the updated training curriculum and the staff training records are still required.

On August 12, 2022 the facility provided the updated Safe Search Practices training curriculum. The training curriculum discusses that transgender and intersex offenders will be searched in accordance of guidelines and accommodations as documented in OPUS on the HS51 screen. The training states that pat and frisk searches of male offenders can be conducted by correctional officers of either sex while pat and frisk searches of female offenders and transgender female offenders with approved search accommodations may be conducted by female staff only. The training curriculum further states that if the search will result in a complete search (strip search), then it will be conducted only by correctional officers of the same sex as the offender, except when a search accommodation has been approved or in emergency circumstances as deemed by the shift supervisor. The training also instructs staff how to maintain a professional demeanor during the searches including positive language, self-management, avoidance of stereotypes and avoidance of use of specific pronouns. The training outlines how to complete a search by being systematic, thorough, objective and professional. It also discusses things to avoid when completing searches.

On August 12, 2022 the facility provided the auditor with staff training records confirming that all security staff at the facility received the updated training between August 3, 2022 and August 10, 2022. Based on the information provided the facility has corrected this standard.

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| 115.16 | Inmates with disabilities and inmates who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment 3. Policy and Procedure E.2600 – Reasonable Accommodations for Offenders with Disabilities 4. Policy and Procedure P.0400 – Non-English Speaking Offender Program 5. DPS-PREA-100 - PREA Prevention Planning 6. Language Resource Center (LRC) Interpretation & Translation Services 7. PREA Brochure 8. PREA Posters <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with Inmates with Disabilities 3. Interview with Random Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of PREA Posters <p>Findings (By Provision):</p> <p>115.16 (a): The PAQ stated that the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. F.3400, page 10 states that appropriate provisions shall be made as necessary for offenders not fluent in English, persons with disabilities and those with low literacy levels. A review of PREA posters, the PREA brochure and inmate distributed information confirmed that information can be provided in large font and bright colors and can be read to inmates in terminology that they understand. E.2600, describes that each facility has an Americans with Disabilities Act (ADA) Coordinator who handles reasonable modification requests and assists inmates with obtaining necessary items and equipment related to his/her disability. Additionally, the agency indicated that they have posters for opposite gender staff and blinking colored lights in specific housing units for deaf inmates. The auditor verified the opposite gender posters were displayed at the facility, however there were not blinking colored lights during the on-site portion of the audit. It should be noted that the facility was not an ADA designated facility. The interview with the Agency Head Designee confirmed that the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. She stated that every facility has an Americans with Disabilities Act (ADA) Coordinator to ensure that disabled inmate's needs are met and access is available to everything, including orientation and telephone access. Once diagnostic services are provided, each disabled inmate is provided a case worker. She further stated that postings are provided in Spanish and that other languages and video conference is available if needed. During a prior NCDPS audit the auditor utilized LRC translation service for video ASL and language interpretation. Interviews with two disabled inmates indicated that both had received information in a format that they could understand. During the tour the auditor observed that each housing unit had a large PREA board that had a plethora of PREA information which included bright colors, larger font and pictures.</p> <p>115.16 (b): The PAQ indicates that the agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. F.3400, page 10 states that appropriate provisions shall be made as necessary for offenders not fluent in English, persons with disabilities and those with low literacy levels. P.0400 describes the Non-English Speaking Offender Program which is located at certain facilities and provides special service to meet the needs of the LEP population. The facility also has a contract with Language Resource Center Interpretation & Translation Services. This company provides the facility a number that they can call that connects the staff member with a translator who can will translate information between the staff member and LEP inmate. The auditor utilized the Language Resource Center</p> |

Interpretation & Translation Services for the LEP inmate interviews and confirmed the services functionality and accessibility. A review of PREA posters, the PREA brochure and inmate distributed information confirmed that information is available in both English and Spanish and can be translated into other languages, as needed. During a prior NCDPS audit the auditor utilized LRC translation service for video ASL and language interpretation. Interviews with two disabled inmates indicated that both had received information in a format that they could understand. During the tour the auditor observed that each housing unit had a large PREA board that had a plethora of PREA information in English and Spanish.

115.16 (c): The PAQ indicated that agency policy prohibits use of inmate interpreters, inmate readers, or other type of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first responder duties, or the investigation of the inmate's allegation. DPS-PREA-100, page 10 states that each facility shall not take appropriate steps to ensure that offenders, residents and safekeepers with disabilities and offenders, residents and safekeepers who are LEP, have equal opportunity to participate in or benefit from all aspects of DPS's efforts to prevent, detect and respond to sexual abuse and harassment by not relying on offenders, residents or safekeepers interpreters, readers or other types of assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender, resident or safekeeper's safety, the performance of first responder duties or the investigation of the offender, resident or safekeeper's allegations. The PAQ further stated that there were zero instances where an inmate was utilized to interpret, read or provide other types of assistance. Interviews with twelve random staff indicated that seven were aware of a policy that prohibits utilizing inmate interpreters, translators and assistants. None of the twelve were aware of a time that another inmate was utilized as a translator for a sexual abuse allegation. Interviews with two disabled inmates indicated that both had received information in a format that they could understand and as such no interpreters were utilized.

Based on a review of the PAQ, F.3400, E.2600, P.0400, DPS-PREA-100, LRC Interpretation & Translation Service, PREA posters, the PREA brochure, observations made during the tour to include the PREA posters as well as interviews with the Agency Head Designee, random staff and inmates with disabilities indicates that this standard appears to be compliant.

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| 115.17 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DPS-PREA-100 - PREA Prevention Planning 3. Form HR 005 Applicant Verification 4. Form HR 013 DPS Employment Statement 5. Form HR 004 Criminal History Record Check 6. Personnel Files of Staff 7. Contractor Background Files <p>Documentation Received During the Interim Report:</p> <ol style="list-style-type: none"> 1. Memorandum Related to Five Year Background Checks 2. Five Year Criminal Background Checks <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Human Resource Staff <p>Findings (By Provision):</p> <p>115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may come in contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. DPS-PREA-100, page 5 states that DPS shall not hire or promote anyone who may have contact with offenders, residents, or safekeeps, and shall not enlist the services of any contractor who may have contact with offenders, residents, or safekeepers who: has engaged in sexual abuse in prison, jail, lockup or any other institution; has been convicted of engaging or attempting to engage in sexual activity in the community; has a substantiated finding of abuse, neglect, or other rights infringement on any applicable North Carolina registry, criminal justice standard commission, or other relevant licensing authorities or bodies; or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. A review of personnel files for five staff who were hired in the previous twelve months confirmed that all five had a criminal background records check completed. All five had also completed the employment application and answered the PREA questions. Additionally, three contractors reviewed had a criminal background records check completed.</p> <p>115.17 (b): The PAQ indicated that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with an inmate. DPS-PREA-100, page 5 states that DPS shall consider any incident of sexual harassment in determining whether to hire or promote anyone, or enlist the services of any contractor or custodial agents , who may have contact with offenders, residents or safekeepers. The interview with the Human Resource staff member confirmed that sexual harassment is considered when hiring or promoting any staff or contractor.</p> <p>115.17 (c): The PAQ indicated that agency policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. DPS-PREA-100, pages 5-6 state that before hiring new employees who may have contact with offenders, residents or safekeepers DPS shall: perform a criminal and administrative background records check, to include any applicable North Carolina registry, criminal justice standards commission, or other licensing authorities or bodies; and consistent with Federal, State and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation of an allegation of sexual abuse. The PAQ indicated that fifteen staff or over 100% of those hired in the past twelve months that may have contact with inmates had a criminal background records check completed. Further communication with the PCM indicated that the facility number of thirteen was incorrect and that there were fifteen individuals</p> |

hired in the previous twelve months and all fifteen had a criminal background records check completed. A review of five personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background records check completed. None of the five had prior institutional employers contacted related to prior sexual abuse and sexual harassment as it was not applicable. The Human Resource staff member confirmed that a criminal background records check is completed on all new employees who have contact with inmates and they contact any prior institutional employers when applicable.

115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. The PAQ indicated that there have been zero contracts at the facility within the past twelve months. Further clarification from the PCM indicated that the facility characteristics number was incorrect as well (two) and that the facility has one contract (medical and mental health) with three contractors. DPS-PREA-100, page 6 states that DPS shall perform a criminal background records check before enlisting the services of any contractor who may have contact with offenders, residents or safekeepers. A review of three contractor personnel files indicated all three had a criminal background records check completed. The Human Resource staff confirmed that they conduct a criminal background records check on all contractors who have contact with inmates.

115.17 (e): The PAQ indicated that agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. DPS-PREA-100, page 6 states that for current employees and contractors who have contact with offenders, residents, or safekeepers, DPS shall conduct criminal background records check at least every five years. A review of three staff that were hired over five years ago as well as one contractor hired over five years ago indicated that none had a criminal background record check completed within the required five year interval. Further discussion with the PCM indicated that the five year background checks were not being completed appropriately. The interview with the Human Resource staff indicated that criminal background record checks are completed through a process called "DCI" which looks back at every incident, even speeding tickets, as far as the records will go. The staff member stated that it reviews criminal history, both national and state level. The staff member stated that Human Resource staff have a spreadsheet that they keep to make sure that they conduct a background check at least every five years. During the interim report period the Warden provided a memo (dated February 14, 2022) detailing the deficiency, the requirement under the standard, and the corrective action. The memo stated that the facility will utilize a spreadsheet that will track the need for background checks based on the date of the last background check. The memo identified the staff that had a criminal background check completed in order to ensure that all were caught up (all staff who have been employed at the facility for longer than five years). Additionally, the memo indicated that all staff who play a role in the process have been educated on how to effectively maintain the spreadsheet. Appropriate staff signed the memo indicating they read and understood the memo and their responsibilities. The facility also provided the auditor copies of the completed five year criminal background checks.

115.17 (f): DPS-PREA-100, page 6 states that for all applicants and employees who may have contact with offenders, residents or safekeepers, DPS shall ask about previous misconduct described in this section in written applications, in interviews for hiring or promotions, and in any interviews or written self-evaluations conducted as part of a review of current employees. A review of the DPS Employment Statement (Form HR 013) and the Applicant Verification (Form HR 005) indicates that both forms require staff to answer the required questions under this provision. The form includes the following questions: have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?; have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?; and have you been civilly or administratively adjudicated to have engaged in the activities described?. A review of personnel files for five staff who were hired in the previous twelve months indicated that all five had answered the questions, and none had answered yes. The Human Resource staff confirmed that applicants are asked about previous misconduct described in provision (a). The Human Resource staff member also confirmed that staff have a continuing duty to disclose any previous misconduct.

115.17 (g): The PAQ indicates that material omissions regarding sexual misconduct or the provision of materially false information is grounds for termination. DPS-PREA-100, page 6 states that all employees have a continuing affirmative duty to disclose sexual misconduct. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

115.17 (h): DPS-PREA-100, page 6 states that unless prohibited by law, upon receiving a request from an institutional employer for whom an employee or former employee has applied to work, DPS shall provide information on substantiated allegation of sexual abuse or sexual harassment involving the employee or former employee. The interview with the Human Resource staff confirmed that information would be provided upon request.

Based on a review of the PAQ, DPS-PREA-100, Form HR 005 Applicant Verification, Form HR 013 DPS Employment Statement, Form HR 004 Criminal History Record Check, a review of personnel files for staff and contractors, documentation received during the interim report and information obtained from the Human Resource staff interview indicates that this standard has been corrected during the interim report and as such is compliant.

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| 115.18 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Email Related to Video System Upgrade <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Modification to the Physical Plant/New Unit 2. Observations of Video Monitoring Technology <p>Findings (By Provision):</p> <p>115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. The interview with the Agency Head Designee confirmed that any plan to design, acquire or modify an agency facility would include consideration of protecting staff and offenders from any form of abuse. She indicated that they would review to identify if there were any potential blind spots, if there was a need for additional staffing and that they would review with stakeholders any potential concerns. The Warden confirmed that since 2018 (the last PREA audit) there has not been any substantial expansion or modification to the existing facilities. During the tour the auditor observed there were no apparent expansions or modifications to the facility.</p> <p>115.18 (b): The PAQ stated that the agency/facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later. The email from the electronics technician indicated that in 2018 the facility installed a new camera system which replaced all the old servers and workstations. Additionally, the email indicated that since then there have been a few cameras that were installed as well. The interview with the Agency Head Designee confirmed that any use of newly updated or installed monitoring technology would be utilized to assist in enhancing the agency's ability to protect inmates from sexual abuse. She stated that any technology would be utilized as a preventative measure and would assist with; viewing and scanning what is occurring; keeping staff alert of situations; identifying any patterns and investigating allegations. The Warden confirmed that when they install or update video monitoring technology, they take into account how that technology will protect inmates from sexual abuse. She stated that they try to consider the best areas to position cameras including; areas that are potential blind spots, areas that are high traffic, etc. The Warden indicated that if there are places with a lot of staff they have limited need to place cameras in those areas compared to the areas that are not saturated with staff. Additionally, she stated that if there is an area that something occurred in and there is determination that cameras are needed, they would add cameras to those areas. During the tour, the auditor observed video monitoring technology throughout the facility. The auditor viewed the camera placement and observed that it covered dayrooms, hallways and entrances in the housing units and numerous angles across common areas. All camera angles provided privacy while eliminating potential blind spots and enhancing monitoring.</p> <p>Based on a review of the PAQ, video upgrade email, observations made during the tour and information from interviews with the Agency Head Designee and Warden indicates that this standard appears to be compliant.</p> |

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| 115.21 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment 3. Health Services Policy & Procedure Manual CP-18 – Sexual Abuse 4. Memorandum to Local Law Enforcement 5. PREA Support Person (PSP) Role and Responsibilities 6. PREA Support Person Lesson Plan & Training Records 7. Memorandum of Agreement with Blue Ridge Healthcare System, Inc. 8. Memorandum of Understanding with Our Voice 9. Mutual Aid Agreement with Buncombe County Sheriff's Office <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with the PREA Compliance Manager 3. Interview with SAFE/SANE <p>Findings (By Provision):</p> <p>115.21 (a): The PAQ indicated that the agency is responsible for conducting administrative investigations while the Buncombe County Sheriff's Office is responsible for conducting criminal investigations. It further indicates that when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. F.3400, page 25 states that investigations into allegations of sexual abuse and sexual harassment, shall be conducted promptly, thoroughly, and objectively for all allegations. Pages 25-29 describes the uniform evidence protocol including evidence preservation/collection and documentation. Interviews with twelve random staff indicated that eleven were aware of and understood the protocol for obtaining usable physical evidence. Additionally, all twelve staff stated they knew who was responsible for conducting sexual abuse investigations.</p> <p>115.21 (b): The PAQ indicated that the evidence protocol is not developmentally appropriate for youth as the facility does not house youthful inmates. The PAQ did indicate that the evidence protocol was adapted from or was otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents". A review of F.3400 indicates that facility staff would transport an inmate to the local hospital for a forensic medical examination and evidence collection and that facility staff would secure the crime scene and local law enforcement would be responsible for collecting evidence and releasing the crime scene.</p> <p>115.21 (c): The PAQ indicated that the facility offers all inmates who experience sexual abuse access to forensic medical examinations at an outside facility. The PAQ stated that forensic medical examinations are offered without financial cost to the victim at Mission Hospital. It further indicated examinations are conducted by SAFE or SANE, and when SAFE or SANE are not available examinations are conducted by a qualified medical practitioner. F.3400, page 20 states that if an alleged act of sexual abuse occurred and there may be forensic medical evidence, the offender may be in need of medical assistance, or other circumstances dictate, arrangements shall be promptly made to have the alleged offender-victim examined by medical services. Medical services will follow medical protocol, which includes provisions for examinations, documentation and transport to the local emergency department when appropriate, where the following will occur: collection of forensic evidence, testing for sexually transmitted diseases, counseling, and prophylactic treatment. CP-18, page 2 states that the inmate will be transported to the local Emergency Department for: examination, treatment, prophylactic treatment, counseling and collection of lab specimen for forensic purposes. The agreement with Blue Ridge Healthcare System confirmed that they have agreed to provide inpatient hospital services, outpatient hospital services, emergency services and physician services. The auditor contacted Grace Hospital (operated by Blue Ridge Healthcare System) and confirmed that they provide forensic medical examinations through SAFE/SANE. The staff indicated that an examination is performed the same regardless of the status of individual (inmate or non-incarcerated citizen) requiring services. Additionally, the auditor contacted Mission Health related to</p> |

forensic medical examinations. The auditor confirmed that the hospital conducts forensic medical examinations are performed by SAFE/SANE. The PAQ indicated that during the previous twelve months there have been zero forensic medical examinations. A review of documentation indicated that both sexual abuse allegations were reported after both inmate victims had been released from custody and as such no forensic examinations were necessary or completed.

115.21 (d): The PAQ indicated that the facility attempts to make available to the victim a victim advocate from a rape crisis center and if a rape crisis center is not available a qualified staff member from a community-based organization or a qualified agency staff member. F.3400, page 21 states that victim support shall be offered by a PREA Support Person. The PSP shall be made available to provide victim advocate services and as requested by the victim, the PSP, of the same gender, shall accompany and support the victim through the forensic medical examination process. Offender victim shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving the offender mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. The facility has a Memorandum of Understanding with Our Voice which was signed on November 10, 2021. The MOU states that Our Voice agrees to provide follow-up services and crisis intervention contacts to victims of sexual assault at Western, as resources allow. Additionally, it states that that Our Voice will respond to requests to provide advocacy when inmates are brought to Mission Hospital for sexual assault forensic services. The facility also has a PREA Support Person program that is a system based advocate. The PREA Support Person Role and Responsibilities states that the PSP role will be to link services and support to inmates who reported sexual abuse and harassment by an offender, juvenile or DPS staff, contractor and/or volunteer. The PSP will connect the alleged victim to the investigative process and professional resource offered by community-based advocates and/or mental health professionals found in a confinement setting. PSP attend the PREA Support Person Training, which includes effects of victimization and sexual abuse, key active listening techniques, victim centered approach, responsibilities, how to maintain boundaries and professionalism, resources for PSP and the investigative process. The facility has qualified staff members to serve as PSP, if necessary. The interview with the PCM confirmed that inmate victims of sexual abuse are offered access to a victim advocate. The PCM stated that the facility has a PREA Support Person and also, if requested, a local rape crisis center advocate, Our Voice, will meet the inmate at the hospital. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no inmates were interviewed.

115.21 (e): The PAQ indicated that as requested by the victim, the victim advocate, qualified agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. F.3400, page 21 states that victim support shall be offered by a PREA Support Person. The PSP shall be made available to provide victim advocate services and as requested by the victim, the PSP, of the same gender, shall accompany and support the victim through the forensic medical examination process. Offender victim shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving the offender mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. The facility has a Memorandum of Understanding with Our Voice which was signed on November 10, 2021. The MOU states that Our Voice will respond to requests to provide advocacy when inmates are brought to Mission Hospital for sexual assault forensic services. Additionally it states that Our Voice agrees to provide follow-up services and crisis intervention contacts to victims of sexual assault at Western, as resources allow. Additionally, the facility has a PREA Support Person program that is a system based advocate. The PREA Support Person Role and Responsibilities states that the PSP role will be to link services and support to inmates who reported sexual abuse and harassment by an offender, juvenile or DPS staff, contractor and/or volunteer. The PSP will connect the alleged victim to the investigative process and professional resource offered by community-based advocates and/or mental health professionals found in a confinement setting. PSP attend the PREA Support Person Training, which includes effects of victimization and sexual abuse, key active listening techniques, victim centered approach, responsibilities, how to maintain boundaries and professionalism, resources for PSP and the investigative process. The facility has qualified staff members to serve as PSP, if necessary. The interview with the PCM confirmed that inmate victims of sexual abuse are offered access to a victim advocate to accompany them during a forensic medical examination. The PCM stated that the facility has a PREA Support Person and also, if requested, a local rape crisis center advocate, Our Voice, will meet the inmate at the hospital. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no inmates were interviewed.

115.21 (f): The PAQ indicated that this provision was not applicable. Further communication with the PCM indicated that this should have been yes as the agency/facility is not responsible for investigating criminal investigations of sexual abuse. The Buncombe County Sheriff's Office (BCSO) conducts criminal investigations. A review of documentation indicated that in August 2021 the agency sent memos to all local law enforcement agencies, including BCSO related to PREA investigations and compliance. The memos requested that all assisting law enforcement entities adhere to the requirements of PREA standard 115.21. Additionally, the facility has a mutual aid agreement with BCSO that was signed on January 25, 2021.

115.21 (g): The auditor is not required to audit this provision.

115.21 (h): The facility has a PREA Support Person program that is a system based advocate. The PREA Support Person Role and Responsibilities states that the PSP role will be to link services and support to inmates who reported sexual abuse and harassment by an offender, juvenile or DPS staff, contractor and/or volunteer. The PSP will connect the alleged victim to

the investigative process and professional resource offered by community-based advocates and/or mental health professionals found in a confinement setting. PSP attend the PREA Support Person Training, which includes effects of victimization and sexual abuse, key active listening techniques, victim centered approach, responsibilities, how to maintain boundaries and professionalism, resources for PSP and the investigative process. The facility has qualified staff members to serve as PSP, if necessary.

Based on a review of the PAQ, F.3400, CP-18, the MOU with Our Voice, the agreement with the Blue Ridge Healthcare System, the memo to local law enforcement, the mutual aid agreement, PSP roles and responsibilities, PSP training documentation and information from interviews with the random staff, SAFE/SANE and the PREA Compliance Manager indicates that this standard appears to be compliant.

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| 115.22 | Policies to ensure referrals of allegations for investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment 3. Memorandum to Local Law Enforcement 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with Investigative Staff <p>Findings (By Provision):</p> <p>115.22 (a): The PAQ indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. F.3400, page 18 states that the facility shall report all allegation of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators. Page 25 further states that investigations into allegations of sexual abuse and sexual harassment, shall be conducted promptly, thoroughly, and objectively for all allegations. The PAQ indicated there were three allegations reported within the previous twelve months, three which resulted in an administrative investigation and one which resulted in a criminal investigation. The PAQ further indicated that all administrative and criminal investigations were completed within the previous twelve months. A review of three allegations indicated that one did not meet the definition of sexual abuse or sexual harassment. The other two were referred for investigation. One investigation was completed while the second was not. The PCM stated that the investigation was not completed because the victim was not in custody to be interviewed and the perpetrator resigned and was not able to be interviewed. As such, they were unable to complete any investigative actions. The auditor advised that while this may be true, this should have been documented within an investigative report. Based on the circumstances, the auditor determined this was not a systematic issue, but rather a training issue. During the on-site portion of the audit, the PCM and the investigator discussed this and this was considered the appropriate training. The interview with the Agency Head Designee confirmed that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. She stated that the investigative process would include a look at allegation (letter, grievance, etc.) to initiate the tracking mechanism and that for administrative investigations each facility has a response plan to follow to investigate the allegation. She stated that they document the allegation and investigation and that there are checks and balances. She further indicated that during the investigation they monitor the inmate/staff and that if it involves a criminal investigation they keep in touch with law enforcement about the status. The Agency Head Designee stated that when an allegation is received the Warden of the facility and other staff are notified, including the PREA office.</p> <p>115.22 (b): The PAQ indicated that the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. F.3400, page 18 states that the facility shall report all allegation of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators. Page 25 further states that investigations into allegations of sexual abuse and sexual harassment, shall be conducted promptly, thoroughly, and objectively for all allegations. A review of the agency website (https://www.ncdps.gov/adult-corrections/prisons/policy-procedure-manual/chronological-log) indicates that F.3400 is published and accessible to the public and the information on investigation is included on pages 25-29. A review of two sexual abuse allegations indicated that one was referred to BCSO but they declined to investigate. The allegation was investigated at the administrative level by the facility. The interview with the investigator confirmed they conduct a preliminary investigation at the facility and depending on if it meets criminal criteria they would call the Sheriff's Office. He indicated if the Sheriff's Office declines they would just continue an administrative investigation at the facility level.</p> <p>115.22 (c): F.3400, page 18 states that local law enforcement shall be notified if there is evidence or suspicion that criminal conduct may have occurred. A review of documentation indicated that in August 2021 the agency sent memos to all local law enforcement agencies, including BCSO related to PREA investigations and compliance.</p> <p>115.22 (d): The auditor is not required to audit this provision.</p> |

115.22 (e): The auditor is not required to audit this provision.

Based on a review of the PAQ, F.3400, the memo to local law enforcement, investigative reports, the agency's website and information obtained via interviews with the Agency Head Designee and the investigator indicate that this standard appears to be compliant.

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| 115.31 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. PREA: Sexual Abuse and Sexual Harassment 101 Training Curriculum 4. PREA: Sexual Abuse and Sexual Harassment 201 Training Curriculum 5. Staff Offender Relations Curriculum 6. Maintaining an Atmosphere of Professionalism Brochure 7. Sample of Staff Training Records <p>Documents Received During the Interim Report Period:</p> <ol style="list-style-type: none"> 1. Memorandum Related to Staff Refresher Training 2. Staff Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff <p>Findings (By Provision):</p> <p>115.31 (a): The PAQ indicates that the agency trains all employees who may have contact with inmates on the requirements under this provision. F.3400, pages 5-6 state that new employees shall receive sexual abuse and harassment 101 training that addresses the following: the agency's standard of zero tolerance of sexual abuse and sexual harassment toward offenders, either by staff, contractors, volunteers or by offenders; employees' responsibilities when responding to sexual abuse and harassment; offenders' right to be free from sexual abuse and sexual harassment, offenders' and employees' right to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in confinement, common reactions of sexual abuse and sexual harassment victims, detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with offenders, how to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; relevant laws related to age of consent; and unique attributes of working with males and/or females in confinement/supervision. A review of the PREA: Sexual Abuse and Sexual Harassment 101 training curriculum confirms that the training includes information on: the agency's zero-tolerance policy (pages 1-2), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (pages six & seven), the inmates' right to be free from sexual abuse and sexual harassment (pages 4-5), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (pages 4-5), the dynamics of sexual abuse and sexual harassment in a confinement setting (pages 9-11), the common reactions of sexual abuse and sexual harassment victims (pages 7-9 and 12-13), how to detect and respond to signs of threatened and actual sexual abuse (pages 6-13), how to avoid inappropriate relationship with inmates (pages 13-14), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (page 15-16) and how to comply with relevant laws related to mandatory reporting (page 5). Additionally, the Staff and Offender Relations training curriculum and the Maintaining an Atmosphere of Professionalism brochure indicate that staff are provided additional education on professional boundaries with offenders. A review of twelve staff training records indicated that all twelve had received PREA training. Interviews with twelve random staff confirmed that all twelve had received PREA training. Staff stated they receive training once a year and topics include information about the hotline, first responder duties and information on transgender inmates. All twelve staff confirmed that the components required under this provision were covered during training.</p> <p>115.31 (b): The PAQ indicated that training is not tailored to the gender of inmate at the facility but rather training is tailored to the genders housed within the agency, not just the facility. The PAQ further stated that employees who are reassigned from facilities housing the opposite gender are not given additional training. F.3400, page 6 states that new employees shall receive sexual abuse and harassment 101 training that addresses unique attributes of working with males and/or females in confinement/supervision. A review of the PREA: Sexual Abuse and Sexual Harassment 101 training curriculum confirms that pages 7-9 outline male, female and LGBTI specific training. Additionally, staff who work at female facilities receive additional</p> |

training on how to handle female offenders. A review of training records confirmed that staff working at the facility received additional training on how to handle female offenders.

115.31 (c): The PAQ was blank, however further communication with the PCM indicated that between trainings the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. The PAQ further stated that staff are provided training every other year. F.3400, page 6 states that all staff shall receive the PREA 101 refresher training every two years and receive the PREA 201 refresher information during the alternate years on offender sexual abuse and sexual harassment issues emphasizing the zero tolerance and duty to report, as well as covering current sexual abuse and sexual harassment policies and procedures. A review of the PREA 201 training curriculum indicated that staff are provided training on PREA prevention strategies, definitions, relevant North Carolina General Statutes, sexual abuse and harassment policies, ways to report sexual abuse, first responder duties and disciplinary sanctions. A review of twelve staff training records indicated that eight have received PREA refresher training. Only three of the eight had received the refresher training at least every two years. It should be noted that two of the staff were new hires and as such would only have one year of PREA training. During the interim report period the facility provided the auditor with an assurance/training memo related to the appropriate timeframes for refresher training. The memo included signatures of the appropriate staff responsible for tracking the appropriate staff training to ensure it is completed timely. Additionally, the facility provided the auditor with documentation confirming that all current staff (with the exception of those out on extended leave) had completed current PREA training.

115.31 (d): The PAQ indicates that the agency documents that employees who may have contact with inmates understand the training they have received through employee signatures or electronic verification. F.3400, page 6 states that certification of employee understanding of materials shall be documented by signing the form OPA-T10 PREA Acknowledgment; or electronic signature when completing the E-Learning course authorized by the agency. A review of training records indicate that all twelve staff were documented through employee signature or electronic verification that they received PREA training.

Based on a review of the PAQ, F.3400, the PREA 101 and 102 training curriculums, the Staff and Offender Relations training curriculum, the Maintaining an Atmosphere of Professionalism brochure, a review of a sample of staff training records, documents received during the interim report period, as well as interviews with random staff indicate that this standard appears to have been corrected during the interim report period and as such is compliant.

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| 115.32 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Policy and Procedure E.3400 – Community Volunteer & Community Leave Program 4. PREA: Sexual Abuse and Sexual Harassment 101 Training Curriculum 5. A Guide for the Prevention and Reporting of Undue Familiarity and Sexual Abuse with Offenders/Inmates Brochure 6. Sample of Contractor Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Volunteers or Contractors who have Contact with Inmates <p>Findings (By Provision):</p> <p>115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. F.3400, page 6 states that volunteers (with the exception of one-time volunteers who have no direct contact with offenders), custodial agents, contractors and other persons providing services to offenders: shall receive the sexual abuse and harassment 101 training as part of the initial orientation which addresses: the agencies standard of zero tolerance of sexual abuse and sexual harassment toward offenders, either by staff, contractors, volunteers, or by offenders; and applicable methods to report incidents of sexual abuse and sexual harassment. The policy indicates that volunteers and contract agents shall receive training annually. E.3400, page 5 states that volunteers will receive at least a two hour orientation and training including but not limited to: PREA; a review of relevant prison policies, procedures and guidelines; and best practices for volunteering with the inmate population, including "Undue Familiarity Guidelines." The PAQ indicated that seven volunteers and contractors have received PREA training. This indicated that less than 100% of volunteers and contractors received training. Further discussion with the PCM indicated that all nine of the volunteers and contractors received PREA training. A review of the PREA 101 training curriculum confirms that the zero tolerance policy is discussed on pages 1-2. The brochure states that "you have a duty to report incidences of undue familiarity and offender/inmate sexual abuse!!!" and outlines methods to report, including: facility or judicial district office, facility or section administrator, officer in charge or supervisor, agency contact or PREA administration through email (prea@doc.state.nc.us). A review of a sample of training documents for three contractors and three volunteers indicated that all six had received training on the sexual abuse and sexual harassment policies. The interview with the contractor confirmed that she received information on her duties under the agency's sexual abuse and sexual harassment prevention, detection and response policies and procedures. She stated that the training was provided in person and was several hours. She confirmed they went over a lot of information, included zero-tolerance and how/who to report to, and that it was very extensive. It should be noted there were no volunteers during the on-site portion of the audit due to COVID-19.</p> <p>115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. Additionally, the PAQ indicates that all volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. F.3400, page 6 states that volunteers (with the exception of one-time volunteers who have no direct contact with offenders), custodial agents, contractors and other persons providing services to offenders: shall receive the sexual abuse and harassment 101 training as part of the initial orientation which addresses: the agencies standard of zero tolerance of sexual abuse and sexual harassment toward offenders, either by staff, contractors, volunteers, or by offenders; and applicable methods to report incidents of sexual abuse and sexual harassment. One time volunteers shall receive information on OPA-T10 which addresses; the agencies standard of zero tolerance of sexual abuse and sexual harassment, toward offenders, either by staff, contractors, volunteers, or by offenders; and how to report incidents of sexual abuse and harassment. E.3400, page 5 states that volunteers will receive at least a two hour orientation and training including but not limited to: PREA; a review of relevant prison policies, procedures and guidelines; and best practices for volunteering with the inmate population, including "Undue Familiarity Guidelines." A review of a sample of training documents for three contractors and three volunteers indicated that all six had received training on the sexual abuse and sexual harassment policies. The interview with the contractor confirmed that she received information on her duties under the agency's sexual abuse and sexual harassment prevention, detection and response policies and</p> |

procedures. She stated that the training was provided in person and was several hours. She confirmed they went over a lot of information, included zero-tolerance and how/who to report to, and that it was very extensive. It should be noted there were no volunteers during the on-site portion of the audit due to COVID-19.

115.32 (c): The PAQ indicated that the agency maintains documentation confirming that volunteers and contractors understand the training they have received. F.3400, page 7 indicates that volunteers, work release/study release and contractors must review and verify understanding of training by signing the OPA-T10 PREA Acknowledgment form. E.3400, page states that all volunteers shall sign an "Acknowledgment of Volunteer Training and Orientation Form." A review of a sample of training documents for three contractors and three volunteers indicated that all six had received training on the sexual abuse and sexual harassment policies.

Based on a review of the PAQ, F.3400, E.3400, the PREA 101 training curriculum, the undue familiarity guideline brochure, a review of a sample of contractor training records as well as the interview with the contractor indicate that this standard appears to be compliant.

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| 115.33 | Inmate education |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Policy and Procedure E.2600 – Reasonable Accommodations for Offenders with Disabilities 4. Policy and Procedure P.0400 – Non-English Speaking Offender Program 5. Language Resource Center (LRC) Interpretation & Translation Services 6. Sexual Abuse Awareness for Inmates Brochure 7. Inmate Rules and Policies Booklet 8. PREA Poster (English and Spanish) 9. Victim Advocacy Poster 10. Outside Reporting Poster 11. External Reporting Agency Acknowledgment Form 12. Inmate Training Records (OPA-T100 English and OPA-T100 Spanish) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Intake Staff 2. Interview with Random Inmates <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Intake Area 2. Observations of PREA Posters <p>Findings (By Provision):</p> <p>115.33 (a): The PAQ indicated that inmates receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. The PAQ indicated that 250 inmates received information on the zero-tolerance policy and how to report at intake, which is equivalent to 100% of inmates who arrived in the previous twelve months and stayed over 72 hours. F.3400, page 9 states that all offenders shall receive, during reception, information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse and sexual harassment. Each offender shall receive a copy of the PREA brochure. A review of the Sexual Abuse Awareness for Inmates brochure confirms that it includes information on methods to report sexual abuse. A review of the Rules and Polices booklet confirms that it includes information on the agency's zero-tolerance policy. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Inmates go through the intake area, but all information is provided to them once they get to a classroom. Inmates receive the Sexual Abuse Awareness for Inmates brochure as well as the Rules and Policies booklet which together include information on the zero-tolerance policy and methods of reporting sexual abuse during intake. Additionally, the facility provides numerous other documents including an external reporting poster and a victim advocacy poster. The interview with the intake staff confirmed that inmates are provided information, during intake, related to the agency's sexual abuse and sexual harassment policies, including the zero tolerance policy and methods to report. The staff member stated that inmates are a brochure and information at orientation upon arrival. The staff member also stated that brochures and information are all over the units in the dayroom, the bulletin boards and in the common areas. Interviews with 21 inmates indicated that all 21 were provided information on the agency's sexual abuse and sexual harassment policies. A review of 21 inmate files indicated that all 21 were documented with receiving PREA information at intake, including eighteen inmates that arrived in the previous twelve months. Most inmates were documented with receiving PREA education numerous times.</p> <p>115.33 (b): F.3400, page 9 states that all offenders shall receive comprehensive PREA education about sexual abuse and</p> |

sexual harassment. Such education shall be completed within 30 days of intake and upon transfer to a different facility. Comprehensive education shall include: offenders' rights to be free from sexual abuse and sexual harassment; offenders' rights to be free from retaliation for reporting incidents of sexual abuse and sexual harassment; the agency's policies and procedures for responding to incidents of sexual abuse and sexual harassment and methods available to offenders for reporting incidents of sexual abuse or sexual harassment internally and to an external agency or entity. The PAQ indicated that 198 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to 100% of those received in the previous twelve months whose length of stay was for 30 days or more. Inmates receive the initial education and the comprehensive education at the Diagnostic Center and the facility provides only the information that is different. Inmates are provided the Sexual Abuse Awareness for Inmates brochure as well as the Rules and Policies booklet which together include information on the zero-tolerance policy and methods of reporting sexual abuse. The facility exceeds this standard and provides inmates with an excessive amount of information related to PREA. Staff also provide a victim advocacy poster and a poster on the outside reporting mechanism. The staff member providing the information verbally goes over the key points, including how to contact each organization and has the inmate sign that they received the information on each acknowledgment form. The auditor reviewed the staff members talking points related to the comprehensive education and confirmed that the external reporting agency acknowledgment form covers the inmate's rights and methods to report. Interviews with 21 inmates confirmed that all 21 had received compressive PREA education on their rights and how to report. Most indicated they received it the same day, but all advised that they received it within a couple of days. The interview with intake staff indicated that inmates are provided education on their rights under PREA and how to report sexual abuse and sexual harassment typically within 24 hours, but they will get orientation and comprehensive PREA education within 30 days. The staff member stated that inmates are educated in person or through a video regarding their rights. The staff member indicated that the information is provided in accessible formats for LEP and disabilities and the information can be read to them. The staff member stated that any changes in policy is also posted on the bulletin board so that the information is available for the inmates. A review of 21 inmate files indicated that all 21 were documented with receiving comprehensive PREA education, including eighteen that arrived in the previous twelve months. Most inmates were documented with receiving PREA education numerous times.

115.33 (c): The PAQ indicated that of those who were not educated within 30 days of intake, all inmate have been educated subsequently by November 13, 2021. Additionally, the PAQ indicated that agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. F.3400, pages 9-10 state that all offenders shall receive education about sexual abuse and sexual harassment upon transfer to a different facility. Education shall be completed utilizing the Offender Factsheet OPA-T101 Facilitator Talking Points. Each offender shall receive a copy of the PREA brochure. Each offender will sign the Orientation Form and it will be placed in his/her field jacket. A review of 21 inmate files indicated that all 21 were documented with receiving comprehensive PREA education, including eighteen inmates that arrived in the previous twelve months. Most inmates were documented with PREA education numerous times. The interview with intake staff indicated that inmates are provided education on their rights under PREA and how to report sexual abuse and sexual harassment typically within 24 hours, but they will get orientation and comprehensive PREA education within 30 days. The staff member stated that inmates are educated in person or through a video regarding their rights. The staff member indicated that the information is provided in accessible formats for LEP and disabilities and the information can be read to them. The staff member stated that any changes in policy is also posted on the bulletin board so that the information is available for the inmates.

115.33 (d): The PAQ indicated that inmate PREA education is available in formats accessible to all inmates, including those who are limited English proficient. The facility has staff members who are able to provide accommodations for inmates who are LEP. F.3400, page 10 states that appropriate provisions shall be made as necessary for offenders not fluent in English, persons with disabilities and those with low literacy levels. P.0400 describes the Non-English Speaking Offender Program which is located at certain facilities and provides special service to meet the needs of the LEP population. E.2600, describes that each facility has an Americans with Disabilities Act (ADA) Coordinator who handles reasonable modification requests and assists inmates with obtaining necessary items and equipment related to his/her disability. Additionally, the agency indicated that they have posters for opposite gender staff and blinking colored lights in specific housing units for deaf inmates. A review of PREA posters, the PREA brochure and inmate distributed information confirmed that information can be provided in large font, bright colors, is available in both English and Spanish and can be translated into other languages, as needed. The auditor verified the opposite gender posters were displayed at the facility, however there were not blinking colored lights during the on-site portion of the audit. It should be noted that the facility was not an ADA designated facility. The facility also has a contract with Language Resource Center Interpretation & Translation Services. This company provides the facility a number that they can call that connects the staff member with a translator who can will translate information between the staff member and LEP inmate. The auditor previously utilized LRC translation service for video ASL and language interpretation. During the tour the auditor observed that each housing unit had a large PREA board that had a plethora of PREA information which included bright colors, larger font and pictures.

Additionally, information was posted in both English and Spanish. A review of two disabled inmate files indicated that both had signed that they received and understood the PREA information.

115.33 (e): The PAQ indicated that the agency maintains documentation of inmate participation in PREA education sessions. F.3400, page 10 states that each offender will sign the Orientation Form and it will be placed in his/her field jacket. A review of 21 inmate files indicate that all 21 were documented with receiving the education.

115.33 (f): The PAQ indicated that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks or other written formats. F.3400, page 10 states that additional sexual abuse and sexual harassment information shall be provided through offender brochures, handbooks and posters. A review of the brochure, booklet and posters confirmed information is accessible to inmates through these avenues. During the tour the auditor observed that the facility went above and beyond with their PREA information. Each housing unit had numerous PREA bulletin boards with information. Information was easy to read and understand and contained numerous topics.

Based on a review of the PAQ, F.3400, E.2600, P.0400, Language Resource Center (LRC) Interpretation & Translation Services, the Sexual Abuse Awareness for Inmates brochure, the Rules and Policies booklet, the PREA Poster, the victim advocacy poster, the outside reporting poster, the external reporting agency acknowledgment form, the observations made during the tour to include the availability of PREA information as well as information obtained during interviews with intake staff and random inmates indicate that the facility appears to exceed this standard. While the facility is not required to complete comprehensive education as inmates receive it at intake into the agency, the facility completes comprehensive education with each inmate that arrives. The facility has created their own supplemental documentation to provide to inmates in order to ensure they receive appropriate information on their rights and how to report. Additionally, the facility has superb educational information placed around the facility related to their PREA policies and procedures. All inmates confirmed they received this information prior to the timeframes required and all staff confirmed they provide this information.

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| 115.34 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. North Carolina Department of Public Safety (NCDPS) Specialized Investigations: Sexual Abuse and Harassment 4. Investigator Training Records 5. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Investigative Staff <p>Findings (By Provision):</p> <p>115.34 (a): The PAQ indicates that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. F.3400, page 8 states that investigators shall complete appropriate employee training defined in .3406(a) and shall receive training on conducting sexual abuse and harassment investigations in a confinement setting. Such training shall include: techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in a confinement setting; and criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency utilizes their own training for this standard; NCDPS Specialized Investigations: Sexual Abuse and Harassment Response. A review of documentation indicated that two facility staff, including those who completed the sexual abuse investigations, were documented with the specialized investigations training. The interview with the investigator indicated he received specialized training regarding conducting sexual abuse and sexual harassment investigations in a confinement setting. He stated the training was done at the training consortium and was a two day course. The course covered different techniques for interviewing sexual abuse victims, Miranda and Garrity, different ways to collect evidence, criteria to substantiate a case and how to enter reports into OPUS.</p> <p>115.34 (b): F.3400, page 8 states that investigators shall complete appropriate employee training defined in .3406(a) and shall receive training on conducting sexual abuse and harassment investigations in a confinement setting. Such training shall include: techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in a confinement setting; and criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency utilizes their own training for this standard; NCDPS Specialized Investigations: Sexual Abuse and Harassment Response. A review of the training curriculum confirmed it includes the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. A review of documentation indicated that two facility staff, including those who completed the sexual abuse investigations, were documented with the specialized investigations training. The interview with the investigator confirmed that the specialized investigator training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative case.</p> <p>115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that one facility investigator had completed the specialized training. Further communication with the PCM indicated there are actually two facility who used to complete investigations, however one is no longer at the facility. F.3400, page 8 states that completion of training shall be documented on form OSDT-1 and in appropriate agency training tracking system. A review of documentation indicated that two facility staff, including those who completed the sexual abuse investigations, were documented with the specialized investigations training.</p> <p>115.34 (d): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, F.3400, the Specialized Investigations: Sexual Abuse and Harassment curriculum, investigator training records as well as the interview with the investigator, indicates that this standard appears to be compliant.</p> |

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| 115.35 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Sexual Abuse and Sexual Harassment Medical and Mental Health Response Training Curriculum 4. Medical and Mental Health Staff Training Records <p>Documents Received During the Interim Report Period:</p> <ol style="list-style-type: none"> 1. Medical and Mental Health Staff Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Medical and Mental Health Staff <p>Findings (By Provision):</p> <p>115.35 (a): The PAQ indicated that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. F.3400, page 8 states that all full and part time medical and mental health care practitioners who work regularly in its facilities shall be trained in: detecting and assessing signs of sexual abuse and sexual harassment; preserving physical evidence of sexual abuse; responding effectively and professionally to victims of sexual abuse and sexual harassment; and how and whom to report allegations or suspicions of sexual abuse and sexual harassment. The training is conducted via the Sexual Abuse and Sexual Harassment Medical and Mental Health Response training. A review of the training curriculum confirmed that it includes the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment . The PAQ indicated that the facility has five medical and mental health staff and that 100% have received the specialized training. A review of six medical and mental health staff training records indicated that three have completed the specialized medical and mental health training. The three without the specialized training were contracted medical staff. Further communication with the PCM indicated that contracted medical staff do not have access to the online training system and as such did not have access to the specialized medical and mental health training. The PCM determined that they would provide the specialized training through another method and they would do sign-in sheets to document the training. Interviews with medical and mental health staff confirmed that they have received specialized training related to sexual abuse and sexual harassment. Staff stated that the training was during an on-going training and was very extensive. The staff stated the training included signs of sexual victimization, how to report, zero-tolerance and signs of perpetration. Both staff confirmed that the required components under this provision were covered in the training. During the interim report period the facility provided the auditor with confirmation that all contracted medical and mental health care staff received the specialized medical and mental health training. A sign-in sheet was provided to the auditor confirming the completed training.</p> <p>115.35 (b): The PAQ indicated that this provision does not apply as agency medical and mental health care staff do not perform forensic medical examinations. Interviews with medical and mental health staff confirm that they do not perform forensic medical examinations.</p> <p>115.35 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. F.3400, page 9 states that verification of employee training shall be documented on form OSDT-1 and in appropriate agency training tracking system. A review of six medical and mental health staff training records indicated that three have completed the specialized medical and mental health training. Further communication with the PCM indicated that contracted medical staff do not have access to the online training system and as such did not have access to the specialized medical and mental health training. The PCM determined that they would provide the specialized training through another method and they would do sign-in sheets to document the training. During the interim report period the facility provided the auditor with confirmation that all contracted medical and mental health care staff received the specialized medical and mental health training. A sign-in sheet was provided to the auditor confirming the completed training.</p> <p>115.35 (d): F.3400, page 8 states that medical and mental health care practitioners shall complete mandated training defined in section .3406(a) for employees; or mandated training defined in section .3406(b) for volunteers, custodial agents, contractors and other persons providing services to offenders for contractor's. A review of six medical and mental health staff</p> |

training records indicated that three had the staff PREA training and three had the contractor PREA training.

Based on a review of the PAQ, F.3400, Sexual Abuse and Sexual Harassment Medical and Mental Health Response training curriculum, a review of medical and mental health care staff training records, training records received during the interim report as well as interviews with medical and mental health care staff indicate that this standard was corrected during the interim report period and as such is compliant.

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| 115.41 | Screening for risk of victimization and abusiveness |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Diagnostic Center Procedure (DCP) 305 – Psychological and Psychiatric Referral 4. Initial Risk Screening Tool 5. Reassessment and Transfer Screening Tool 6. PREA Screening Compliance Tool Memorandum 7. Risk to Sexual Victimization and Abusiveness Screening Guide (Prisons) 8. Inmate Assessment and Reassessment Documents <p>Documents Received During the Interim Report Period:</p> <ol style="list-style-type: none"> 1. Training Memorandum Related to Reassessments <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with Random Inmates 3. Interview with the PREA Coordinator 4. Interview with the PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Risk Screening Area 2. Observations of Where Inmate Files are Located <p>Findings (By Provision):</p> <p>115.41 (a): The PAQ indicated that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates. F.3400, page 10 states that all offenders and safekeepers shall receive a mental health screening (MHSI), administered via the web-based Offender Population Unified System (OPUS) intake system, within 72 hours after admission to prison. Diagnostic Services staff shall conduct screening to determine an offender's risk of being sexually abused by other offenders or their risk of being sexually abusive toward other offenders. DCP 305 further states that using the following risk factors, inmates will also be evaluated during diagnostic processing to determine if they are prone to victimize other inmates. They are: guilty of substantiated PREA incidents, and/or identified as a "sex predator", and/or guilty of assaultive sexual infraction, and/or convicted of sex and violent offense and guilty of sexual act and violent infractions. During the tour, the auditor observed the intake area, but confirmed that this is not the area where the risk screening is conducted. The risk screening is conducted in staff offices, which is a confidential setting. The interview with the staff responsible for the risk screening confirmed that inmates are screened for their risk of victimization and abusiveness during intake (within 24 hours). Interviews with eighteen inmates that arrived within the previous twelve months indicated that seventeen were asked questions related to risk of victimization and abusiveness.</p> <p>115.41 (b): The PAQ indicated that the policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. F.3400, page 10 states that all offenders and safekeepers shall receive a mental health screening (MHSI), administered via the web-based OPUS intake system, within 72 hours after admission to prison. Diagnostic Services staff shall conduct screening to determine an offender's risk of being sexually abused by other offenders or their risk of being sexually abusive toward other offenders. The PAQ indicated that 250 inmates were screened within 72 hours over the previous twelve months. This indicates that 100% of those whose length of stay was for 72 hours or more received a risk screening within 72 hours. A review of eighteen inmate records of those that arrived</p> |

within the previous twelve months indicated that all eighteen had an initial risk screening. Of the eighteen, fourteen were completed within 72 hours. The interview with the staff responsible for the risk screening confirmed that inmates are screened for their risk of victimization and abusiveness within 72 hours. Interviews with eighteen inmates that arrived within the previous twelve months indicate that seventeen were asked the questions related to risk of victimization and abusiveness either the same day they arrived or within 48 hours.

115.41 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. F.3400, page 10 states that the screening shall use an objective screening instrument that obtains the following minimum biographical data about the offender: whether the offender has a mental, physical or developmental disability; the age of the offender; the physical build of the offender; whether the offender has previously been incarcerated; whether the offender's criminal history is exclusively nonviolent; whether the offender has prior convictions for sex offenses against an adult or child; whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the offender has previously experienced sexual victimization; the offender's own perception of vulnerability and whether the offender is detained solely for civil immigration purposes. Additionally, policy states that the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing offenders for risk of being sexually abusive. A review of the initial risk screening tool in the electronic OPUS system indicates that inmates are asked about mental health concerns, prior sexual abuse, prior charges or convictions for a sex offense, prior violent behavior, sexual orientation, special education history, the inmates perceived risk of sexual victimization and the screening staff's perception of whether the inmate is lesbian, gay, bisexual, transgender, intersex or gender nonconforming. Additionally, the Risk of Sexual Victimization and Abusiveness Screening Guide indicates that general information such as gender, body build, race, age, height, weight, physical and mental health capabilities, education level, developmental disabilities and arrest history are completed on the Screening Inventory which is factored into the risk screening assessment tool. OPUS automatically calculates each response to the screening questions to determine if the offender is considered high-risk for victimization and/or abusiveness.

115.41 (d): F.3400, page 10 states that the screening shall use an objective screening instrument that obtains the following minimum biographical data about the offender: whether the offender has a mental, physical or developmental disability; the age of the offender; the physical build of the offender; whether the offender has previously been incarcerated; whether the offender's criminal history is exclusively nonviolent; whether the offender has prior convictions for sex offenses against an adult or child; whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the offender has previously experienced sexual victimization; the offender's own perception of vulnerability and whether the offender is detained solely for civil immigration purposes. A review of the electronic OPUS system indicates that inmates are asked fourteen questions including: have you ever been a victim of sexual abuse, have you ever been convicted of or charged with a sex offense, have you ever engaged in violent behavior, what is your sexual orientation, do you feel like you are at risk of being harmed (physically, emotionally or sexually). The screening also has a question for the screening related to their perception of whether the inmate is gay, lesbian, bisexual, transgender, intersex or gender nonconforming. A review of the initial risk screening tool in the electronic OPUS system indicates that inmates are asked about mental health concerns, prior sexual abuse, prior charges or convictions for a sex offense, prior violent behavior, sexual orientation, special education history, the inmates perceived risk of sexual victimization and the screening staff's perception of whether the inmate is lesbian, gay, bisexual, transgender, intersex or gender nonconforming. Additionally, the Risk of Sexual Victimization and Abusiveness Screening Guide indicates that general information such as gender, body build, race, age, height, weight, physical and mental health capabilities, education level, developmental disabilities and arrest history are completed on the Screening Inventory which is factored into the risk screening assessment tool. OPUS automatically calculates each response to the screening questions to determine if the offender is considered high-risk for victimization and/or abusiveness. The staff responsible for the risk screening indicated that the risk screening is yes or no questions and includes if they feel safe, if they have been sexually abused prior to this facility, their sexual orientation and if they feel at risk of being physically, mentally or sexually abused.

115.41 (e): F.3400, page 10 states that the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing offenders for risk of being sexually abusive. A review of the initial risk screening tool in the electronic OPUS system indicates that inmates are asked about mental health concerns, prior sexual abuse, prior charges or convictions for a sex offense, prior violent behavior, sexual orientation, special education history, the inmates perceived risk of sexual victimization and the screening staff's perception of whether the inmate is lesbian, gay, bisexual, transgender, intersex or gender nonconforming. Additionally, the Risk of Sexual Victimization and Abusiveness Screening Guide indicates that general information such as gender, body build, race, age, height, weight, physical and mental health capabilities, education level, developmental disabilities and arrest history are completed on the Screening Inventory which is factored into the risk screening assessment tool. OPUS automatically calculates each response to the screening questions to determine if the offender is considered high-risk for victimization and/or abusiveness. The staff responsible for the risk screening indicated that the risk screening is yes or no questions and includes if they feel safe, if they have been sexually abused prior to this facility, their sexual orientation and if they feel at risk of being physically, mentally or sexually abused.

115.41 (f): The PAQ indicated that the policy requires that the facility reassess each inmate's risk of victimization or

abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. F.3400, page 11 states that within a set time period, not to exceed 30 days from the offender's arrival at the facility, the facility will reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. The PAQ indicated that the facility requires inmates to be reassessed and that 198 inmates were reassessed within 30 days, which is equivalent to 100% of inmates that stayed for 30 days or more. The memo from the Director of Rehabilitative Services indicated that prior to April 30, 2021 the agency was not conducting reassessments. The issue was identified during a previous audit and the agency updated their risk screening process. A training PowerPoint was created related to the changes in OPUS and was provided to agency staff as well as the memo. The memo indicates that effective April 30, 2021 all inmates are to be reassessed within 30 days and the OPUS system would electronically trigger staff to complete this review. A review of the Reassessment and Transfer Risk Screening indicates that inmates are asked five questions upon transfer to a new facility and during the 30 day reassessment, including: prior victimization that was not already reported, the inmate's sexual preference, the inmate's gender identity and/or sexual preference, the staff's perception of whether the inmate is LGBTI and the inmate's perception on their risk for being sexually abuse. The interview with the staff responsible for the risk screening indicated they see the inmates within 24 hours and then they see them again one-on-one for case management. The staff was not sure about the reassessment. Interviews with eighteen inmates that arrived within the previous twelve months indicated that nine had been asked the risk screening questions on more than one occasion. Most of the nine stated they were asked about a month or so after they arrived. A review of eighteen inmate files of those that arrived in the previous twelve months indicated that fourteen had a reassessment completed. During the on-site, the auditor determined that while the facility was routinely completing the reassessments, there was misinterpretation on the direction of the reassessments. Staff advised that they were under the impression that the reassessments were to capture any sexual abuse that may have occurred in prison since their last assessment that was not reported. This was also confirmed through interviews with inmates. One inmate advised she tried to disclose prior sexual abuse that occurred in the community during a screening and the staff advised that this was not what the question meant. Thus, the auditor determined that the reassessments may not be capturing the necessary information related to prior victimization. On February 15, 2021 the facility provided the auditor with a training memorandum related to the reassessment. The facility provided the risk assessment staff training regarding this question and how to explain the question to the inmates if they do not understand it. The facility is not an intake facility and as such most reported prior sexual victimization is disclosed at intake centers, however this does not mean that there may not be times that an inmate may want to disclose prior victimization at a later time. As such all staff should be trained appropriately on the risk screening questions. The auditor advised the facility that they should reassess each inmate at the facility to ensure that risk assessments were accurate, however the PREA office staff instructed the facility not to conduct reassessments on the population.

115.41 (g): The PAQ indicated that the policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The interview with the staff responsible for the risk screening indicated inmates are not reassessed when warranted due to referral, request, incident of sexual abuse or receipt of additional information. Interviews with eighteen inmates that arrived within the previous twelve months indicated that nine had been asked the risk screening questions on more than one occasion. Most of the nine stated they were asked about a month or so after they arrived. A review of eighteen inmate files of those that arrived in the previous twelve months indicated that fourteen had a reassessment completed. There was one substantiated sexual abuse allegation however the inmate was released prior to the reported allegation and as such a reassessment was not able to be completed.

115.41 (h): The PAQ indicated that policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the inmate has a mental, physical, or developmental disability; (b) whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the inmate has previously experienced sexual victimization; and (d) the inmate's own perception of vulnerability. F.3400, page 11 states that offenders may not be disciplined for refusing to answer or for not disclosing complete information during screening or assessment. The interview with the staff responsible for risk screening confirmed that inmates are not disciplined for refusing to answer any of the risk screening questions.

115.41 (i): F.3400, page 11 states that the responses to the MHSI, are confidential; therefore the facility shall implement appropriate controls on the dissemination of response to questions asked in order to ensure that sensitive information is not exploited to the offender's detriment by staff or other offenders. The interview with the PREA Coordinator indicated that each division has a process that is confidential. For the adult and community confinement division the system is OPUS. He stated that there is limited access to the system and only assigned individuals have certain access. The PCM stated that the agency has outlined who has access to the risk screening information so it is not exploited. He stated the information is accessible to administrative staff, case management staff, the OIC and only other staff that have a need to know. He further stated that they check daily to see who is on the high risk of victimization and abuser lists and they cannot see their responses, only that they are on the list. The staff responsible for risk screening stated that once the information is entered into the system no one is able to view the responses.

Based on a review of the PAQ, F.3400, DCP 305, the Initial Risk Screening Tool, the Reassessment and Transfer Screening

Tool, the PREA Screening Compliance Tool Memorandum, the Risk to Sexual Victimization and Abusiveness Screening Guide (Prisons), a review of inmate files, documentation received during the interim report period and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicate that this standard requires corrective action. While the agency policy states that inmates are to be reassessed within 30 days based upon any additional, relevant information received by the facility since the intake screening, the policy does not address the requirement as outlined in provision (g), that inmates be reassessed when warranted due to referral, request, receipt of additional information or an incident of sexual abuse. Additionally, During the on-site, the auditor determined that while the facility was routinely completing the reassessments, there was misinterpretation on the direction of the reassessments. Staff advised that they were under the impression that the reassessments were to capture any sexual abuse that may have occurred in prison since their last assessment that was not reported. This was also confirmed through interviews with inmates. One inmate advised she tried to disclose prior sexual abuse that occurred in the community during a screening and the staff advised that this was not what the question meant. Thus, the auditor determined that the reassessments may not be capturing the necessary information related to prior victimization. On February 15, 2021 the facility provided the auditor with a training memorandum related to the reassessment. The facility provided the risk assessment staff training regarding this question and how to explain the question to the inmates if they do not understand it. The facility is not an intake facility and as such most reported prior sexual victimization is disclosed at intake centers, however this does not mean that there may not be times that an inmate may want to disclose prior victimization at a later time. As such all staff should be trained appropriately on the risk screening questions. The auditor advised the facility that they should reassess each inmate at the facility to ensure that risk assessments were accurate, however the PREA office staff instructed the facility not to conduct reassessments on the population. While the training was provided, the reassessment may have been read but was being interpreted differently and as such was being indicated differently to the offenders. As such, the auditor cannot confirm based on interviews that assessments are accurate based on this information.

Corrective Action

The agency will need to update their current policy with the requirement under provision (g). Appropriate staff will need to be provided training on the requirements under this standard. The training curriculum and training records should be provided to the auditor. The facility will need to reassess all current inmates now that all staff have been trained on the appropriate application of the prior victimization question. Documentation will need to be provided showing that all current inmates at the facility have had a reassessment completed after February 15, 2022 (training date).

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Updated Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy
2. Staff Training Documentation
3. Memorandum of Assurance Related to Reassessment of all Inmates
4. Sample of Reassessment Documents

On May 17, 2022 the agency provided the auditor with the updated policy related to reassessments due to request, referral, incident of sexual abuse and receipt of additional information. The agency advised that the OPUS system automatically reevaluates inmates' risk levels due to receipt of additional information, including after an investigation is completed (to include sexual abuse and sexual harassment investigations). A review of the OPUS Manual (page 21) confirms that "OPUS automatically reassesses an offender in the event new information has been received. e.g., offender weight gain, age change, ADA status change, investigation outcome, and education level programming is completed". The auditor advised that while the system may do this facet of the provision, request, and referrals are manual reassessments and as such training was still needed related to this practice. F.3400 interim policy and procedure, dated March 10, 2022, states an offender's risk level shall be reassessed when warranted due to referral, request, incident of sexual abuse and/or sexual harassment or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. On August 12, 2022 the facility provided training documentation confirming that appropriate staff were trained on the updated requirements under the revised policy language.

On May 17, 2022 the facility provided the auditor with the training email that was sent to staff related to reassessments. On May 17, 2022 the facility provided the auditor with an assurance memo confirming that all inmates at the facility prior to the staff training (February 15, 2022) were reassessed between February 24, 2022 and March 11, 2022. The facility advised that they did not have any inmates answer yes to prior sexual victimization during the reassessment of the inmate population. The memo did state that they had an inmate that arrived on May 6, 2022 report prior sexual victimization. The memo as well as the documentation provided confirmed the inmate was seen by mental health staff on May 10, 2022. In addition to the memo,

the facility provided a sample of reassessments to corroborate the assurance memo.

Based on the information provided during the corrective action period, the auditor determined that the facility has corrected this standard.

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| 115.42 | Use of screening information |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Policy and Procedure F.4300 – Evaluation & Management of Transgender Offenders 4. Housing Assignments of Inmates at Risk of Sexual Victimization and/or Sexual Abusiveness 5. LGBTI Housing Assignments <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with PREA Coordinator 3. Interview with PREA Compliance Manager 4. Interview with Gay, Lesbian and Bisexual Inmates <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Location of Inmate Records 2. Shower Area in Housing Units <p>Findings (By Provision):</p> <p>115.42 (a): The PAQ indicated that the agency/facility uses information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. F.3400, page 13 states that the information from the screening for risk of victimization and abusiveness shall be used to inform housing, bed, work, education and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized for those at high risk of being sexually abusive. The policy details managing housing and bed assignments including: offenders identified as high risk abusers shall be restricted from double-cell housing and newly admitted high risk abusers will be reviewed weekly by prison administration and manager of classification services. Policy indicates that when managing work assignments, facilities will consider such factors as the amount of staff supervision in the area, the presence or absence of surveillance equipment, and whether the job is in an isolated area prior to making assignments for high risk abusers. A review of documentation related to the risk screening confirmed that the electronic system will not allow inmates at high risk of victimization and/or abusiveness in certain housing units and job assignments. All risk screening information is electronic and not visible to any staff member once completed. The interview with the PREA Compliance Manager indicated that the information from the risk screening is considered when placing inmates in dorms, work assignments, and any other kind of special projects or tasks. He stated they would not place a victim in a work assignment without staff presence. The interview with the staff responsible for the risk screening indicate once an inmate is determined to be at high risk she/he is referred to mental health and for any other assessments. The staff further stated that the information is then used to determine the housing unit and job assignment placement. The PCM indicated that he ran a report which indicated that there were no inmates at high risk of victimization or abusiveness at the facility. The PCM stated he runs this report daily and has had a few inmates on this report over the last few months but that it is rare. The facility is a minimum security female facility and may account for the low number of inmates on these lists. During the on-site portion of the tour the auditor determined that the facility staff was misinterpreting the prior sexual victimization question of the reassessment. The facility conducted a training with the staff, however the PREA office determined that reassessments of the current population was unnecessary. However, based on interviews with staff and inmates during the on-site portion of the audit, the auditor determined that reassessments were necessary in order to obtain accurate results for risk of victimization and abusiveness. As such, because the PREA office advised the facility not to conduct reassessments, there may be inmates who do not have accurate levels of risk and as such their risk levels may not be accurate and housing, job and programming may not be appropriate based on risk level. The auditor cannot verify for sure without corrective action.</p> <p>115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each inmate. F.3400, page 13 states that the facility shall make individualized determination for bed assignments, based on</p> |

facility housing designs, to ensure the safety of each offender. It further states that facilities shall take appropriate actions to ensure all job assignments are appropriate for high-risk abusers. Page 14 also states that facilities shall take appropriate action to ensure all program assignments are appropriate for high-risk abusers. The interview with the staff responsible for the risk screening indicate once an inmate is determined to be at high risk she/he is referred to mental health and for any other assessments. The staff further stated that the information is then used to determine the housing unit and job assignment placement.

115.42 (c): The PAQ indicated that the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. F.3400, page 14 states that in deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems. The interview with the PCM indicated that transgender and intersex inmates housing assignments are typically assessed on a case-by-case basis. He confirmed that housing assignments consider the safety and security of the inmate as well as if the placement will present any security or management problems. There were no transgender or intersex inmates during the on-site portion of the audit and as such no interviews were conducted.

115.42 (d): F.3400, page 14 states that placement and programming assignments for each transgender or intersex offender shall be reassessed by the case manager at least twice each year to review any threats to safety experienced by the offender. The PCM confirmed that transgender and intersex inmates are reviewed at least twice a year to assess any threats to safety. The staff responsible for the risk screening indicated transgender and intersex inmates are reassessed at least twice a year, but they typically do it more regularly. A review of documentation indicated that the facility has not housed a transgender or intersex inmate over the past three years and as such there was not documentation to review.

115.42 (e): F.3400, page 14 states that transgender and intersex offender's own views with respect to his or her own safety shall be given serious consideration. The interviews with the PCM and staff responsible for the risk screening confirmed that transgender and intersex inmates' views with respect to their safety are given serious consideration. There were zero transgender or intersex inmates during the on-site portion of the audit and as such no interviews were conducted.

115.42 (f): F.3400, page 14 states that transgender and intersex offender shall be given the opportunity to shower separately from other offenders. During the tour the auditor observed that all showers were single person showers with curtains. The interviews with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates are afforded the opportunity to shower separately. The PCM stated that transgender and intersex inmates are given permission to shower when the dorms are closed. He further stated that all showers are single person showers too. There were zero transgender or intersex inmates during the on-site portion of the audit and as such no interviews were conducted.

115.42 (g): F.3400, page 14 states that the agency shall not place lesbian, gay, bisexual, transgender or intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit or wing established in connection with a consent decree, legal settlement or legal judgment for the purpose of protecting such offenders. The interview with the PC confirmed that they are not subject to a consent decree and that there is not a dedicated facility for LGBTI inmates. He further stated that there is a review committee and offenders are screened and how they respond to how they identify is provided to the Warden and mental health staff to handle per policy and procedure. The PCM confirmed that the agency goes not have a consent decree and that LGBTI inmates are not placed in dedicated facilities, units or wings solely because of their identification or status. A review of housing assignments for LGBTI inmates confirmed that they were housed throughout the facility.

Based on a review of the PAQ, F.3400, F.4300, inmates at risk of sexual abusiveness and sexual victimization housing determinations, LGB inmate housing assignments, observations made during the tour and information from interviews with the PC, PCM, staff responsible for conducting the risk screening and LGB inmates, indicates that this standard appears to require corrective action.

Corrective Action

The facility will need to reassess all current inmates now that all staff have been trained on the appropriate application of the prior victimization question. A list of all inmate at high risk of victimization and abusiveness will need to be provided along with their housing, job and program assignments.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Memorandum of Assurance Related to Reassessment of all Inmates

2. Sample of Reassessment Documents

3. List of High Risk Inmates

On May 17, 2022 the facility provided the auditor with the training email that was sent to staff related to reassessments. On May 17, 2022 the facility provided the auditor with an assurance memo confirming that all inmates at the facility prior to the staff training (February 15, 2022) were reassessed between February 24, 2022 and March 11, 2022. On the same date the facility provided a list of inmates at high risk of victimization and high risk of abusiveness. The facility noted three inmates who were at high risk of victimization and zero at high risk of abusiveness. All three were housed on an individual basis related to their risk screening designation. Additionally, work and program assignments were also considered based on the risk assessment.

Based on the information provided during the corrective action period, the facility has corrected this standard.

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| 115.43 | Protective Custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Documents:

1. Pre-Audit Questionnaire
2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy

Interviews:

1. Interview with the Warden

Site Review Observations:

1. Observations in Absence of Segregated Housing Unit

Findings (By Provision):

115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. It further indicated that there were zero instances where inmates had been placed in involuntary segregated housing due to their risk of sexual victimization. F.3400, page 15 states that offenders at high risk for sexual victimization shall not be placed in restrictive housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If the facility cannot conduct such an assessment immediately, the facility may hold the offender in restrictive housing for less than 24 hours while completing the assessment. The interview with the Warden confirmed that agency policy prohibits placing inmates at high risk of sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and it is determined that there are not alternative means of separation from likely abusers. The Warden stated that the facility does not have a segregated housing unit and as such this standard does not apply. During the tour the auditor confirmed the facility does not have a segregated housing unit.

115.43 (b): F.3400, page 15 states that offenders placed in restrictive housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: the opportunities that have been limited, the duration of the limitation, and the reasons for such limitations. During the tour the auditor confirmed the facility does not have a segregated housing unit. Interviews were not conducted with the staff who supervise inmates in segregated housing or inmates in segregated house due to the facility not having a segregated housing unit and the interviews not being applicable.

115.43 (c): The PAQ indicated there were zero inmates at risk of sexual victimization who were assigned to involuntary segregated housing due to their risk of sexual victimization for over 30 days. F.3400, page 15 states that the facility shall assign such offender to restrictive housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. Policy further states that alternative placement can include, but are not limited to, the following temporary options: relocation to a different housing unit; placement in a cell or bed closer to the Corrections Officer's desk within the unit; any other housing area that the facility head or designee deems appropriate to separate from likely abusers. The Warden stated that the facility does not have a segregated housing unit and as such this standard does not apply. Interviews were not conducted with the staff who supervise inmates in segregated housing or inmates in segregated house due to the facility not having a segregated housing unit and the interviews not being applicable.

115.43 (d): The PAQ indicated there were zero inmates at risk of sexual victimization who were held in involuntary segregated housing in the past twelve months who had both a statement of the basis for the facility's concern for the inmate's safety and the reason why alternative means of separation could not be arranged. F.3400, page 15 states that if a restrictive housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document: the basis for the facility's concern for the offender's safety and the reason why no alternative means of separation can be arranged.

115.43 (e): The PAQ indicate that if an inmate was placed in segregation due to risk of victimization, they would be reviewed every 30 days to determine if there was a continued need for the inmate to be separated from the general population. F.3400, page 16 states that every 30 days, the facility shall afford each such offender a review to determine whether there is a continuing need for separation from the general population. Interviews were not conducted with the staff who supervise inmates in segregated housing or inmates in segregated house due to the facility not having a segregated housing unit and the interviews not being applicable.

Based on a review of the PAQ, F.3400, observations from the facility tour as well as information from the interview with the Warden indicates this standard appears to be not applicable and as such compliant.

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| 115.51 | Inmate reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Policy and Procedure D.0300 – Offender Use of the Mail 4. Inmate Rules and Policies Booklet 5. Sexual Abuse Awareness Brochure 6. PREA Poster <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with Random Inmates 3. Interview with the PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observation of Posted PREA Reporting Information <p>Findings (By Provision):</p> <p>115.51 (a): The PAQ indicated that the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. F.3400, page 16 states that multiple internal ways shall be provided for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Page 17 further states that ways of reporting incidents of sexual abuse and harassment include: to any employee, through the administrative remedy process, through the PREA/grievance locked box and through the toll free telephone number for reporting directly to an external agency or entity. Additionally, the policy states that third party reporting can be made via email, phone or letter. A review of additional documentation to include the brochure and booklet indicated that they advise inmates to report to staff, but that is the only reporting method listed. During the tour, the auditor observed that PREA posters were located in each housing unit. The posters included information on how to report, including to any departmental employee, through the administrative remedy process, by writing the PREA Office, to a third party, to the local rape crisis center (a signed consent form must be received before the facility can be informed) and/or through the external reporting entity, Project Offender Reporting Sexual Abuse (ORSA). Interviews with 21 inmates confirm that all 21 were aware of at least one method to report sexual abuse and sexual harassment. Most inmates indicated they would report through the phone, to staff, written or to their family. Interviews with twelve random staff indicated that inmates can report through staff, the hotline or written format.</p> <p>115.51 (b): The PAQ stated that the agency provides at least one way for inmates to report sexual abuse to a public or private entity or office that is not part of the agency. Additionally, the PAQ states that the facility does not house inmates solely for civil immigration purposes. F.3400, page 16 states that at least one way shall be provided for offenders to report abuse or sexual harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to agency officials, allowing the offender to remain anonymous upon request. A review of the PREA poster confirmed that inmates can report externally to Project Offender Reporting Sexual Abuse by calling 972-535-3499. The poster states that anonymous report will be investigated. A review of the PREA brochure indicates that inmates are provided information on Project ORSA, which is a partnership between the NCDPS and Forgiven Ministry. The brochure advises that information will be provided to the facility for investigation and that the inmate has a right to remain anonymous. The PREA brochure further provides inmates information on when the number is monitored and how to report if there is an immediate safety concern. The auditor was not required to utilize a pin number or utilize voice recognition and as such the auditor determined that even though the phone is monitored, inmates are able to remain anonymous. During the tour the auditor confirmed that each housing unit had posters and stickers with the outside reporting entity information posted. The interview with the PCM indicated that at intake all offenders are informed of the reporting, including Our Voice, which is our local rape crisis center. They can also report externally to the</p> |

Forgiven Ministries. The PCM confirmed that when the inmates report to Forgiven Ministries the information is reported to the PREA office and the PREA office forwards the information to the facility. Interviews with 21 inmates indicated that sixteen were aware of the outside reporting entity and nineteen were aware they could anonymously report. Most inmates indicated they knew there was a number they could report to that was posted on the board and on the sticker by the phone (which is the outside reporting entity). The facility does not house inmates detained solely for immigration services and as such this part of the provision is not applicable.

115.51 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. It further indicated that staff are required to document verbal reports immediately. F.3400, page 17 states that all reports of sexual abuse and sexual harassment, however made are to be forwarded to the Facility Head and the PREA office. Additionally, it states that all staff are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against offenders or staff who reported such incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews with 21 inmates indicate that 20 knew they could report verbally and/or in writing and seventeen knew they could report through a third party. Interviews with twelve staff indicated that inmates can report verbally, in writing, anonymously and through a third party. The staff stated if an inmate reported verbally they would document it immediately, or as soon as they had the inmate victim taken care of. A review of investigative reports and the incident report log confirmed that verbal reports to staff are documented in an electronic incident report by the staff on the date the allegations were reported.

115.51 (d): The PAQ indicated the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. It further states that staff can privately report through email to the PREA office. F.3400, page 17 states that staff may report allegations privately. Ways to report include but are not limited to: the PREA office by email (PREA@ncdps.gov) or by telephone (919-825-2754), anonymous by contacting the Fraud, Waste, Abuse & Misconduct Hotline (844-208-4018) or by calling local law enforcement. Interviews with twelve staff indicated that eleven were aware that they could privately report sexual abuse of an inmate.

Based on a review of the PAQ, F.3400, D.0300, the PREA brochure, the inmate booklet, the PREA poster, observations during the tour, information from interviews with the PCM, random inmates and random staff indicate this standard is compliant.

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| 115.52 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure G.300 – Administrative Remedy Procedure 3. Inmate Rules and Policies Booklet 4. Grievance Log 5. Sample Grievances <p>Findings (By Provision):</p> <p>115.52 (a): G.0300 is the policy related to grievance procedures for inmates. The PAQ indicated that the agency is not exempt from this standard.</p> <p>115.52 (b): The PAQ indicated that agency policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The PAQ further indicated that inmates are not required to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. G.0300, page 3 states that if a grievance complains about sexual abuse or harassment of an inmate(s), immediate notification shall be made to the Department of Public Safety's PREA office. Further, the policy states that no inmate grievance alleging sexual abuse or harassment shall be rejected. Information on grievances is provided to inmates through the Inmate Rules and Policies booklet.</p> <p>115.52 (c): The PAQ stated that agency policy and procedure allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. It further stated that agency policy and procedure requires that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. G.0300, page 3 that no employee who appears to be involved in a grievance shall participate in any capacity in the resolution process, except as a witness where necessary. In addition, no employee who appears to be involved in an inmate sexual abuse or sexual harassment allegation shall accept a grievance which suggest such personal involvement or shall participate in any capacity in the response to the grievance. Information on grievances is provided to inmates through the Inmate Rules and Policies booklet.</p> <p>115.52 (d): The PAQ stated that agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The PAQ indicated there were zero sexual abuse grievances filed in the previous twelve months. The PAQ further indicated that the agency always notifies an inmate in writing when the agency files for an extension, including notice of the date by which a decision will be made. G.0300, page 4 states that from filing to final disposition, all grievances shall be processed within 90 days. Within three days after submission of the grievance, the inmate who submits the grievance will be notified of the acceptance or rejection in writing upon the appropriate form. At step one, formal written response to the inmate shall be made within fifteen days from the date of acceptance of the grievance. At step two, formal written response to the inmate shall be made within 20 days from the date of request for step two review. Policy further states that if at any level of the administrative remedy process, including the final level, the inmate does not receive a response within the time provided for reply, including any properly noticed extension, the absence of a response shall be a denial at that level which the inmate may appeal, but the 24 hour time limited to request an appeal does not begin until the inmate receive a written denial. Prisons may grant an extension of time to respond for up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. A review of the grievance log and a sample of four grievances confirmed that there were zero sexual abuse grievances reported during the audit period.</p> <p>115.52 (e): The PAQ indicated that agency policy and procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. The PAQ also indicated that agency policy and procedure require that if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline. G.0300, page 2 states that third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates shall be permitted to assist inmates in submitting a grievance related to allegations of sexual abuse and shall be permitted to submit such a grievance on behalf of an inmate.</p> |

If a third party submits a grievance on behalf of an inmate, the facility may require, as a condition of processing the grievance, that the alleged victim agree to have the grievance submitted on his or her behalf and also may require that alleged victim personally to pursue any subsequent steps in the grievance process. If the inmate declines to have the grievance processed on his or her behalf, the facility shall document the inmate's decision. The PAQ indicated there were zero third-party grievances filed in the previous twelve months where the inmate declined assistance and contained the inmate's decision to decline. A review of the grievance log and a sample of four grievances confirmed that there were zero sexual abuse grievances reported during the audit period.

115.52 (f): The PAQ indicated that the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. It further indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The PAQ also indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days. G.0300, page 6 states that if an emergency grievance alleges an inmate is subject to a substantial risk for imminent sexual abuse, the facility shall: immediately forward the grievance to a level of review which immediate corrective action can be taken, provide an initial response within 48 hours, and issue a final agency decision within five calendar days. Policy further states that the initial response and final decision shall document the agency's determination that the inmate is at substantial risk of imminent sexual abuse and the action take in response to the emergency grievance. The PAQ indicated there were zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. A review of the grievance log and a sample of four grievances confirmed that there were zero sexual abuse grievances reported during the audit period.

115.52 (g): The PAQ indicated that the agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. G.300, page 2 states that no reprisals shall be taken against any inmate or staff member for a good faith use of or participation in the grievance procedure. The prohibition against reprisals should not be construed to prohibit discipline of inmates who do not use the system in good faith, in accordance with Section .0306(c)(5) herein. The PAQ indicated that there have been zero inmates disciplined for filing a grievance in bad faith in the previous twelve months.

Based on a review of the PAQ, G.300, inmate booklet, the grievance log and sample grievances, this standard appears to be compliant.

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| 115.53 | Inmate access to outside confidential support services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Memorandum of Understanding with Our Voice 4. Sexual Abuse Awareness Brochure 5. Reporting Poster 6. Victim Advocacy Poster <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Inmates <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observation of Victim Advocacy Information <p>Findings (By Provision):</p> <p>115.53 (a): The PAQ indicated that the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse and the facility provides inmates with access to such services by enabling reasonable communication. It indicated that the facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers for local, state or national victim advocacy or rape crisis centers. The PAQ also stated that inmates are provided access to mailing addresses and telephone number for immigration services for persons detained solely for civil immigration purposes. Further communication with the PCM indicated that the facility does not detain inmates solely for civil immigration purposes. F.3400, page 21 states that offender victims shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving the offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible. The MOU with Our Voice indicates that the facility agrees to facilitate placement of information placards with instructions on how to access Our Voice rape crisis center in areas visible to inmates and visitors. The MOU states that Our Voice agrees to respond to written correspondence from inmates and provide follow-up services and crisis intervention contracts to victims of sexual assault. A review of the brochure, reporting poster and victim advocacy poster confirms that information related to support services, including phone numbers and mailing addresses is found on all three documents. The brochure has the national contact information, the victim advocacy poster has the contact information for Our Voice and the reporting poster has the *63 speed dial number for Our Voice. The documents explain what the role of an advocate is and what services can and cannot be provided. During the tour the auditor observed that the local victim advocacy contact information posted around the facility. The auditor tested the advocacy line and reached the advocacy center. The auditor was not required to provide an inmate pin number and as such determined that even though calls may be monitored, the information could be confidential. Interviews with 21 inmates indicated that fifteen were aware of outside victim advocacy services and were provided a phone number and mailing address. The majority stated that the information was posted all over the facility on the bulletin boards and by the phones. About half of the inmates indicated that the services were available 24/7, were free and confidential. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.</p> <p>115.53 (b): The PAQ stated that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. The PAQ stated that the facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. F.3400, page 21 states that the facility shall inform the offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The MOU with Our Voice indicates that the facility agrees to respect the confidential nature of communication between Our Voice advocates and clients detained at the facility. A review of the victim advocacy poster indicates that an advocate cannot provide legal advice, make decision for the inmate, tell the inmate whether or not to report, investigate a crime, etc. The document further describes the role of an advocate.</p> |

Additionally, inmates are informed that calls made on the inmate phones are monitored but not recorded. During the tour the auditor observed that the victim advocacy contact information was posted around the facility. The auditor tested the advocacy line and reached the advocacy center times. Interviews with 21 inmates indicated that fifteen were aware of outside victim advocacy services and were provided a phone number and mailing address. The majority stated that the information was posted all over the facility on the bulletin boards and by the phones. About half of the inmates indicated that the services were available 24/7, were free and confidential. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.53 (c): The PAQ indicated that the facility maintains a memorandum of understanding or other agreement with a community service provider that is able to provide inmates with emotional support services related to sexual abuse. The PAQ stated that the facility maintains copies of the agreement. A review of documentation confirms that the facility has an MOU with Our Voice, a local rape crisis center. The MOU was signed on November 11, 2021 and the facility maintains a copy of the MOU.

Based on a review of the PAQ, F.3400, the MOU with Our Voice, the brochure, the reporting poster, the victim advocacy poster and interviews with random inmates, this standard appears to be compliant.

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| 115.54 | Third-party reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy <p>Findings (By Provision):</p> <p>115.54 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and the agency publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. F.3400, page 17 states that third party reporting can be made via email, phone or letter. A review of the agency's website (https://www.ncdps.gov/adult-corrections/prison-rape-elimination-act) confirms that there is a link available to report via email. Additionally, the website advises the public that reports of sexual abuse can be made via: the prison facility or judicial district office, to the officer in charge or probation officer, to the facility or division administrator, to any correction employee, to the division director's office, to the Department of Public Safety Communications Office (1-800-368-1985) and through the PREA administration office (919-825-2754 or prea@ncdps.gov).</p> <p>Based on a review of the PAQ, F.3400 and the agency's website this standard appears to be compliant.</p> |

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| 115.61 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with Medical and Mental Health Staff 3. Interview with the Warden 4. Interview with the PREA Coordinator <p>Findings (By Provision):</p> <p>115.61 (a): The PAQ indicated that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against inmates or staff who reported such an incident; and/or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. F.3400, page 17 states that all staff are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Staff have a duty to report any allegations that offenders are having sexual relationships with other offenders or with staff. Policy further states that any retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews with twelve staff confirm that policy requires that they immediate report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation.</p> <p>115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. F.3400, page 32 states that the facility investigator and all others involved in the PREA process, to the extent possible, will ensure confidentiality of PREA complaints except as required in the following circumstances: to cooperate with law enforcement in any investigation and prosecution of the incidents alleged in such complaints; to take and enforce disciplinary action against any staff member as a result of the incidents alleged in the complaint; to defend against claims brought by the offender for violation of the offender's rights for having been subjected to sexual abuse; and to otherwise comply with the law. Interviews with twelve staff confirm that policy requires that they immediately report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation. Staff stated they would immediately report to their supervisor, the OIC and/or the Warden.</p> <p>115.61 (c): F.3400, page 18 states that unless otherwise precluded by Federal, State or local law, medical and mental health practitioners shall be required to report sexual abuse to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Interviews with medical and mental health care staff confirm that at the initiation of services to an inmate they disclose limitations of confidentiality and their duty to report. Both staff stated they are required to report any knowledge, suspicion or information related to sexual abuse and sexual harassment. Neither of the staff indicated they ever became aware of this type of information.</p> <p>115.61 (d): F.3400, page 18 states that if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, reporting such allegations to the local NC Department of Social Services is required. The interview with the PREA Coordinator stated that policy requires that they contact the Department of Social Services (DSS), the PREA office and the Regional office. The Warden stated that they do not house offenders under eighteen and as such this has not occurred. She stated if they ever had any vulnerable adults they would obviously immediately investigate.</p> |

115.61 (e): F.3400, page 18 states that the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. The interview with the Warden confirmed that all allegations are reported to the facility investigator. A review of the three allegations indicated that one was reported anonymously, one was reported via a third party and one was reported through a Warden to Warden notification. All three allegations were reported to the facility investigator.

Based on a review of the PAQ, F.3400, investigative report and information from interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden indicates that this standard appears to be compliant.

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| 115.62 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden 3. Interview with Random Staff <p>Findings (By Provision):</p> <p>115.62 (a): The PAQ indicated that when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). F.3400, page 18 states that when the staff learns that an offender is subject to a substantial risk of imminent sexual abuse immediate action shall be taken to protect the offender. Policy further describes first responder duties, including separating the alleged victim and alleged perpetrator. The PAQ indicated there were zero inmates who were determined to be at risk of imminent sexual abuse. The interview with the Agency Head Designee indicated that if there is an instance where an inmate is determined to be at imminent risk of sexual abuse the facility staff would immediately implement the response plan. She stated that the inmate would be removed from the location and that staff would speak to the inmate one-on-one. An investigation would be initiated and the inmate would be separated from the potential abuser to try to prevent the issue from occurring. The Agency Head Designee further stated that staff and supervisors should be aware of the vulnerability of the inmate in order to keep them safe. Possible measures that can be taken include transferring the inmate to another housing unit or to a different facility. The interview with the Warden indicated that if an inmate is at substantial risk of imminent sexual abuse the facility takes immediate action and separates the individuals through housing and job assignment changes. She states that she would get mental health involved and they can get one of the inmates transferred, if needed. Interviews with random staff confirm that they would all take action to protect the inmate. Staff stated they would remove the inmate from the area by separating the inmate from the threat and they would report the information.</p> <p>Based on a review of the PAQ, F.3400 and information from interviews with the Agency Head Designee, Warden and random staff indicates that this standard appears to be compliant.</p> |

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| 115.63 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Incident Reports 4. Investigative Reports 5. Warden to Warden Notification <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden <p>Findings (By Provision):</p> <p>115.63 (a): The PAQ indicated that the agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. F.3400, page 18 states that upon receiving an allegation that an offender was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The PAQ stated there was one inmate that reported that they were abused while confined at another facility and the allegation was reported to the Warden of the facility where it occurred. A review of a documentation indicated there was one allegation reported at Western that occurred at another facility. The allegation was reported on October 26, 2021 and a notification was sent to the Warden of the facility where it occurred, in writing, on October 27, 2021.</p> <p>115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. F.3400, page 18 states that such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. A review of a documentation indicated there was one allegation reported at Western that occurred at another facility. The allegation was reported on October 26, 2021 and a notification was sent to the Warden of the facility where it occurred, in writing, on October 27, 2021.</p> <p>115.63 (c): The PAQ indicated that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. F.3400, page 18 states that the Facility Head shall document such notifications by completing a memorandum to file, and uploading into the correspondence tracking system (CTS). A review of a documentation indicated there was one allegation reported at Western that occurred at another facility. The allegation was reported on October 26, 2021 and a notification was sent to the Warden of the facility where it occurred, in writing, on October 27, 2021.</p> <p>115.63 (d): The PAQ indicated that the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. F.3400, page 18 states that upon receiving notification from another facility or agency that an allegation of sexual abuse or sexual harassment has been reported, the Facility Head shall ensure that the allegation is investigated in accordance with these standards. The PAQ stated there was one allegation reported to the facility from another facility in the previous twelve months. The Agency Head Designee stated that the designated point of contact would be the Warden, who would then contact the PREA office. She indicated that if another agency calls the PREA office and makes an allegation or a report, the office would immediately contact the facility. In all instances, whether reported to the Warden or the PREA office, an investigation would be initiated and if criminal, local law enforcement would be contacted. The Agency Head Designee confirmed that the agency has received allegations from outside agencies. The interview with the Warden confirmed that when they receive an allegation from another facility they conduct an immediate investigation. A review of the three investigations indicated that one was reported from another facility and was thoroughly investigated.</p> <p>Based on a review of the PAQ, F.3400, incident reports, investigative reports, Warden to Warden notification and interviews with the Agency Head Designee and Warden, this standard appears to be compliant.</p> |

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| 115.64 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Sexual Abuse Incident Response Plan 4. PREA: Sexual Abuse and Sexual Harassment 101 Training Curriculum 5. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with First Responders 2. Interview with Random Staff <p>Findings (By Provision):</p> <p>115.64 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse and that the policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser. It further states that the policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence and if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim and ensure that the alleged perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. F.3400, pages 19-20 states that upon learning of an allegation that an offender was sexually abuse, the first security staff member to respond to the report shall be required to: take the necessary steps to separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim/ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. In addition, the Sexual Abuse Incident Response Plan and the PREA 101 staff training outline first responder duties under this provision. The PAQ stated there were two sexual abuse allegations in the previous twelve months and zero times a security staff member separated the alleged victim and abuser. The PAQ further indicated that two of the allegations were reported within a timeframe that still allowed for evidence collection and zero of the allegations included securing the scene and instructing inmates not to take any action to destroy any evidence. Further communication with the PCM indicated that this was a typo and there were zero sexual abuse allegation that were reported within a timeframe that still allowed for evidence collection. A review of two sexual abuse allegations indicated none involved the immediate separation of alleged victim and abuser and none occurred within a timeframe that still allowed for the collection of physical evidence. Both allegations were reported after the victims had departed the facility. The security staff first responder stated that if someone reports then she would separate the offender immediately from whoever they are accusing; make sure they don't wash, defecate, urinate to try to preserve evidence; not let anyone in or out of the room so not to disturb evidence and have them checked by medical staff. The non-security staff member stated that she would make sure she (the inmate) was safe at the moment and immediately call the Officer in Charge. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.</p> <p>115.64 (b): The PAQ indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. It further indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. F.3400, page 20 states that if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The PAQ stated there were zero allegations of sexual abuse that involved a non-security staff first responder. A review of two sexual abuse allegations indicated that neither involved a non-security first responder. Both were reported by after the inmate victim had departed the facility. The security staff first responder stated that if someone reports then she would separate the offender immediately from whoever they are accusing; make sure they don't wash, defecate, urinate to try to preserve evidence; not let anyone in or out of the room so not to disturb evidence and have them checked by medical staff. The non-security staff member stated that she would make sure she (the inmate) was safe at the moment and</p> |

immediately call the Officer in Charge. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. Interviews with random staff confirmed that they were all aware of their first responder duties. Staff indicated they would separate the individuals, report to the supervisor, secure the area, not let the individuals do anything to destroy evidence and have them checked by medical.

Based on a review of the PAQ, F.3400, the response plan, the staff PREA training, investigative reports and interviews with random staff and first responders, this standard appears to be compliant.

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| 115.65 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Sexual Abuse Incident Response Plan <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden <p>Findings (By Provision):</p> <p>115.65 (a): The PAQ indicated that the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. F.3400, page 25 states that the facility shall develop a written institutional plan, consistent with the agency's plan, to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. A review of the Sexual Abuse Institutional Response Plan confirms that the facility has a document that outlines duties for first responders, medical staff, investigators, the PCM, the PSP, mental health care staff and the sexual abuse response team. The Warden confirmed that the facility has an institutional plan that coordinates actions among first responders, medical, mental health, investigators, PSP staff, the Warden and the PCM.</p> <p>Based on a review of the PAQ, F.3400, the Sexual Abuse Institutional Response Plan and information from the interview with the Warden, this standard appears to be compliant.</p> |

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| 115.66 | Preservation of ability to protect inmates from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee <p>Findings (By Provision):</p> <p>115.66 (a): The PAQ indicated that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. The interview with the Agency Head Designee confirmed that the agency does not have collective bargaining agreements.</p> <p>115.66 (b): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, and the interview with the Agency Head Designee, this standard appears to be compliant.</p> |

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| 115.67 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Investigative Reports 4. PREA Offender/Juvenile Retaliation Monitoring and Period Status Checks (OPA-I24) 5. PREA Staff Retaliation Monitoring and Period Status Checks (OPA-I22) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden 3. Interview with Designated Staff Member Charged with Monitoring Retaliation <p>Findings (By Provision):</p> <p>115.67 (a): The PAQ indicated that the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. F.3400, page 22 states that the PSP shall monitor retaliation against the victim and the offender who either report allegations, or cooperate with investigations, of sexual abuse or sexual harassment. The PAQ indicated that the agency designates staff members charged with monitoring for retaliation. Further communication with the PCM indicated that there are six PSP staff that are responsible for monitoring for retaliation.</p> <p>115.67 (b): F.3400, page 22 states that the PSP shall monitor retaliation against the victim and the offender who either report allegations, or cooperate with investigations, of sexual abuse or sexual harassment. Policy further states that upon notification of a sexual abuse or sexual harassment allegation the PSP will initiate monitoring the alleged victim and offender who reported the allegation or cooperated with officials during the investigation. A review of investigative reports and monitoring documents indicated that there have been no reported allegations of retaliation nor any reported fear of retaliation. Interviews with the Agency Head Designee, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. The interview with the Agency Head Designee indicated that each facility has a PCM and a PSP. The PCM is the staff member responsible for monitoring staff for retaliation while the PSP is responsible for monitoring the inmates for retaliation. The Agency Head Designee stated that inmates and staff are offered support services and that potential protective actions include housing changes, facility transfers, a change in work schedule and monitoring for 90 days. The Warden stated that they can take measures including: changing the inmate's housing and job assignment; making sure that the PSP speaks to them; ensuring the abuser is transferred/separated; placing the staff on no inmate contact or moving them to a different post and/or temporarily reassigning the staff to a different facility. The staff responsible for monitoring stated that she would monitor the inmate and staff to ensure that there is not retaliation that is occurring. She stated she would conduct periodic checks of the inmates disciplinary reports, housing changes and program changes. Additionally, she stated in order to protect from retaliation they could request through the OIC, housing changes and other changes. She stated they can also transfer an inmate or remove the staff member from contact with that inmate. The staff confirmed she would conduct periodic status checks weekly with the inmate. There were zero inmates who reported sexual abuse and no inmates in segregated housing for risk of victimization or for reporting sexual abuse during the on-site portion of the audit and as such no interviews were conducted.</p> <p>115.67 (c): The PAQ indicated that the agency/facility monitors the conduct or treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The PAQ stated that the agency/facility monitors the conduct or treatment for 90 days. The PAQ further stated that the agency/facility acts promptly to remedy any relation and that the agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. F.3400, page 22 states that upon notification of a sexual abuse or sexual harassment allegation the PSP will initiate monitoring the alleged victim and offender who reported the allegation or cooperated with officials during the investigation. In the case of offenders, such monitoring shall also include periodic status checks. Policy further states that monitoring will continue for a minimum of 90 days or beyond 90 days if the initial monitoring indicates a continuing need. Upon completion of the monitoring period, complete and document results on OPA-I24 and forward it to the PCM. The PAQ stated there were zero incidents of</p> |

retaliation that occurred in the previous twelve months. The interview with the Warden indicated that if retaliation is suspected or reported they would investigate and take disciplinary action, if appropriate. She stated she would take appropriate action to make sure it stops, whatever that may be. The staff responsible for monitoring for retaliation stated that she checks inmate disciplinary reports, housing changes and program changes, as well as any negative staff performance reviews and staff reassignments. She stated she monitors for 90 days and would monitor indefinitely if needed. A review of the two sexual abuse allegations indicated that both were reported after the victim had been released from custody and as such monitoring was not necessary.

115.67 (d): F.3400, page 22 states that upon notification of a sexual abuse or sexual harassment allegation the PSP will initiate monitoring the alleged victim and offender who reported the allegation or cooperated with officials during the investigation. In the case of offenders, such monitoring shall also include periodic status checks. The interview with the staff member responsible for monitoring retaliation confirmed that she conducts weekly in-person status checks. A review of the two sexual abuse allegations indicated that both were reported after the victim had been released from custody and as such monitoring was not necessary.

115.67 (e): F.3400, page 22 states that the PSP shall monitor retaliation against the victim and the offender who either report allegations, or cooperate with investigations, of sexual abuse or sexual harassment. The Agency Head Designee stated that if an individual who cooperates with an investigation expresses fear of retaliation they would offer emotional support and crisis intervention services and that they would look at the area to see if any housing changes are necessary. She further stated that there is an open door policy and that all individuals have a right to call the PREA office directly. The Warden stated that they can take measures including: changing the inmate's housing and job assignment; making sure that the PSP speaks to them; ensuring the abuser is transferred/separated; placing the staff on no inmate contact or moving them to a different post and/or temporarily reassigning the staff to a different facility. She stated that if retaliation is suspected or reported they would investigate and take disciplinary action, if appropriate. She stated she would take appropriate action to make sure it stops, whatever that may be.

115.67 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, F.3400, investigative reports, monitoring documents and interviews with the Agency Head Designee, Warden and staff charged with monitoring for retaliation, this standard appears to be compliant.

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| 115.68 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Lack of Segregation Unit <p>Findings (By Provision):</p> <p>115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The PAQ further indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. The PAQ stated that zero inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. F.3400 pages 15-16 state if the Facility Head, in consultation with the PREA Support Person, determines that the safety of the offender victim requires placement in administrative segregation, then such segregation shall be administered in accordance with applicable policies and procedures for administrative segregation. The Region Director and the Department of Public Safety PREA Office shall be notified in writing of the use of segregation and the reasons therefore. To the maximum extent possible, the offender victim while in administrative segregation shall have the same privileges of access to the canteen, telephone, visitation and property as they were afforded prior to reporting. The policy further outlines that to the extent possible the offender will return to the previously assigned housing unit and job assignment, unless they expose the offender to a safety risk. A review of documentation indicated the two inmate victims of sexual abuse were not at the facility at the time of the reported sexual abuse. The interview with the Warden confirmed that agency policy prohibits placing inmates who report sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and it is determined that there are not alternative means of separation from likely abusers. She stated that the facility does not have a segregated housing unit and as such this provision does not apply. During the tour the auditor confirmed that the facility did not have a segregated housing unit. Staff who supervise inmates in segregated housing and inmates in segregated housing were not interviewed due to the facility not having a segregated housing unit.</p> <p>Based on a review of the PAQ, F.3400 and the interview with the Warden, this standard appears to be not applicable and as such compliant.</p> |

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| 115.71 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Investigative Reports 4. Investigator Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Investigative Staff 2. Interview with the Warden 3. Interview with the PREA Coordinator 4. Interview with the PREA Compliance Manager <p>Findings (By Provision):</p> <p>115.71 (a): The PAQ indicated that the agency/facility has a policy related to criminal and administrative agency investigations. F.3400, page 25 states that investigations into allegations of sexual abuse and sexual harassment, shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. During the previous twelve months, there were three allegations reported at the facility. Of the three, one was determined not to be sexual abuse or sexual harassment related. A review of the two sexual abuse allegations indicated that one was investigated within 90 days, was thorough and objective. The delay in the investigation was due to the victim being housed at another facility and the facility having a COVID-19 outbreak. One allegation was reported but did not have a completed investigation. Further communication with the PCM and the investigation indicated that the alleged staff perpetrator resigned and the allegation came via an anonymous email after the inmate victim was released. There was no inmate to interview and no alleged staff perpetrator to interview and as such nothing could be done. The auditor advised that while no interviews could be completed and no evidence could be collected an investigative report should have been written describing the information and indicating an outcome of unsubstantiated. Discussion with the PCM and investigator indicated that this is not a systemic issue and that this was a training issue based on a unique scenario. The discussion with the PCM and the investigator during the on-site portion of the audit was adequate for training related to this unique scenario. The interview with the investigator confirmed that an administrative investigation would be initiated immediately and that all reports are investigated, whether they are reported by a third party, via a note or any other way.</p> <p>115.71 (b): F.3400, page 8 states that investigators shall complete appropriate employee training defined in .3406(a) and shall receive training on conducting sexual abuse and harassment investigations in a confinement setting. Such training shall include: techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in a confinement setting; and criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency utilizes their own training for this standard; NCDPS Specialized Investigations: Sexual Abuse and Harassment Response. A review of the training curriculum confirmed it includes the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. A review of documentation indicated that two facility staff, including those who completed the three investigations, were documented with the specialized investigations training. The interview with the investigator confirmed that the specialized investigator training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative case.</p> <p>115.71 (c): F.3400, page 26 states that investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data including video and/or audio recordings; shall interview alleged victims, suspected perpetrators, and witnesses. Policy further describes steps to take to ensure the appropriate preservation of evidence. A review of the two sexual abuse allegations indicated that one involved interviews and collection of evidence. The second allegation was reported but did not have a completed investigation. Further communication with the PCM and the investigation indicated that the alleged staff perpetrator resigned and the</p> |

allegation came via an anonymous email after the inmate victim was released. There was no inmate to interview and no alleged staff perpetrator to interview and as such nothing could be done. The auditor advised that while no interviews could be completed and no evidence could be collected an investigative report should have been written describing the information and indicating an outcome of unsubstantiated. Discussion with the PCM and investigator indicated that this is not a systemic issue and that this was a training issue based on a unique scenario. The discussion with the PCM and the investigator during the on-site portion of the audit was adequate for training related to this unique scenario. The interview with the investigator indicated that his first steps would be to ensure that the victim and aggressor are separated, that the victim was taken to medical for evaluation and that any evidence was preserved. The investigator further stated that the investigative process would involve separation, collection of evidence, preliminary determination under policy to determine investigation, interview of the victim, PSP assignment, interview of the perpetrator and witnesses, review of available evidence (video and physical), determination of a preponderance of evidence and submission of a report. The investigator stated that he would be responsible for collecting witnesses statements, camera footage, photographs, notes, prior complaints, physical or DNA and any other evidence available.

115.71 (d): F.3400, page 27 states that when the quality of evidence appears to support criminal prosecution, the Department of Public Safety sexual abuse and harassment investigators shall only be permitted to continue interviews after consulting with local law enforcement agency as to whether interviews may be an obstacle for subsequent criminal prosecution. The investigator confirmed that when quality of evidence appear to support criminal prosecution he consults with prosecutors prior to conducting any compelled interviews. A review of investigative reports confirmed none involved compelled interviews and none had a criminal investigation completed (one allegation was referred for criminal investigation but the local law enforcement declined to investigate).

115.71 (e): F.3400, page 27 states that an offender that alleges sexual abuse shall not be required to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. Page 28 further states that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis not be determined by the person's status as offender or staff. The interview with the investigator confirmed that the agency does require inmate victims of sexual abuse to submit to a polygraph tests or any other truth-telling devices. He stated that credibility would be based on the preponderance of evidence. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.71 (f): F.3400, page 28 states that investigations shall include an effort to determine whether staff actions or failure to act contributed to the abuse. Policy further states that investigations shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. A review of the completed investigation confirmed that it was documented in a written report with information related to the initial allegation, a description of interviews, a description of evidence, facts and findings and the conclusion. The interview with investigative staff confirmed that all administrative investigations are documented in a written report and the report includes a description of evidence, testimony of evidence, reason behind credibility and investigative facts and findings. The investigator stated he would review to determine if staff could have prevented the sexual abuse, meaning were custody staff on post, was there a way for them to intervene, did it occur in a blind spot, etc.

115.71 (g): F.3400, page 28 states that investigations shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. There were zero criminal investigations completed during the previous twelve months. A review of the three allegations indicated one was referred to local law enforcement, however they refused to investigate. The interview with the investigator indicated they do not conduct criminal investigations nor do they get copies of the reports, they are just told the outcome.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal are referred for prosecution. F.3400, page 28 states that substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. The PAQ indicated there was one allegation referred for prosecution since the last PREA audit. A review of documentation confirmed that there was one substantiated allegation. The allegation was referred to local law enforcement for investigation, however they refused to investigate and as such they refused to prosecute. The interview with the investigator indicated that an allegation would be referred to outside law enforcement once they determine on their level on a substantiated basis through a preponderance of evidence.

115.71 (i): The PAQ indicated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. F.3400, page 28 states that all written reports reference in paragraph (g) of this section shall be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. A review of a sample of historic investigations confirmed retention is being met.

115.71 (j): F.3400, page 28 states that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The interview with the investigator confirmed that an investigation would be completed regardless of whether the staff member leaves/resigns or the inmate depart the facility or agency's custody. It should be noted one allegation was reported but did not have a completed investigation. Further

communication with the PCM and the investigation indicated that the alleged staff perpetrator resigned and the allegation came via an anonymous email after the inmate victim was released. There was no inmate to interview and no alleged staff perpetrator to interview and as such nothing could be done. The auditor advised that while no interviews could be completed and no evidence could be collected an investigative report should have been written describing the information and indicating an outcome of unsubstantiated. Discussion with the PCM and investigator indicated that this is not a systemic issue and that this was a training issue based on a unique scenario. The discussion with the PCM and the investigator during the on-site portion of the audit was adequate for training related to this unique scenario.

115.71 (k): The auditor is not required to audit this standard.

115.71 (l): F.3400, page 28 states that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The PREA Coordinator stated that the information would be provided to the PREA office and that there would be communication between law enforcement agency and the PREA office. The PREA office staff would then update OPUS related to any information/outcomes. The Warden stated that they work jointly with the outside agency and that they have an investigator assigned at the facility who keeps up with them and has an open line of communication. The PCM stated that there would be an investigator assigned and they would coordinate with the local Sheriff's Office. The interview with the investigator indicated that he would provide support through working with them and showing them whatever evidence they have.

Based on a review of the PAQ, F.3400, investigative reports, training records and information from interviews with the Warden, PREA Coordinator, PREA Compliance Manager and investigative staff, indicate that this standard appears to be compliant.

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| 115.72 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Investigative Staff <p>Findings (By Provision):</p> <p>115.72 (a): F.3400, page 2 states that this standard is satisfied if the evidence shows that it is more probable than not that an event occurred and that the agency shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A review of investigative reports indicated that one was completed with a finding of substantiated. The review indicated that the finding was consistent with the evidence and was based on a preponderance of evidence. The interview with the investigator indicated that the standard of evidence to substantiate an administrative allegation is a preponderance of evidence.</p> <p>Based on a review of the PAQ, F.3400, investigative reports and information from the interview with the investigator, it is determined that this standard appears to be compliant</p> |

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| 115.73 | Reporting to inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Investigative Reports 4. PREA Support Services Status Notification (OPA-I30) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Investigative Staff <p>Findings (By Provision):</p> <p>115.73 (a): The PAQ indicated that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. F.3400, page 22 states that following an investigation into an offender's allegation that he or she suffered sexual abuse in a facility, the PSP shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Notifications shall be documented on OPA-I30. The PAQ indicated there were two sexual abuse investigations completed and that zero involved a verbal or written notification. Further communication with the PCM indicated that both victims were not in custody when the investigations were completed. A review of the two sexual abuse allegations indicated that both victims were released prior to the allegations being reported and as such victim notifications were not required. The interviews with the Warden and the investigator confirm that inmates are informed of the outcome of the investigation into their allegation. The investigator stated that the PSP would notify the inmate about the outcome. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.</p> <p>115.73 (b): The PAQ indicated that this provision does not apply. Further communication with the PCM confirmed this was an error and that if an outside entity conducts such investigations, the agency provides the inmate victim a victim's rights notification form that has the investigative outcome documented on it. The PCM stated there were zero notifications made under this provision in the previous twelve months. He stated they had one in 2019, but not during the audit period. F.3400, page 22 states that if the Department of Public Safety did not conduct the investigation, the PSP shall request, through the chain of command, the relevant information from the investigative agency in order to inform the offender. A review of investigations confirmed that none were conducted by an outside agency and as such no documentation was required under this provision.</p> <p>115.73 (c): The PAQ indicated following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Additionally, the PAQ indicated that there has been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an inmate in an agency facility in the past 12 months. F.3400, page 23 states that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the PSP shall subsequently inform the offender (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the offender's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Notifications shall be documented on OPA-I30. A review of the investigations indicated both were staff-on-inmate sexual abuse allegations, one which was substantiated. However, both allegations were reported after the victims departed the agency's custody and as such notifications were not required under this provision. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.</p> <p>115.73 (d): The PAQ indicated following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has</p> |

been convicted on a charge related to sexual abuse within the facility. F.3400, page 23 states that following an offender's allegation that he or she has been sexually abused by another offender, the agency shall subsequently inform the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of the investigative reports indicated there were zero inmate-on-inmate sexual abuse allegations and as such there were zero notifications required under this provision. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.73 (e): The PAQ indicated the agency has a policy that all notifications to inmates described under this standard are documented. F.3400, page 23 states that all such notifications or attempted notification shall be documented. The PAQ stated that zero notifications were made pursuant to this standard. Further communication with the PCM indicated that both inmate victims were out of custody when the investigations were completed. A review of the two sexual abuse allegations indicated that both victims were released prior to the allegations being reported and as such victim notifications were not required.

115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, F.3400, investigative reports, investigative outcome notification form and information from interviews with the Warden and the investigator, this standard appears to be compliant.

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| 115.76 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Investigative Reports <p>Findings (By Provision):</p> <p>115.76 (a): The PAQ indicated that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. F.3400, page 30 states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>115.76 (b): F.3400, page 30 states that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The PAQ indicated there were zero staff members who violated the sexual abuse or sexual harassment policies in the previous twelve months. The PAQ further stated that there was one staff member who was terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. Further communication with the PCM indicated that the allegation was reported in the last twelve months but occurred in 2015 while the employee was working at another facility. At the time of the reported allegation, the employee was working at Western. A review of investigative reports confirmed that there was one substantiated sexual abuse or sexual harassment allegations against a staff member. A review of documentation indicated that the staff member resigned during the investigation and local law enforcement refused to pursue criminal charges.</p> <p>115.76 (c): The PAQ indicated that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PAQ indicated there were zero staff that were disciplined short of termination for violating the sexual abuse or sexual harassment policies. F.3400, page 20 states that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. A review of documentation indicated that the staff member resigned during the investigation and local law enforcement refused to pursue criminal charges.</p> <p>115.76 (d): The PAQ indicated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. F.3400, page 20 states that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal and to any relevant licensing bodies. The PAQ indicated there were zero staff members who were reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual or sexual harassment policies. A review of investigative reports confirmed that there was one substantiated sexual abuse allegations against a staff member and it was referred for criminal investigation to BCSO but they refused to investigate. The staff member resigned during investigation.</p> <p>Based on a review of the PAQ, F.3400 and investigative reports, this standard appears to be compliant.</p> |

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| 115.77 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden <p>Findings (By Provision):</p> <p>115.77 (a): The PAQ indicated that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies and that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. F.3400, page 30 states that any contractor or volunteer who engages in sexual abuse shall be immediately prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Policy further states that if an allegation of sexual abuse is which a volunteer or contracting agent is the alleged abuser is substantiated the volunteer or contracting agent shall be terminated from the relationship with NCDPS. The PAQ indicated that there have been no contractors or volunteers who violated the sexual abuse or sexual harassment policies nor were there any who were reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports confirmed there were zero contractors or volunteers who violated the agency's sexual abuse or sexual harassment policies.</p> <p>115.77 (b): The PAQ indicated that the facility does not take appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Further communication with the PCM indicated that they have not had to take any remedial measures because there have not been any violations. He further confirmed that if there were to be violations they would take appropriate remedial measures and consider whether to prohibit further contact with inmates. F.3400, page 30 states that appropriate remedial measures shall be considered whether to prohibit further contact with offenders in the case of any other violation of sexual abuse or sexual harassment policies. The interview with the Warden confirmed that any violation of the sexual abuse and sexual harassment policies would result in remedial measures being taken and the individual being prohibited from being allowed back into the facility. She stated they would be removed from the facility list and they would have the ability from prohibiting them from entering any other DPS agency. The Warden further stated they would notify local law enforcement as well if necessary. She confirmed that they have not had any volunteers or contractors violate the sexual abuse or sexual harassment policies.</p> <p>Based on a review of the PAQ, F.3400, investigative reports and information from the interview with the Warden, this standard appears to be compliant.</p> |

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| 115.78 | Disciplinary sanctions for inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Documents:

1. Pre-Audit Questionnaire
2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy
3. Policy and Procedure B.0200 – Offender Disciplinary Procedures
4. Investigative Reports

Interviews:

1. Interview with the Warden
2. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.78 (a): The PAQ indicated that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding and/or a criminal finding that an inmate engaged in inmate-on-inmate sexual abuse. F.3400, page 30 states that offenders shall be subject to disciplinary sanctions pursuant to formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse. The PAQ indicated there were zero administrative and zero criminal findings of inmate-on-inmate sexual abuse. A review of investigative reports confirmed there have been zero substantiated inmate-on-inmate allegations.

115.78 (b): F.3400, page 30 states that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories. B.0200 outlines the offender disciplinary procedures, including level of offenses and sanctions. The Warden confirmed that the inmate would be subject to disciplinary sanctions through an "A-18" charge. She stated that the infraction would result in a demotion, 30 days of segregation, limited draw, suspension of privileges, removal of good times, etc. She confirmed that sanctions would be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

115.78 (c): F.3400, page 31 states that the disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanctions, if any, should be imposed. The interview with the Warden confirmed that the disciplinary process considers whether the inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

115.78 (d): The PAQ indicated the facility does not offer therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for abuse. Further clarification with the PCM indicated that there is not a formal program in the agency for female sex offenders. F.3400, page 31 states that a mental health evaluation shall be conducted after a substantiated incident and the offender shall be offered treatment when deemed appropriate by mental health practitioners. Policy further states that if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. The interview with the mental health staff member indicated that the agency does not offer formal programs for female sex offenders. She did state that they do offer individual mental health counseling though for all female inmates.

115.78 (e): The PAQ indicated that the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. F.3400, page 31 states that the agency may not discipline an offender victim for sexual contact with staff unless a finding that the staff member did not consent to such contact.

115.78 (f): The PAQ indicated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. F.3400, page 31 states that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.78 (g): The PAQ indicated that the agency prohibits all sexual activity between inmates. It further indicated that if the agency prohibits all sexual activity between inmates and disciplines inmates for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Based on a review of the PAQ, F.3400, B.0200, investigative reports and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.

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| 115.81 | Medical and mental health screenings; history of sexual abuse |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Health Services Policy & Procedure Manual CP-18 – Sexual Abuse 4. Medical/Mental Health Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with Medical and Mental Health Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Risk Screening Area 2. Observation of Inmate Medical and Classification Files <p>Findings (By Provision):</p> <p>115.81 (a): The PAQ indicated that all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. F.3400, page 12 states that if the screening for risk of victimization and abusiveness indicates that a prison offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within fourteen of the intake screening. CP-18, page 4 states that whenever an inmate reports being the victim or perpetrator of sexual abuse, including at intake processing or upon transfer to another facility, the nurse and provided will document the report in the victim's medical record and within fourteen days, a mental health evaluation will be offered to the victim of abuse and to the perpetrator of abuse. The PAQ indicated that 0% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. Further communication with the PCM indicated that 100% of inmates who reported prior sexual victimization were offered a follow-up with mental health. The auditor requested a list of inmates who reported sexual victimization during the risk screening. The facility advised they have not had any inmates report prior sexual victimization during the risk screening. Further discussion with the PCM indicated that they are a minimum security facility and they are not an intake facility so this may account for not having any inmate report prior sexual abuse during the risk screening. The interview with the staff responsible for the risk screening indicated that inmates would be offered a follow-up with mental health right away. The facility was unable to identify any inmates who reported sexual abuse during the risk screening and as such no interviews were conducted. During the on-site portion of the audit, the auditor identified that facility staff were misinterpreting the direction of the reassessments. Staff advised that they were under the impression that the reassessments were to capture any sexual abuse that may have occurred in prison since their last assessment that was not reported. This was also confirmed through interviews with inmates. One inmate advised she tried to disclose prior sexual abuse that occurred in the community during a screening and the staff advised that this was not what the question meant. Thus, the auditor determined that staff were not capturing prior sexual victimization outside of a correctional setting during the risk assessment. On February 15, 2022 the facility provided training with the risk screening staff related to this question, however the PREA office advised the facility staff not to reassess the current inmate population as requested by the auditor. As such, the current inmate population at the facility was not reassessed and the auditor was unable to determine if there were inmates there who had prior sexual victimization that was not disclosed that should have been offered a follow-up.</p> <p>115.81 (b): The PAQ indicated that all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41, are offered a follow-up meeting with a mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. F.3400, page 12 states that if the screening for risk of victimization and abusiveness indicates that a prison offender has previously sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with a mental health practitioner within fourteen days of the intake screening. CP-18, page 4 states that whenever an inmate</p> |

reports being the victim or perpetrator of sexual abuse, including at intake processing or upon transfer to another facility, the nurse and provided will document the report in the victim's medical record and within fourteen days, a mental health evaluation will be offered to the victim of abuse and to the perpetrator of abuse. The PAQ indicated that 100% of those inmates who reported prior perpetration were seen within fourteen days by medical or mental health. It should be noted that the facility is not an initial intake facility and as such prior perpetration of sexual abuse would mainly be identified during the initial risk screening and handled by mental health staff at that facility. Additionally, the facility is a minimum security unit and does not deal with sexual predator security level inmates. The interview with the staff responsible for the risk screening indicated that inmates would be offered a follow-up with mental health right away.

115.81 (c): The PAQ indicated that all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. F.3400, page 12 states that if the screening for risk of victimization and abusiveness indicates that a prison offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within fourteen of the intake screening. CP-18, page 4 states that whenever an inmate reports being the victim or perpetrator of sexual abuse, including at intake processing or upon transfer to another facility, the nurse and provided will document the report in the victim's medical record and within fourteen days, a mental health evaluation will be offered to the victim of abuse and to the perpetrator of abuse. The PAQ indicated that 0% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. Further communication with the PCM indicated that 100% of inmates who reported prior sexual victimization were offered a follow-up with mental health. The auditor requested a list of inmates who reported sexual victimization during the risk screening. The facility advised they have not had any inmates report prior sexual victimization during the risk screening. Further discussion with the PCM indicated that they are a minimum security facility and they are not an intake facility so this may account for not having any inmate report prior sexual abuse during the risk screening. The interview with the staff responsible for the risk screening indicated that inmates would be offered a follow-up with mental health right away. The facility was unable to identify any inmates who reported sexual abuse during the risk screening and as such no interviews were conducted. During the on-site portion of the audit, the auditor identified that facility staff were misinterpreting the direction of the reassessments. Staff advised that they were under the impression that the reassessments were to capture any sexual abuse that may have occurred in prison since their last assessment that was not reported. This was also confirmed through interviews with inmates. One inmate advised she tried to disclose prior sexual abuse that occurred in the community during a screening and the staff advised that this was not what the question meant. Thus, the auditor determined that staff were not capturing prior sexual victimization outside of a correctional setting during the risk assessment. On February 15, 2022 the facility provided training with the risk screening staff related to this question, however the PREA office advised the facility staff not to reassess the current inmate population as requested by the auditor. As such, the current inmate population at the facility was not reassessed and the auditor was unable to determine if there were inmates there who had prior sexual victimization that was not disclosed that should have been offered a follow-up.

115.81 (d): The PAQ indicated that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. The PAQ further stated that information is shared only with staff who make security and management decisions, including treatment plans, housing, bed, work, education and program assignments. F.3400, page 12 states that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decision, including housing, bed, work, education and program assignments or as otherwise required by Federal, State or local law. During the tour the auditor observed that most medical and classification files are electronic but any older paper medical files and/or classification files were maintained behind locked doors. Electronic classification files are only accessible to the staff conducting the risk screening. Once the information is entered, the staff no longer have access to the risk screening response. Electronic medical and mental health records are in a separate system that only medical and mental health staff have access. Additionally, the auditor determined that the risk screening is conducted in a confidential private office setting.

15.81 (e): The PAQ indicated that medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of eighteen. F.3400, page 13 states that medical and mental health practitioners shall obtain informed consent from offender before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of eighteen. Interviews with medical and mental health staff indicate that they obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting. Additionally, they indicated there they do not house anyone under the age of eighteen.

Based on a review of the PAQ, F.3400, CP-18, medical and mental health documents and information from interviews with staff who perform the risk screening and medical and mental health care staff the standard appears to require corrective action. The auditor requested a list of inmates who reported sexual victimization during the risk screening. The facility advised they have not had any inmates report prior sexual victimization during the risk screening. Further discussion with the

PCM indicated that they are a minimum security facility and they are not an intake facility so this may account for not having any inmate report prior sexual abuse during the risk screening. The interview with the staff responsible for the risk screening indicated that inmates would be offered a follow-up with mental health right away. The facility was unable to identify any inmates who reported sexual abuse during the risk screening and as such no interviews were conducted. During the on-site portion of the audit, the auditor identified that facility staff were misinterpreting the direction of the reassessments. Staff advised that they were under the impression that the reassessments were to capture any sexual abuse that may have occurred in prison since their last assessment that was not reported. This was also confirmed through interviews with inmates. One inmate advised she tried to disclose prior sexual abuse that occurred in the community during a screening and the staff advised that this was not what the question meant. Thus, the auditor determined that staff were not capturing prior sexual victimization outside of a correctional setting during the risk assessment. On February 15, 2022 the facility provided training with the risk screening staff related to this question, however the PREA office advised the facility staff not to reassess the current inmate population as requested by the auditor. As such, the current inmate population at the facility was not reassessed and the auditor was unable to determine if there were inmates there who had prior sexual victimization that was not disclosed that should have been offered a follow-up.

Corrective Action

The facility will need to reassess all current inmates now that all staff have been trained on the appropriate application of the prior victimization question. If any inmates disclose prior sexual victimization they should be offered a follow-up with mental health. Appropriate documentation should be provided to the auditor showing those that disclosed victimization and were offered the follow-up.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Memorandum of Assurance Related to Reassessment of all Inmates
2. Sample of Reassessment Documents
3. Emails Related to the Inmate who Disclosed Prior Sexual Victimization During the Risk Screening
4. Tracking Mechanism for Inmates who Disclose Prior Sexual Victimization During the Risk Screening

On May 17, 2022 the facility provided the auditor with an assurance memo confirming that all inmates at the facility prior to the staff training (February 15, 2022) were reassessed. The memo indicated that all inmates were reassessed between February 24, 2022 and March 11, 2022. The memo stated that there were zero inmates who reported prior sexual victimization during the reassessments, however in May 2022 they did have an inmate report prior sexual victimization during the risk screening. In addition to the memo, the facility provided a sample of reassessments to corroborate the assurance memo. The facility also provided documentation related to the inmate who disclosed victimization during the risk screening in May 2022. The inmate was documented with a referral to mental health the same day as the disclosure. Documentation further illustrated that the inmate was seen by mental health four days after the risk screening. Additionally, the facility indicated that they were aware of how the positive responses are tracked and produced an electronic report showing the one inmate who disclosed prior victimization.

Based on the information provided during the corrective action period, the auditor determined that the facility has corrected this standard.

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| 115.82 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Health Services Policy & Procedure Manual CP-18 – Sexual Abuse 4. Medical and Mental Health Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Medical and Mental Health Staff 2. Interview with First Responders <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Medical and Mental Health Areas <p>Findings (By Provision):</p> <p>115.82 (a): The PAQ indicated that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature of scope of services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further indicates that medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. F.3400, page 20 states that medical services will follow medical protocol, which includes provision for examination, documentation and transport to the local emergency department, when appropriate, where the following will occur: collection of forensic evidence, testing for sexually transmitted disease, counseling and prophylactic treatment. Medical services will ensure that the offender receives medical follow-up and is offered a referral for mental health services. CP-18, page 1 states that when an inmate reports or is suspected of being the victim of recent sexual abuse he/she will be treated as an emergency patient and will be examined by the Division of Adult Correction physician/physician extender, if on-site. If no physician/physician extender is on site the nurse will perform a visual external exam for obvious life-threatening injuries requiring immediate attention. If injuries are seen, the nurse shall administer first aid and call 911 and if no injuries are seen, the nurse shall refer the inmate to the local Emergency Department (ED). During the tour, the auditor noted that health services consisted of medical, mental health and dental. Medical comprised a reception area with benches and four exam rooms with solid doors with security windows that provide adequate privacy. Medical records were paper and electronic. Paper records were behind a locked door. A review of two sexual abuse allegations indicated both were reported after the inmate victims departed the facility and as such no medical or mental health services were provided. Interviews with medical and mental health care staff confirm that inmates receive timely and unimpeded access to emergency medical treatment and crisis intervention service. The staff stated that services would be provided immediately or as soon they are made aware. The staff confirmed that services would be based on their professional judgement but also on policy and procedure. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.</p> <p>115.82 (b): CP-18, page 1 states that when an inmate reports or is suspected of being the victim of recent sexual abuse he/she will be treated as an emergency patient and will be examined by the Division of Adult Correction physician/physician extender, if on-site. If no physician/physician extender is on site the nurse will perform a visual external exam for obvious life-threatening injuries requiring immediate attention. If injuries are seen, the nurse shall administer first aid and call 911 and if no injuries are seen, the nurse shall refer the inmate to the local Emergency Department (ED). The security staff first responder stated that if someone reports then she would separate the offender immediately from whoever they are accusing; make sure they don't wash, defecate, urinate to try to preserve evidence; not let anyone in or out of the room so not to disturb evidence and have them check by medical staff. The non-security staff member stated that she would make sure she (the inmate) was safe at the moment and immediately call the Officer in Charge.</p> <p>115.82 (c): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. F.3400, page 20 states that medical services will</p> |

follow medical protocol, which includes provision for examination, documentation and transport to the local emergency department, when appropriate, where the following will occur: collection of forensic evidence, testing for sexually transmitted disease, counseling and prophylactic treatment. Medical services will ensure that the offender receives medical follow-up and is offered a referral for mental health services. CP-18, page 2 states that the inmate will be transported to the local ED for examination, treatment, prophylactic treatment, counseling and collection of lab specimen for forensic purposes. Upon return to the institution, a registered nurse will evaluate and document the inmate's health status, review treatment rendered and assess follow-up needs. Emergency contraception will be approved if ordered in the ED and for sexual abuse reported within 72 hours, consideration of post-exposure prophylaxis for HIV, chlamydia, gonorrhea, trichomonas and bacterial vaginosis, will be based on the current CDC guidelines. Policy further indicates that when the alleged abuse is reported more than 72 hours after vaginal or anal abuse, or more than 24 hours after oral abuse, HIV and STI testing will be provided. A review of two sexual abuse allegations indicated both were reported after the inmate victims departed the facility and as such no medical or mental health services were provided. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.82 (d): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. CP-18, page 4 states that all care for sexual abuse will be provided at no cost.

Based on a review of the PAQ, F.3400, CP-18, medical and mental health documents and information from interviews with medical and mental health care staff indicates that this standard appears be compliant.

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| 115.83 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Health Services Policy & Procedure Manual CP-18 – Sexual Abuse 4. Health Services Policy & Procedure Manual CC-8 – Aftercare Planning for Inmates in Health Services 5. Health and Wellness Services Policies and Procedures CC-4 – Pregnancy Management 6. Medical and Mental Health Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Medical and Mental Health Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Medical Treatment Areas <p>Findings (By Provision):</p> <p>115.83 (a): The PAQ indicated the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. F.3400, page 20 states that medical services will follow medical protocol, which includes provision for examination, documentation and transport to the local emergency department, when appropriate, where the following will occur: collection of forensic evidence, testing for sexually transmitted disease, counseling and prophylactic treatment. Medical services will ensure that the offender receives medical follow-up and is offered a referral for mental health services. CP-18, page 2 states that upon return to the institution (from the ED), a registered nurse will evaluate and document the inmate's health status, review treatment rendered and assess follow-up needs. CC-8 describes follow-up and aftercare planning for inmates who have an anticipated release date of less than six months. During the tour, the auditor noted that health services consisted of medical, mental health and dental. Medical comprised a reception area with benches and four exam rooms with solid doors with security windows that provide adequate privacy. Medical records were paper and electronic. Paper records were behind a locked door. A review of two sexual abuse allegations indicated both were reported after the inmate victims departed the facility and as such no medical or mental health services were provided. Additionally, the facility indicated they have not had any inmates report prior sexual victimization during the risk screening. Further discussion with the PCM indicated that they are a minimum security facility and they are not an intake facility so this may account for not having any inmate report prior sexual abuse during the risk screening</p> <p>115.83 (b): F.3400, page 20 states that medical services will follow medical protocol, which includes provision for examination, documentation and transport to the local emergency department, when appropriate, where the following will occur: collection of forensic evidence, testing for sexually transmitted disease, counseling and prophylactic treatment. Medical services will ensure that the offender receives medical follow-up and is offered a referral for mental health services. CP-18, page 2 states that upon return to the institution (from the ED), a registered nurse will evaluate and document the inmate's health status, review treatment rendered and assess follow-up needs. CC-8 describes follow-up and aftercare planning for inmates who have an anticipated release date of less than six months. A review of two sexual abuse allegations indicated both were reported after the inmate victims departed the facility and as such no medical or mental health services were provided. Interviews with medical and mental health care staff confirm that they provide on-going and follow-up services to inmate victims of sexual abuse. A few of the services include; treatment plans, referrals, follow-up labs and testing, medication and treatment of injuries. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.</p> <p>115.83 (c): The facility provides access to medical and mental health staff on-site and also transports inmates to the local hospital for treatment that is not available at the facility. All medical and mental health care staff are required to have the appropriate licensure and credentials. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.</p> <p>115.83 (d): The PAQ indicated that female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. F.3400, page 20 states that medical services will follow medical protocol, which includes provision for</p> |

examination, documentation and transport to the local emergency department, when appropriate, where the following will occur: collection of forensic evidence, testing for sexually transmitted disease, counseling and prophylactic treatment. Medical services will ensure that the offender/resident receives medical follow-up and is offered a referral for mental health services. CC-4, page 1 states that all offenders of reproductive age will have a pregnancy test as part of routine processing labs and whenever medically indicated. Comprehensive counseling and medical care are given to pregnant offenders in keeping with their expressed desires in planning for their unborn children. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. A review of two sexual abuse allegations indicated both were reported after the inmate victims departed the facility and as such no medical or mental health services were provided.

115.83 (e): The PAQ indicated that if pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. F.3400, page 20 states that medical services will follow medical protocol, which includes provision for examination, documentation and transport to the local emergency department, when appropriate, where the following will occur: collection of forensic evidence, testing for sexually transmitted disease, counseling and prophylactic treatment. Medical services will ensure that the offender/resident receives medical follow-up and is offered a referral for mental health services. CC-4, page 1 states that all offenders of reproductive age will have a pregnancy test as part of routine processing labs and whenever medically indicated. Comprehensive counseling and medical care are given to pregnant offenders in keeping with their expressed desires in planning for their unborn children. Interviews with medical and mental health care staff confirmed that female victims would be provided information and access to all lawful pregnancy related medical services, however they would be provided these services at Raleigh. The staff stated they would transfer the inmate out as soon as they determined the inmate was pregnant so she could receive the services. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.83 (f): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. F.3400, page 20 states that medical services will follow medical protocol, which includes provision for examination, documentation and transport to the local emergency department, when appropriate, where the following will occur: collection of forensic evidence, testing for sexually transmitted disease, counseling and prophylactic treatment. CP-18, page 2 indicates that the inmate will be scheduled for the next provider visit, at which time the following tests will be ordered in accordance with CDC guidelines; RPR (serology for syphilis), HIV, gonorrhea, chlamydia, hepatitis B and hepatitis C. A review of two sexual abuse allegations indicated both were reported after the inmate victims departed the facility and as such no medical or mental health services were provided. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.83 (g): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. CP-18, page 4 states that all care for sexual abuse will be provided at no cost. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. CP-18, page 4 states that once an investigation has been completed and an inmate has been determined to be an inmate-on-inmate abuser, within 60 days, a mental health clinician will attempt to conduct an evaluation and offer treatment when deemed appropriate. There were zero substantiated inmate-on-inmate allegations and as such there were no confirmed inmate-on-inmate abusers who required an evaluation under this provision. The interview with the mental health care staff member confirmed that the inmate perpetrator would be offered an evaluation and services. She stated once it came to her attention and they agreed, she would see them within two weeks.

Based on a review of the PAQ, F.3400, CP-18, CC-8, CC-4, medical and mental health documents, observations made during the tour and information from interviews with medical and mental health care staff, this standard appears to be compliant.

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| 115.86 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Investigative Reports 4. Post Incident Review (PIR) – OPA-I10 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with the PREA Compliance Manager 3. Interview with Incident Review Team <p>Findings (By Provision):</p> <p>115.86 (a): The PAQ indicated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. F.3400, page 24 states that a PIR shall be completed for all substantiated and unsubstantiated allegations of sexual abuse and documented on form OPA-I10 Post Incident Review (PIR). The PAQ stated there were two sexual abuse investigations completed within the previous twelve months. A review of two sexual abuse allegations indicated that one had a completed sexual abuse incident review within 30 days of the completed investigation. The second did not have a sexual abuse incident review completed as the investigation was not completed due to the unique situation in that the staff member had resigned and the inmate was released from custody, therefore no interviews could be conducted and no evidence was available for collection. While no investigative actions could be taken, an investigation should have been completed with an unsubstantiated finding which would have required a sexual abuse incident review. Further communication with the PCM indicated that this was not a systematic issue, but rather a training issue based on the unique situation of the allegation. The auditor spoke with the PCM and the investigator during the audit which sufficed as appropriate training related to the situation.</p> <p>115.86 (b): The PAQ indicated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation and that one sexual abuse incident review was completed within 30 days of the conclusion of the investigation. F.3400, page 25 states that the PIR shall be completed by the facility within 30 days of the conclusion of the sexual abuse investigation. A review of two sexual abuse allegations indicated that one had a completed sexual abuse incident review within 30 days of the completed investigation. The second did not have a sexual abuse incident review completed as the investigation was not completed due to the unique situation in that the staff member had resigned and the inmate was released from custody, therefore no interviews could be conducted and no evidence was available for collection. While no investigative actions could be taken, an investigation should have been completed with an unsubstantiated finding which would have required a sexual abuse incident review. Further communication with the PCM indicated that this was not a systematic issue, but rather a training issue based on the unique situation of the allegation. Th auditor spoke with the PCM and the investigator during the audit which sufficed as appropriate training related to the situation</p> <p>115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. F.3400, page 24 states that the PIR is completed with input from upper-level management officials, investigators, and medical and mental health practitioners. A review of the completed sexual abuse incident review confirmed that it included the PCM, Program Supervisor, Psychologist, Nurse Supervisor and Warden. The interview with the Warden confirmed that the facility has a sexual abuse incident review team and that the team includes upper management officials, line supervisors, medical and/or mental health staff and the facility investigator.</p> <p>115.86 (d): The PAQ indicated that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. F.3400, pages 24-25 state that the review team shall consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender or intersex identification, status or perceived</p> |

status, gang affiliation, or was motivated or otherwise cause by other group dynamics; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enabled abuse; assess the adequacy of staffing levels in the area during the different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. The policy further states that the review team shall prepare a report of its findings pursuant to standards, and any recommendations for improvement. A review of the completed sexual abuse incident review confirmed that all required components were included in the review. Interviews with the Warden, PCM and incident review team member confirmed the facility completes sexual abuse incident reviews and they include all the required elements under this provision. The Warden stated that they use the information from the reviews for staffing, video monitoring recommendations, program recommendations, PSP information, mental health recommendations, policy and procedure recommendations and training. She stated they look to see if there are more of things that are needed and what they need to do. The PCM stated that he reviews all the sexual abuse incident reviews and he has not noticed any trends. He further indicated that once the report is submitted they would take any action to remedy issues, such as staffing, monitoring changes to the physical plant or other actions to prevent future incidents from occurring.

115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. F.3400, page 25 states that the review team prepare a report of its findings pursuant to standards, and any recommendations for improvement. Policy indicates such reports should be submitted to the facility head and PCM. A review of the completed sexual abuse incident review indicated that a section exists for recommendations and corrective action, however no recommendations were documented.

Based on a review of the PAQ, F.3400, investigative report, sexual abuse incident reviews and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, this standard appears to be compliant.

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| 115.87 | Data collection |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. OPUS Manual 4. OPUS Incident PREA Package 5. Sexual Abuse Annual Report <p>Findings (By Provision):</p> <p>115.87 (a): The PAQ indicated that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. F.3400, page 31 states that accurate, uniform data for every allegation of sexual abuse shall be documented in OPUS by all facilities. A review of the OPUS Manual and OPUS Incident PREA Package confirms that all allegations of sexual abuse and sexual harassment are entered into the electronic database (OPUS). Upon entry of the information staff have to choose from five allegation types: inmate on inmate sexual act, inmate on inmate sexual abuse, inmate on inmate sexual harassment, staff sexual misconduct and staff sexual harassment.</p> <p>115.87 (b): The PAQ indicated that the agency aggregates the incident-based sexual abuse data at least annually. F.3400, page 31 states that the agency shall aggregate the incident-based sexual abuse data at least annually. A review of the Sexual Abuse Annual Report confirmed that data is aggregated annually and documented in the report with a comparison of the prior years aggregated data.</p> <p>115.87 (c): The PAQ indicated that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. F.3400, page 32 states that the incident-based data collected shall include, at minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. A review of the OPUS Manual and OPUS Incident PREA Package confirms that all allegations of sexual abuse and sexual harassment are entered into the electronic database (OPUS). Upon entry of the information staff have to choose from five allegation types: inmate on inmate sexual act, inmate on inmate sexual abuse, inmate on inmate sexual harassment, staff sexual misconduct and staff sexual harassment.</p> <p>115.87 (d): The PAQ indicated that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. F.3400, page 32 states that the agency shall maintain, review, and collect data as needed from all available incident-based documents, including incident reports, investigative files and sexual abuse incident reviews.</p> <p>115.87 (e): The PAQ indicated that the agency does not contract for the confinement of its inmates and as such this provision does not apply. Further communication with the agency indicated that the agency currently has an expired contract for the confinement of its inmates. The agency is working on a renewal to the contract. F.3400, page 32 states that the agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders.</p> <p>115.87 (f): The PAQ indicated that the Department of Justice has not requested the information from the agency. Further communication with the PCM indicated that they complete the Survey of Sexual Victimization annually. F.3400, page 32 states that upon request, the agency shall provide all such data from previous calendar year to the US Department of Justice no later than June 30.</p> <p>Based on a review of the PAQ, F.3400, the OPUS Manual, the OPUS Incident PREA Package and the Sexual Abuse Annual Report this standard appears to be compliant.</p> |

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| 115.88 | Data review for corrective action |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Documents:

1. Pre-Audit Questionnaire
2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy
3. Sexual Abuse Annual Report

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager

Findings (By Provision):

115.88 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. F.3400, page 32 states that the agency shall review data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and practices, and training, including by identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. A review of the Sexual Abuse Annual Report indicates that it includes agency sexual abuse and sexual harassment data broken down by incident type ad investigative outcome. The report compares data from the prior year with the current year (2020 & 2019). The report also includes a message from the Secretary, department accomplishments, definitions, audit findings and corrective action taken by facilities. The interview with the Agency Head Designee indicated that PREA staff review all incidents involving sexual abuse or sexual harassment and that the PREA Director aggregates the data and looks for any trends across the agency. She further stated that information is also reviewed from the completed sexual abuse incident reviews. She stated that a review of the data could indicate a need to change or make improvements, including video monitoring, staffing and physical plant. The PC stated that the agency reviews data that is collected in order to assess and improve the effectiveness of the sexual abuse prevention, detection and response policies and that the information is published on the agency website. He further confirmed that the agency takes corrective action on an ongoing basis and that the PC conducts site visits and checks on the practices to confirm corrections per policy and procedure. The PC stated that he completes the report and it is forwarded to the Secretary for approval and is then published on the agency's website. The PCM stated that the facility data submitted is included in the annual report for all PREA investigations, findings and corrective action. He stated that it documents any trouble areas and areas that need worked on.

115.88 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and that the annual report provides an assessment of the agency's progress in addressing sexual abuse. F.3400, page 32 states that such report shall include a comparison of the current year's data and corrective action with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. A review of the Sexual Abuse Annual Report indicates that it includes agency sexual abuse and sexual harassment data broken down by incident type ad investigative outcome. The report compares data from the prior year with the current year (2020 & 2019).

115.88 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. F.3400, page 32 states that the agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means. The interview with the Agency Head Designee confirmed that all reports are reviewed and approved by the Secretary before being made publicly available. A review of the website (<https://www.ncdps.gov/adult-corrections/prison-rape-elimination-act>) confirmed that the current annual report as well as prior annual reports are available for review.

115.88 (d): The PAQ indicated that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility and that the agency indicates the nature of material redacted. A review of the Sexual Abuse Annual Report confirmed that there was no personal identifying information included nor any security related information. The report did not contain any redacted information. The interview with the PC confirmed that anything confidential would be redacted and that the report includes data rather than personal identifiers and that any offender information would be redacted.

Based on a review of the PAQ, F.3400, the sexual abuse annual report, the website and information obtained from interviews with the Agency Head Designee, PC and PCM, this standard appears to be compliant.

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| 115.89 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Sexual Abuse Annual Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Coordinator <p>Findings (By Provision):</p> <p>115.89 (a): The PAQ indicated that the agency ensures that incident-based and aggregate data are securely retained. F.3400, page 32 indicates that the agency must ensure that data is securely retained. The interview with the PREA Coordinator indicated that the agency reviews data collected and aggregated pursuant to 115.87 and that it is securely retained. He stated that the information is confidential and secured and that most data is profile driven through the OPUS system.</p> <p>115.89 (b): The PAQ indicated that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. F.3400, page 32 states that the agency shall maintain, review, and collect data as needed from all available incident-based document, including reports, investigative files and sexual abuse incident reviews. Policy also states that the agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its offender. Page 32 further states that the agency's report shall be approved by the agency head and made readily available to the public through its website, or if it does not have one, through other means. A review of the website (https://www.ncdps.gov/adult-corrections/prison-rape-elimination-act) confirmed that the current annual report, which includes aggregated data, as well as prior annual reports are available for review.</p> <p>115.89 (c): The PAQ indicated that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. A review of the Sexual Abuse Annual Report confirmed that there was no personal identifying information included nor any security related information. The report did not contain any redacted information.</p> <p>115.89 (d): The PAQ indicated that the agency maintains sexual abuse data collected pursuant to Standard 115.87 for at least ten years after the date of initial collection, unless federal, state or local law requires otherwise. F.3400, page 32 states that all written investigation reports will be retained as long as the alleged abuser is incarcerated or employed by the agency, plus five years; or sexual abuse data collected for at least ten years after the date of the initial collection unless Federal, State or local law requires otherwise, whichever is greater. A review of prior Sexual Abuse Annual Reports confirmed that data is available from 2015 to current.</p> <p>Based on a review of the PAQ, F.3400, the Sexual Abuse Annual Report, the agency website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.</p> |

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| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Findings (By Provision):</p> <p>115.401 (a): The facility is part of the North Carolina Department of Public Safety. All facilities were audited in the previous three-year audit cycle and audit report are found on the agency's website.</p> <p>115.401 (b): The facility is part of the North Carolina Department of Public Safety. The Department has a schedule for all their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the third year of the three-year cycle.</p> <p>115.401 (h) – (n): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates. The audit announcement was observed in each housing unit on the bulletin board. The announcement was also observed in common areas around the facility.</p> |

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Findings (By Provision):</p> <p>115.403 (f): The facility was previously audited on May 3-5, 2018. The final audit report is publicly available via the agency website. Prior agency audit reports were observed on the agency website confirming reports are uploaded as required under this provision.</p> |

Appendix: Provision Findings

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| 115.11 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
| 115.11 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? | yes |
| 115.11 (c) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) | yes |
| | Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) | yes |
| 115.12 (a) | Contracting with other entities for the confinement of inmates | |
| | If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) | yes |
| 115.12 (b) | Contracting with other entities for the confinement of inmates | |
| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) | yes |

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| 115.13 (a) | Supervision and monitoring | |
| | Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? | yes |
| 115.13 (b) | Supervision and monitoring | |
| | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) | yes |
| 115.13 (c) | Supervision and monitoring | |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |

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| 115.13 (d) | Supervision and monitoring | |
| | Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? | yes |
| | Is this policy and practice implemented for night shifts as well as day shifts? | yes |
| | Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? | yes |
| 115.14 (a) | Youthful inmates | |
| | Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| 115.14 (b) | Youthful inmates | |
| | In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| 115.14 (c) | Youthful inmates | |
| | Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| 115.15 (a) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |
| 115.15 (b) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.) | yes |
| | Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) | yes |
| 115.15 (c) | Limits to cross-gender viewing and searches | |
| | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)? | yes |

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| 115.15 (d) | Limits to cross-gender viewing and searches | |
| | Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? | yes |
| 115.15 (e) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? | yes |
| | If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |
| 115.15 (f) | Limits to cross-gender viewing and searches | |
| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |

| 115.16 (a) | Inmates with disabilities and inmates who are limited English proficient | |
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| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision? | yes |
| 115.16 (b) | Inmates with disabilities and inmates who are limited English proficient | |
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |

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| 115.16 (c) | Inmates with disabilities and inmates who are limited English proficient | |
| | Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? | yes |
| 115.17 (a) | Hiring and promotion decisions | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| 115.17 (b) | Hiring and promotion decisions | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? | yes |
| | Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? | yes |
| 115.17 (c) | Hiring and promotion decisions | |
| | Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| 115.17 (d) | Hiring and promotion decisions | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? | yes |
| 115.17 (e) | Hiring and promotion decisions | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? | yes |

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| 115.17 (f) | Hiring and promotion decisions | |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.17 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| 115.17 (h) | Hiring and promotion decisions | |
| | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| 115.18 (a) | Upgrades to facilities and technologies | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | na |
| 115.18 (b) | Upgrades to facilities and technologies | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) | yes |
| 115.21 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.21 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |

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| 115.21 (c) | Evidence protocol and forensic medical examinations | |
| | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |
| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| 115.21 (d) | Evidence protocol and forensic medical examinations | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.) | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| 115.21 (e) | Evidence protocol and forensic medical examinations | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.21 (f) | Evidence protocol and forensic medical examinations | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) | yes |
| 115.21 (h) | Evidence protocol and forensic medical examinations | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.) | yes |
| 115.22 (a) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |

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| 115.22 (b) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |
| 115.22 (c) | Policies to ensure referrals of allegations for investigations | |
| | If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) | yes |
| 115.31 (a) | Employee training | |
| | Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? | yes |
| | Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? | yes |
| | Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? | yes |
| | Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? | yes |
| | Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? | yes |
| | Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |
| 115.31 (b) | Employee training | |
| | Is such training tailored to the gender of the inmates at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? | yes |

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| 115.31 (c) | Employee training | |
| | Have all current employees who may have contact with inmates received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |
| 115.31 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| 115.32 (a) | Volunteer and contractor training | |
| | Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |
| 115.32 (b) | Volunteer and contractor training | |
| | Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? | yes |
| 115.32 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |
| 115.33 (a) | Inmate education | |
| | During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| 115.33 (b) | Inmate education | |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? | yes |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? | yes |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? | yes |
| 115.33 (c) | Inmate education | |
| | Have all inmates received the comprehensive education referenced in 115.33(b)? | yes |
| | Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? | yes |

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| 115.33 (d) | Inmate education | |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? | yes |
| 115.33 (e) | Inmate education | |
| | Does the agency maintain documentation of inmate participation in these education sessions? | yes |
| 115.33 (f) | Inmate education | |
| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? | yes |
| 115.34 (a) | Specialized training: Investigations | |
| | In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| 115.34 (b) | Specialized training: Investigations | |
| | Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| 115.34 (c) | Specialized training: Investigations | |
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |

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| 115.35 (a) | Specialized training: Medical and mental health care | |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.35 (b) | Specialized training: Medical and mental health care | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) | na |
| 115.35 (c) | Specialized training: Medical and mental health care | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.35 (d) | Specialized training: Medical and mental health care | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) | yes |
| | Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) | yes |
| 115.41 (a) | Screening for risk of victimization and abusiveness | |
| | Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? | yes |
| | Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? | yes |
| 115.41 (b) | Screening for risk of victimization and abusiveness | |
| | Do intake screenings ordinarily take place within 72 hours of arrival at the facility? | yes |
| 115.41 (c) | Screening for risk of victimization and abusiveness | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |

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| 115.41 (d) | Screening for risk of victimization and abusiveness | |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? | yes |
| 115.41 (e) | Screening for risk of victimization and abusiveness | |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse? | yes |
| 115.41 (f) | Screening for risk of victimization and abusiveness | |
| | Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |

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| 115.41 (g) | Screening for risk of victimization and abusiveness | |
| | Does the facility reassess an inmate's risk level when warranted due to a referral? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to a request? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? | yes |
| 115.41 (h) | Screening for risk of victimization and abusiveness | |
| | Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? | yes |
| 115.41 (i) | Screening for risk of victimization and abusiveness | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? | yes |
| 115.42 (a) | Use of screening information | |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? | yes |
| 115.42 (b) | Use of screening information | |
| | Does the agency make individualized determinations about how to ensure the safety of each inmate? | yes |
| 115.42 (c) | Use of screening information | |
| | When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? | yes |

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| 115.42 (d) | Use of screening information | |
| | Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? | yes |
| 115.42 (e) | Use of screening information | |
| | Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |
| 115.42 (f) | Use of screening information | |
| | Are transgender and intersex inmates given the opportunity to shower separately from other inmates? | yes |
| 115.42 (g) | Use of screening information | |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.) | yes |
| 115.43 (a) | Protective Custody | |
| | Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? | yes |
| | If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? | yes |

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| 115.43 (b) | Protective Custody | |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? | yes |
| | If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | yes |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | yes |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | yes |
| 115.43 (c) | Protective Custody | |
| | Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? | yes |
| | Does such an assignment not ordinarily exceed a period of 30 days? | yes |
| 115.43 (d) | Protective Custody | |
| | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? | yes |
| | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? | yes |
| 115.43 (e) | Protective Custody | |
| | In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? | yes |
| 115.51 (a) | Inmate reporting | |
| | Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |

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| 115.51 (b) | Inmate reporting | |
| | Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the inmate to remain anonymous upon request? | yes |
| | Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.) | na |
| 115.51 (c) | Inmate reporting | |
| | Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Does staff promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.51 (d) | Inmate reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? | yes |
| 115.52 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | yes |
| 115.52 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | yes |
| | Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |

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| 115.52 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | yes |
| | If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | yes |
| | At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (e) | Exhaustion of administrative remedies | |
| | Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | yes |
| | If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (f) | Exhaustion of administrative remedies | |
| | Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.). | yes |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (g) | Exhaustion of administrative remedies | |
| | If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | yes |

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| 115.53 (a) | Inmate access to outside confidential support services | |
| | Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.) | na |
| | Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? | yes |
| 115.53 (b) | Inmate access to outside confidential support services | |
| | Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| 115.53 (c) | Inmate access to outside confidential support services | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| 115.54 (a) | Third-party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? | yes |
| 115.61 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | yes |
| 115.61 (b) | Staff and agency reporting duties | |
| | Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |

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| 115.61 (c) | Staff and agency reporting duties | |
| | Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? | yes |
| | Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? | yes |
| 115.61 (d) | Staff and agency reporting duties | |
| | If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? | yes |
| 115.61 (e) | Staff and agency reporting duties | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |
| 115.62 (a) | Agency protection duties | |
| | When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? | yes |
| 115.63 (a) | Reporting to other confinement facilities | |
| | Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| 115.63 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |
| 115.63 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |
| 115.63 (d) | Reporting to other confinement facilities | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |
| 115.64 (a) | Staff first responder duties | |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |

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| 115.64 (b) | Staff first responder duties | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| 115.65 (a) | Coordinated response | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |
| 115.66 (a) | Preservation of ability to protect inmates from contact with abusers | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |
| 115.67 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.67 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |

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| 115.67 (c) | Agency protection against retaliation | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |
| 115.67 (d) | Agency protection against retaliation | |
| | In the case of inmates, does such monitoring also include periodic status checks? | yes |
| 115.67 (e) | Agency protection against retaliation | |
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |
| 115.68 (a) | Post-allegation protective custody | |
| | Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? | yes |
| 115.71 (a) | Criminal and administrative agency investigations | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | yes |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | yes |

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| 115.71 (b) | Criminal and administrative agency investigations | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? | yes |
| 115.71 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| 115.71 (d) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |
| 115.71 (e) | Criminal and administrative agency investigations | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| 115.71 (f) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| 115.71 (g) | Criminal and administrative agency investigations | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| 115.71 (h) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 115.71 (i) | Criminal and administrative agency investigations | |
| | Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? | yes |
| 115.71 (j) | Criminal and administrative agency investigations | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? | yes |
| 115.71 (l) | Criminal and administrative agency investigations | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |

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| 115.72 (a) | Evidentiary standard for administrative investigations | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |
| 115.73 (a) | Reporting to inmates | |
| | Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |
| 115.73 (b) | Reporting to inmates | |
| | If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | yes |
| 115.73 (c) | Reporting to inmates | |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.73 (d) | Reporting to inmates | |
| | Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.73 (e) | Reporting to inmates | |
| | Does the agency document all such notifications or attempted notifications? | yes |
| 115.76 (a) | Disciplinary sanctions for staff | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |
| 115.76 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |

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| 115.76 (c) | Disciplinary sanctions for staff | |
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| 115.76 (d) | Disciplinary sanctions for staff | |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |
| 115.77 (a) | Corrective action for contractors and volunteers | |
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| 115.77 (b) | Corrective action for contractors and volunteers | |
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? | yes |
| 115.78 (a) | Disciplinary sanctions for inmates | |
| | Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? | yes |
| 115.78 (b) | Disciplinary sanctions for inmates | |
| | Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? | yes |
| 115.78 (c) | Disciplinary sanctions for inmates | |
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? | yes |
| 115.78 (d) | Disciplinary sanctions for inmates | |
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? | no |
| 115.78 (e) | Disciplinary sanctions for inmates | |
| | Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |

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| 115.78 (f) | Disciplinary sanctions for inmates | |
| | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |
| 115.78 (g) | Disciplinary sanctions for inmates | |
| | If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) | yes |
| 115.81 (a) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison). | yes |
| 115.81 (b) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) | yes |
| 115.81 (c) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail). | yes |
| 115.81 (d) | Medical and mental health screenings; history of sexual abuse | |
| | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |
| 115.81 (e) | Medical and mental health screenings; history of sexual abuse | |
| | Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? | yes |
| 115.82 (a) | Access to emergency medical and mental health services | |
| | Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| 115.82 (b) | Access to emergency medical and mental health services | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? | yes |
| | Do security staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |

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| 115.82 (c) | Access to emergency medical and mental health services | |
| | Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |
| 115.82 (d) | Access to emergency medical and mental health services | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.83 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |
| 115.83 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| 115.83 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| 115.83 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |
| 115.83 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |
| 115.83 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.83 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.83 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) | yes |
| 115.86 (a) | Sexual abuse incident reviews | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |

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| 115.86 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| 115.86 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |
| 115.86 (d) | Sexual abuse incident reviews | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| 115.86 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |
| 115.87 (a) | Data collection | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| 115.87 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |
| 115.87 (c) | Data collection | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |
| 115.87 (d) | Data collection | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |
| 115.87 (e) | Data collection | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) | yes |
| 115.87 (f) | Data collection | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | yes |

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| 115.88 (a) | Data review for corrective action | |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| 115.88 (b) | Data review for corrective action | |
| | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | yes |
| 115.88 (c) | Data review for corrective action | |
| | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |
| 115.88 (d) | Data review for corrective action | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? | yes |
| 115.89 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.87 are securely retained? | yes |
| 115.89 (b) | Data storage, publication, and destruction | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |
| 115.89 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| 115.89 (d) | Data storage, publication, and destruction | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |
| 115.401 (a) | Frequency and scope of audits | |
| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |

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