

PREA Facility Audit Report: Final

Name of Facility: Lumberton Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 03/05/2021

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: Paul Perry	Date of Signature: 03/05/2021

AUDITOR INFORMATION	
Auditor name:	Perry, Paul
Email:	paul.perry@carolinedf.org
Start Date of On-Site Audit:	01/20/2021
End Date of On-Site Audit:	01/22/2021

FACILITY INFORMATION	
Facility name:	Lumberton Correctional Institution
Facility physical address:	75 Legend Rd, Lumberton, North Carolina - 28358
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Rose Locklear
Email Address:	Rose.Locklear@ncdps.gov
Telephone Number:	910-618-5574

Warden/Jail Administrator/Sheriff/Director	
Name:	Stephen Jacobs
Email Address:	Stephen.Jacobs@ncdps.gov
Telephone Number:	910-272-7500

Facility PREA Compliance Manager	
Name:	Rose Locklear
Email Address:	rose.locklear@ncdps.gov
Telephone Number:	O: (910) 618-5574
Name:	Eric Powell
Email Address:	eric.powell@ncdps.gov
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Regina Hooks
Email Address:	Regina.Hooks@ncdps.gov
Telephone Number:	910-272-7640

Facility Characteristics	
Designed facility capacity:	788
Current population of facility:	750
Average daily population for the past 12 months:	709
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	21-99
Facility security levels/inmate custody levels:	Medium
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	251
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	1
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	78

AGENCY INFORMATION	
Name of agency:	North Carolina Department of Public Safety
Governing authority or parent agency (if applicable):	
Physical Address:	512 North Salisbury Street, Raleigh, North Carolina - 27604
Mailing Address:	
Telephone number:	919-733-2126

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

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

AUDIT FINDINGS

Narrative:

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

The North Carolina Department of Public Safety contracted with DX Consultants, LLC, 701 77th Avenue N., P.O. Box 55372, St. Petersburg, FL. 33732 for Prison Rape Elimination Act audit services of the Lumberton Correctional Institution. The Auditor has been certified by the United States Department of Justice to conduct PREA audits of adult facilities. The purpose of this audit was to determine the Lumberton Correctional Institution's level of compliance with standards required by the Prison Rape Elimination Act of 2003. This is the third Prison Rape Elimination Act audit of the North Carolina Department of Public Safety's Lumberton Correctional Institution. The facility was last audited in May 2017.

A notice was sent by email to the agency's Regional PREA Program Coordinator. The notice contained information and an address, informing offenders how to confidentially contact the Auditor prior to arriving on site. The bilingual notice informed the offender population their communications to the Auditor's address would be treated as confidential correspondence by facility staff. The notice required an agency representative's name and date upon posting the notice in areas throughout the facility. While touring the facility the Auditor observed all notices were posted on December 9, 2020 in all offender housing units by a facility staff member. The Auditor received no correspondences from an offender before arriving at the facility. No offender specifically requested to speak with the Auditor during the onsite visit.

The Auditor received the Lumberton Correctional Institutions's completed Pre-Audit Questionnaire through the Online Audit System (OAS). The Pre-Audit Questionnaire was completed and submitted to the OAS on December 22, 2020 by the facility's PREA Compliance Manager. Once received, the Auditor began a pre-audit review of the material. The information uploaded by the PREA Compliance Manager included; annual reports, policies, procedures, organizational charts, forms, training materials, educational materials, staffing plan, Memorandums of Understanding, contracts, and handbooks.

The Auditor communicated with the Regional PREA Program Coordinator through email. Prior to arriving on site, the Auditor asked questions and specifically requested additional information. Communications with the Regional Program Coordinator occurred through email and telephone. The PREA Program Analyst maintained communications with the Auditor and responded to the Auditor's questions, comments, and/or concerns in a timely manner. The Auditor needed clarification on several matters and requested some additional information. The Auditor maintained communications with the Regional PREA Program Coordinator and PREA Compliance Manager prior to arriving on site and after leaving the facility.

The Auditor discovered the agency has a Memorandum of Understanding with the Robeson County Rape Crisis Center (RCRCC) for emotional support services for offender victims of sexual abuse. The Auditor familiarized himself with the Memorandum of Understanding and communicated through telephone with a victim advocate from the RCRCC. Details of the telephone interview are provided in the applicable sections within this report.

The Auditor contacted a Sexual Assault Nurse Examiner (SANE) with the local hospital by telephone. The Auditor discussed the specifics of forensic services offered to offender victims of sexual abuse. The telephone interview provided an understanding of the level and scope of services provided to victims of sexual abuse. Details of the telephone interview are provided in the applicable sections of this report.

The Auditor conducted a review of the North Carolina Department of Public Safety's website (www.ncdps.gov). The website includes a link to access the agency's published Prison Rape Elimination Act information. The website includes the agency's zero-tolerance policy and investigative information, PREA audit reports, PREA reporting information, legal documents, brochures, posters, informational handouts and annual reports. The agency provides public access to its Prison Rape Elimination Act policy.

The Auditor arrived at the Lumberton Correctional Institution the morning of January 20, 2021. The Auditor met the facility Warden, Associate Warden of Programs, PREA Compliance Manager and Correctional Captain. The Auditor introduced himself and explained the audit process with key staff. The Auditor was offered a tour of the facility. The Auditor was accompanied by the PREA Compliance Manager and Correctional Captain on the facility tour. Prior to conducting the facility tour the Auditor informed he will not be conducting informal interviews with staff or offenders. The Auditor chose not to conduct such interviews to mitigate the risk of COVID-19. After completion of the tour the Auditor was provided a private area to conduct formal interviews and review documentation.

Facility staff allowed the Auditor full access to all areas in the Lumberton Correctional Institution. The tour included visits to the administrative, intake property, visitation, laundry, maintenance shop, vocational area, recreation yards, commissary, library, medical, kitchen and all offender housing units. During the tour the Auditor was observing for blind spots, opposite gender announcements, the overall level of supervision of the offender population, staff interactions with the population and camera placements within the facility. Observations were made of PREA posters and other PREA related materials posted throughout the facility.

While touring the facility the Auditor observed staff performing security rounds, interacting with the offender population, commissary and barber operations, foodservice operations and offenders working in various areas. Medical personnel were observed conducting treatments with offenders. The Auditor observed offenders inside and outside of housing units. All offender restrooms and shower areas were observed to ensure offenders could utilize the restroom, change clothing and shower without staff of the opposite gender observing the offenders fully naked.

The Auditor conducted a review of supportive documentation provided by the PREA Compliance Manager. Supportive documentation provided by the PCM included, but was not limited to, policies and procedures, staffing plan, handbooks, brochures, training records, employee records, medical records, classification records, investigative files and logbooks. Supportive documentation was reviewed to determine the facility's level of compliance in prevention, detection, and response to sexual abuse and sexual harassment, training and education, risk screening, reporting, investigations, offender discipline, medical and mental health care, and data collection, review and reporting.

While on site the Auditor requested additional supportive records from the PREA Compliance Manager. The Auditor requested 30 offender medical and classification records, all staff, contractor and volunteer training records and 10 randomly chosen HR records. The Auditor visited with and interviewed staff from day and night shifts during the audit.

Formal interviews were conducted with randomly and specifically chosen offenders. The facility provided

a private area for the Auditor to conduct interviews. The area was visible by camera, did not have audio monitoring capabilities and was located where staff and other offenders were unable to overhear the information exchanged between the Auditor and offender being interviewed. The auditor randomly chose 15 offenders and specifically chose 15 offenders for formal interviews. Offenders specifically chosen for interviews included 1 offender who was hard of hearing, 3 who filed an allegation at the facility, 3 who reported prior victimization, 1 physically disabled, 3 gay, 2 bisexual, 1 Limited English Proficient and 1 alleged sexual abuser. The Auditor attempted to interview an offender who identified as transgender. An interview with the offender could not be conducted as the offender's housing unit was under quarantine for COVID-19. During random interviews the Auditor discovered 1 offender who identified as gay, 1 who was Limited English Proficient and 4 who reported previous victimization. The randomly chosen offenders were selected from the Lumberton Correctional Institution population housing roster. A relative sample of offenders was chosen from each of the facility's housing units.

Formal interviews were conducted with staff. The Auditor conducted random formal interviews with 12 staff members and specialized interviews with 16 staff members. Specialized interviews were conducted with classification, medical, investigators, intermediate and highlevel staff, retaliation monitor, incident review team, contractors, Human Resources, and first responders. Formal staff interviews were conducted in the visitation area. The Auditor concluded the onsite portion of the audit on January 22, 2021 in an exit meeting with the following personnel in attendance:

- Associate Warden of Custody - Mary Locklear
- Associate Warden of Programs - Jacquelyn Smith
- PREA Compliance Manager - Sergeant Eric Powell
- Correctional Captain - Rose Locklear
- Correctional Sergeant - Justin Hunt
- Regional PREA Program Analyst - Gary Martin (by telephone)

The Auditor informed the group the on-site portion of the audit was completed. The group was informed the Auditor needed to continue reviewing provided documentation after leaving the facility. Staff were informed the Auditor may request copies of additional documents within the coming weeks. The Auditor informed key personnel staff and offenders were receptive and respectful to the Auditor while on site. The Auditor discussed immediate findings with the group. The group was informed recommendations would be included in the final report. The Auditor let the group know that recommendations are as such and are not required by the facility. The facility's operations appeared well managed and the Auditor received no major complaints from the offender population or staff.

On the first day of the audit there were 758 adult male offenders incarcerated at the Lumberton Correctional Institution.

AUDIT FINDINGS

Facility Characteristics:

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

The Lumberton Correctional Institution (LCI) is located in Robeson County, North Carolina. The facility is an approximate 20 minute drive to the northern border of South Carolina. The LCI is located approximately 2 hours and 20 minutes drive south of Raleigh, NC. The facility opened in 1994 with 312 beds. Complete construction was finished in 1995 providing 788 beds, 20 of which are segregation beds. The LCI houses adult male medium custody offenders. There are 7 buildings in the secure perimeter, including six dormitories. The facility's rated capacity is 768 offenders.

The facility has 6 housing units known as A, B, C, D, E, and F housing. The housing units are divided by secure fencing. Housing units A, B and C are positioned on the West side while housing units D, E and F are located on the East side. Each housing unit is a single level open dormitory style unit. There are four distinct living units within each housing building. The distinct living units are known as 1, 2, 3 and 4 in each building. Each living unit within the dormitory is identical in design. Living units 1 and 2 are accessible to one another through a dividing door while living units 3 and 4 are accessible to one another. None of the distinct living units house more than 32 offenders.

Offenders sleep in bunked beds in each living unit. Offenders have access to televisions, telephones, tables, chairs, microwaves, and water fountains. Showers are located adjacent to the living unit dayroom. Showers are multiple occupancy and the entrance has a shower curtain so staff of the opposite gender cannot see the offender naked while showering. Toilets are located adjacent to the dayroom. Toilets are protected with a 3/4 wall so staff of the opposite gender cannot observe an offender naked while using the bathroom. There are cameras that monitor offender activities inside each living unit. Cameras do not view into the living unit showers. The Auditor observed PREA materials posted on housing unit bulletin boards.

There is a centralized officer station in each housing unit. One security staff member remains in the centralized officer station while another conducts security rounds within the individual living units. There are office areas for Case Managers and other staff in each housing unit. Offenders have access to commissary, library, barber shop, medication pass through room and recreation from each housing unit.

The facility has 20 individual restrictive housing cells. There are 10 single cells on the B side and 10 single cells on the C side of restrictive housing. Each individual cell has a toilet and sink inside. There are no cameras inside cells. Cameras monitor the dayroom of each restrictive housing unit dayroom. There are two large holding cells in the center of each restrictive housing unit dayroom. Each restrictive housing unit has a shower adjacent to the dayroom. Each shower has a 3/4 door that protects staff from seeing the offender from chest down. Access to and from each restrictive housing unit and to individual cells is controlled by a security staff member who remains in the officer station positioned between the two units. Offenders have access to individual recreation areas from the back of each restrictive housing unit. There are cameras that monitor offenders while in the recreation area. The Auditor observed posted PREA materials in each unit.

The LCI intake area has two large multiple occupancy holding cells. There is a strip search area that is

blocked by partial walls so staff of the opposite gender cannot see an offender naked while being searched. The intake area has two showers that have doors that provide covering so staff of the opposite gender cannot see and offender naked while taking a shower. There is a toilet area adjacent to the showers that is protected with a curtain. Offenders personal property is stored in the property room in the intake area. Cameras monitor staff and offender activity in the intake area. Cameras do not view into the showers or toilet area.

The facility's kitchen has a large dining room with a serving line where offenders consume meals. The kitchen has an office, tray washing area, prep area, cooking area and pots and pans washing area. There are three walk-in refrigerators and a walk-in freezer in the kitchen. Dry goods are stored in the kitchen's dry storage room. The facility staffs the kitchen with two food service supervisors and 3 employees, all of which are security personnel. Food services are provided by NCDPS staff. Food service personnel employ up to 60 offenders in the kitchen. Cameras are strategically placed to monitor all activity in the kitchen. Offenders have access to two locking restrooms that are controlled by food service staff. When offenders enter any walk-in or dry storage they are under constant staff supervision. The facility's master control has a large window that views directly into the dining room.

Laundry for the offender population is not washed on the property. The facility contracts laundry services with an outside company to wash offender clothing. The facility maintains a one week supply of clean clothing for offender issue. There is a laundry room at the LCI with 2 washers and 2 dryers. There are three security staff members assigned to the laundry room that employes 22 offenders. There is a clothing storage room and a commissary adjacent to the laundry area. Cameras monitor all activity in the area. A loading dock is directly accessible to the laundry room. There is a camera that monitors the loading dock. All commissary entering the facility is processed and stored in the commissary. The facility has a barber shop, commissary room and library on each side (east and west) of the facility.

The LCI medical services are preformed by NCDPS personnel and through contrac nurses. The medical section has a dental area with 3 dental chairs. There is a Video Teleconferencing room where offenders participate in telehealth services. Nurses and doctors treat and examin offenders in two treatment/examination rooms. There is a medical records room, supplies room offices and a pharmacy in the medical section. There is a psych services section that maintains offices and a multipurpose room for group sessions with offenders. There are cameras in the general medical area and in the multipurpose room. The LCI medical section is not operational 24/7. The agency operates a call center in the event after hours care is needed. LCI medical services are provided from 5:30 a.m. to 11:00 p.m.

Offenders have access to programs and vocational services in the vocational area. The vocational area has a HVAC, electrical, and carpenty classrooms. Offenders have access to a locking restroom. There are cameras that monitor the general vocational area. LCI staff remain in the area while offenders are participating. The maintenance shop is adjacent to the vocational area. The maintenance shop employs six maintenance personnel who work up to 16 offenders. There are cameras that monitor the general maintenance area and boiler room. Offenders are always supervised in the maintenance shop.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). 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
Number of standards met:	44
Number of standards not met:	0

The Auditor found the North Carolina Department of Public Safety has developed appropriate policies and procedures that aid in prevention, detection and response to sexual abuse and sexual harassment. Those policies and procedures have been incorporated into the facility's training efforts. The Auditor found the facility's staff are well trained and retained information provided through the agency's training efforts. The Auditor formally interviewed staff and determined staff understood their responsibilities in the agency's policies and procedures regarding the prevention, detection and response towards acts of sexual abuse and sexual harassment. Staff understand their roles as first responders to incidents of sexual abuse and sexual harassment.

The Auditor determined the facility has been successful in developing a zero-tolerance culture towards all forms of sexual abuse and sexual harassment. The Auditor discovered the facility's leadership support its staff in the prevention, detection and response efforts. The leadership involve themselves in the day-to-day operations of the facility so they can assess current practices and recommend and/or make needed changes. Facility leadership appears to have a proactive approach towards compliance with the PREA standards to ensure the offender population, staff and the facility itself is protected from acts of sexual abuse and sexual harassment. Facility leadership makes unannounced rounds throughout all facility areas to deter sexual abuse and sexual harassment.

The facility's population was educated regarding the agency's prevention, detection and response efforts towards sexual abuse and sexual harassment. Most offenders interviewed informed the Auditor they were confident in staff's abilities and felt staff would maintain confidentiality with sexual abuse related information. The Auditor determined the agency is providing written information and comprehensive education to each offender upon their intake and upon arriving at another facility. The facility provides readily available information to offenders by posting materials in housing units and other areas of the facility, through handouts and handbooks. The Auditor observed staff interactions with the offender population while on site. All interactions were professional and appeared as if staff have developed appropriate working relationships with the population. The overall population interviewed by the Auditor felt safe in the facility.

The Auditor was provided a detailed tour of the Lumberton Correctional Institution and observed staff and a contractor interacting professionally with the population. A review of files and other documents revealed facility personnel are documenting actions in accordance with the NCDPS policies and procedures

related to sexual abuse and sexual harassment. Formal interviews with offenders reveal they are confident in staff's abilities to respond to and protect them from acts of sexual abuse. Each offender informed the Auditor facility staff are professional and take incidents and threats of sexual abuse or sexual harassment seriously. Formal interviews with staff revealed they are knowledgeable in the policies and procedures to prevent, detect and respond to incidents of sexual abuse and sexual harassment.

Staff at the LCI are screening each offender upon arrival to determine their level of risk for abusiveness or victimization. The risk screening allows the facility's Case Managers to identify such offenders and ensure they are protected from sexual abuse when determining housing, programs, education and work opportunities. The facility is conducting a reassessment of each offender within 30 days of arrival, after an incident of sexual abuse, referral and/or upon receiving additional information that bears on the offender's level of risk.

The agency has trained its investigators to conduct sexual abuse and sexual harassment investigations in confinement settings. Investigators understand how to conduct appropriate investigations following an allegation of sexual abuse and sexual harassment. The facility's investigators understand the requirement to refer criminal acts of sexual abuse to the local law enforcement agency for criminal investigation. Policy requires investigations be objective and are conducted promptly and thoroughly. Investigators are required to inform offenders of investigative determinations at the conclusion of each investigation. The facility conducts an incident review of all allegations within 30 days of the conclusion of the investigation, unless the allegation was unfounded by the facility's investigator.

The Auditor determined the facility meets all standards and recommended no formal corrective action period required to comply with any provision of the PREA standards. The facility made corrective actions to comply with several elements of the PREA standards. Those corrections were made during the audit. Details of the corrective actions are included in the applicable sections of this report. The agency has appropriate policies, procedures and practices for the prevention planning, response planning, training and education, screening for risk of victimization and abusiveness, reporting, response following a report, investigations, discipline, medical and mental care, and data collection and review of sexual abuse and sexual harassment.

The Auditor determined the agency exceeds standard 115.11. The agency employs a Statewide PREA Coordinator, Regional PREA Program Analysts and a Primary and Secondary PREA Compliance Manager at the facility. The Auditor determined the agency has successfully created a zero-tolerance culture at the Lumberton Correctional Institution.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The North Carolina Department of Public Safety has an established policy that the department "...is committed to a standard of zero-tolerance of sexual abuse and sexual harassment toward offenders, either by staff, contractors, volunteers, or by offenders. Therefore, it is the policy of Prisons to provide a safe, humane and appropriately secure environment, free from the threat of sexual abuse and sexual harassment for all offenders, by maintaining a program of prevention, detection, response, investigation, prosecution and tracking." The agency policy includes its prevention, detection, reporting and response strategies. The Prison Rape Elimination Act policy includes definitions of the following:</p> <ul style="list-style-type: none"> ● Sexual abuse of an offender by another offender ● Sexual abuse of an offender by a staff member, contractor or volunteer ● Voyeurism ● Sexual harassment <p>The Auditor observed the agency has included its approach towards prevention, detection and response towards incidents of sexual abuse and sexual harassment. The following, but not limited to, prevention, detection and response techniques were observed in the agency's Offender Sexual Abuse and Sexual Harassment policy:</p> <ul style="list-style-type: none"> ● Employee Training ● Volunteer, Custodial Agents, Contractors and Other Persons Providing Services Training ● Specialized Training ● Offender Education ● Screening for Risk of Victimization and Abusiveness ● Medical and Mental Health Screening ● Use of Screening Information ● Protective Custody ● Reporting and Investigating ● Victim Support ● Retaliation Monitoring ● Victim Notifications ● Post Incident Reviews ● Disciplinary Sanctions ● Record Retention and Data Collection <p>The agency's policy includes disciplinary sanctions for staff, Volunteers/Contracting Agents, and offenders. Both the facility and agency make termination the presumptive disciplinary sanction for engaging in an act of sexual abuse.</p> <p>The agency's policy defines the PREA Compliance Manager as, "A designated employee, at</p>

each facility, with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards." Each Facility Head is responsible for designating a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with PREA standards.

The Lumberton Correctional Institution has designated a Correctional Captain responsible for duties of the PREA Compliance Manager. The Compliance Manager reports all PREA related information and compliance issues directly to the Warden.

Evidence Relied Upon:

Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment Policy, pg. 1-32

Facility SOP - .4300 Sexual Violence Elimination Policy, pg. 1-8

Agency Organizational Chart

Facility Organizational Chart

Interviews with Staff

Interviews with Offenders

Analysis/Reasoning:

The Auditor conducted a review of the North Carolina Department of Public Safety policy. The Auditor observed the policy includes the prevention, detection and response approaches towards sexual abuse and sexual harassment of offenders. The policy has definitions of sexual abuse, voyeurism and sexual harassment. The agency policy includes sanctions for staff, contractors, volunteers and custodial agents found to have violated the sexual abuse and sexual harassment policies and procedures. The NCDPS has a clear policy that mandates a zero tolerance towards sexual abuse and sexual harassment.

The Lumberton Correctional Institution has a policy that states, "The North Carolina Division of Prisons is committed to a standard of zero-tolerance of sexual violence toward offenders, either by staff or by offenders. Therefore, it is the policy of the Division of Prisons to provide a safe, humane and appropriately secure environment, free from the threat of sexual violence for all offenders, by maintaining a program of prevention, detection, response, investigation, prosecution and tracking." The facility policy includes definitions of:

- Offender on Offender Non-Consensual Acts
- Offender on Offender Abusive Sexual Contact
- Offender on Offender Sexual Harassment
- Staff on Offender Sexual Misconduct
- Staff on Offender Sexual Harassment

The facility's policy includes its prevention, detection and response approaches. The approaches towards the prevention, detection and response to sexual abuse and sexual harassment included in the policy mirror the agency's approaches.

The Auditor reviewed the agency's organizational chart. The NCDPS has an Organizational Chart that outlines the position of the PREA Coordinator. The PREA Coordinator is listed

under the Professional Standards, Policy and Planning. The PREA Coordinator reports directly to the Chief Deputy Secretary of Professional Standards, Policy and Planning. The PREA Coordinator is displayed as two positions below the Secretary of the North Carolina Department of Public Safety. Each facility is required to appoint a PREA Compliance Manager to oversee PREA efforts in their assigned facility. The Lumberton Correctional Institution appointed a Captain as the PREA Compliance Manager. The PREA Compliance Manager reports directly to the Associate Warden and is assisted by the Regional PREA Program Analyst.

The NCDPS has appointed three PREA Program Analysts to assist with PREA compliance in their assigned region. The facility's PREA Compliance Manager reports PREA related concerns, issues and questions to the PREA Program Analyst. The Auditor discussed the PREA Compliance Manager's ability to develop, implement and oversee facility PREA efforts. The Auditor determined the PREA Compliance Manager has sufficient time and authority to oversee agency efforts to ensure compliance at the facility. The Auditor spoke to the PREA Program Analyst by telephone while on site. The PREA Program Analyst responded quickly to the Auditor's questions and requests prior to, during and after the Auditor conducted the site visit. The PREA Program Analyst and PREA Compliance Manager are knowledgeable about the facility and requirements of the Prison Rape Elimination Act.

Prior to arriving on site, the Auditor participated in an online conference with the PREA Director and PREA Program Analyst. The meeting was conducted to explain the agency's organizational structure and make up of the agency and facilities. The PREA Coordinator and PREA Program Analyst have sufficient time, authority and effort to manage the North Carolina Department of Public Safety's compliance with the Prison Rape Elimination Act standards.

The facility's PREA Compliance Manager is employed at a level to enact change regarding PREA related compliance. The PREA Compliance Manager is displayed as reporting directly to the facility's Warden. The facility's Warden designated the primary PREA Compliance Manager and an alternate PREA Compliance Manager. Both are designated on the facility's organizational chart and are labeled as primary and secondary PREA Compliance Managers. The Organization Chart lists the Captain as the primary and a Sergeant as the alternate PREA Compliance Manager.

The Auditor conducted formal interviews with offenders. Interviews with offenders reveal a majority of offenders feel confident in staff's ability to respond to allegations of sexual abuse and sexual harassment. The offender population was able to articulate information to the Auditor based on the agency's education efforts. The population interviewed stated they have received an education at the processing center and was provided written information upon arrival at the Lumberton Correctional Institution. Offenders that have been incarcerated at other NCDPS facilities stated they have received education and information at each facility. The majority of offenders informed the Auditor staff are respectful and respond professionally to the population. Each offender was asked if he felt safe in the facility. Offenders stated they feel safe in the facility. The Auditor was informed offenders feel staff would maintain information confidential. Most informed the Auditor they would report an allegation directly to a staff member if they were sexually abused or sexually harassed.

The Auditor conducted formal interviews with randomly selected staff. The Auditor determined the facility's staff were well educated and had retained the knowledge provided through agency training. Each staff member understands the agency's policies and procedures for

preventing, detecting and responding to sexual abuse and sexual harassment. Each staff member has been trained within the previous 12 months. The agency trains its staff on an annual basis. Staff informed the Auditor they receive additional PREA training between their required annual PREA trainings.

The agency's leadership supports subordinate staff efforts and ideas towards compliance with the Prison Rape Elimination Act. The command staff maintain an "open door" policy. Staff interviewed by the Auditor felt confident they could discuss any issue with the command staff. The facility's command staff are required to conduct and document regular tours throughout all facility areas.

Conclusion:

The Auditor conducted a thorough review of the agency and facility policies, procedures, organizational charts and conducted interviews with staff and offenders. The Auditor determined the North Carolina Department of Public Safety has developed an appropriate zero-tolerance policy that includes its prevention, detection and response approaches towards allegations of sexual abuse and sexual harassment. The agency has designated appropriate staff members that have sufficient time, authority and effort to develop, implement and oversee PREA efforts. The Lumberton Correctional Institution has successfully created a zero-tolerance culture in the facility. Though not required, the agency employs three PREA Program Analysts to supervise PREA compliance in their assigned region. The facility has designated a primary and alternate PREA Compliance Manager. The Auditor determined the NCDPS exceeds the requirements of this standard.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The agency has a policy that requires contracts be modified to include language reflecting the NCDPS's commitment to a zero-tolerance of sexual abuse and sexual harassment, the contract person's duty to report any allegations of offender sexual abuse or sexual harassment and the obligation to adopt and comply with PREA standards. The NCDPS requires new contracts and contract renewals provide for contract monitoring to ensure the contractor is complying with PREA standards.</p> <p>Evidence Relied Upon:</p> <p>Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment Policy, pg. 8</p> <p>Interviews with Staff</p> <p>Analysis/Reasoning:</p> <p>At the time of the audit the Lumberton Correctional Institution reported the facility does not contract for the confinement of facility offenders.</p> <p>Facility personnel reported the agency does not contract for the confinement of agency offenders with another governmental or private agency.</p> <p>Interviews with staff reveal no staff member was aware of a contract for another agency to house offenders on behalf of the North Carolina Department of Public Safety.</p> <p>The agency currently has a policy in place that would require appropriate language in any new contract in the event the agency contracts for the confinement of agency offenders. The policy stipulates the contract will be monitored to ensure the contracting agency complies with the PREA Standards.</p> <p>Conclusion:</p> <p>The Auditor reviewed agency policies and interviewed staff. Although the agency does not currently contract for the confinement of its offenders, the agency has appropriate policies in place. The Auditor determined the agency meets the requirements of this standard.</p>

115.13	Supervision and monitoring
	<p data-bbox="248 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 282">Auditor Discussion</p> <p data-bbox="248 327 533 360">Auditor Discussion:</p> <p data-bbox="248 405 1458 645">The North Carolina Department of Public Safety has a policy that requires each facility it operates 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 offenders against sexual abuse and sexual harassment. Agency policy requires the following considerations when determining staffing levels and video monitoring needs:</p> <ul data-bbox="300 719 1433 1218" style="list-style-type: none"> • Generally accepted correctional practices; • Any judicial findings of inadequacy; • Any findings of inadequacy from Federal investigative agencies; • Any findings of inadequacy from internal or external oversight bodies; • All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated); • 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, regulations, or standards; • The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and • Any other relevant factors. <p data-bbox="248 1263 1458 1420">Policy requires when circumstances arise where the staffing plan is not complied with, the facility must document and justify all deviations from the facility's staffing plan. Each facility is required to conduct an annual review of its staffing plan. The annual staffing plan review is conducted to assess, determine, and document whether adjustments are needed to:</p> <ul data-bbox="300 1494 1442 1693" style="list-style-type: none"> • The facility's staffing plan; • The facility's deployment of video monitoring systems and other monitoring technologies; and • The resources the facility has available to commit to ensure adherence to the staffing plan. <p data-bbox="248 1738 1458 1977">Agency policy requires each facility 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. The unannounced rounds are required to be made on all shifts. Agency policy prohibits any staff member from alerting other staff that a supervisor is conducting rounds to identify and deter sexual abuse and sexual harassment, unless the round is related to the legitimate operational functions of the facility.</p> <p data-bbox="248 2022 1442 2134">North Carolina General Statute 143B-709 Security Staffing stipulates, " (a) The Division of Adult Correction of the Department of Public Safety shall conduct: (1) On-site post audits of every prison at least once every three years; (2) Regular audits of post audit charts through</p>

the automated post audit system; and (3) Other staffing audits as necessary. (b) The Division of Adult Correction of the Department of Public Safety shall update the security staffing relief formula at least every three years. Each update shall include a review of all annual training requirements for security staff to determine which of these requirements should be mandatory and the appropriate frequency of the training. The Division shall survey other states to determine which states use a vacancy factor in their staffing relief formulas."

The agency's Management of Security Posts policy mirrors the requirement of the North Carolina General Statute 143B-709 Security Staffing.

Evidence Relied Upon:

Agency Policy - .1600 Management of Security Posts, pg. 1-20

Facility SOP - .4300 Sexual Violence Elimination, pg. 9

North Carolina General Statute 143B-709 Security Staffing

Shift Rosters

Lumberton Correctional Institution Post Chart

Staffing Analysis

Daily Shift Narratives

Interviews with Staff

Interviews with Offenders

Observations

Analysis/Reasoning:

The Auditor reviewed the LCI Post Chart. The post chart is developed to ensure appropriate staffing levels are determined in the facility. The most recent post chart was developed in January 2021 and includes 202 full time staff to cover facility posts. The staffing plan for the facility allows for 292 total staff. There are 249 security and 43 civilian positions dedicated at the facility. At the time of the audit the facility had 17 vacant security and 7 vacant civilian positions.

The Auditor determined the following staff to offender ratio based on the designed capacity of the facility and the total positions:

- 1 staff member for every 2.6 offenders

The following denotes the staff to offender ratio utilizing the current number of offenders and current number of staff:

- 1 staff member for every 3.6 offenders

The following denotes the staff to offender ratio utilizing the current number of offenders and current number of security staff:

- 1 security staff member for every 4 offenders

The LCI staffing plan includes provisions for administrative, support and security positions on all shifts in each facility area. The facility utilizes overtime to ensure vacant positions are filled for each shift when needed. The facility's staffing level was maintained at 8% below capacity at the time of the audit.

The Lumberton Correctional Institution operates with two day and two night shifts. The duration of each shift is 12 hours. The Officer-in-Charge has the authority to utilize overtime to fill vacant positions. The Auditor reviewed a sampling of Daily Security Rosters from the previous 12 months. Daily Security Rosters are completed by each Officer-in-Charge. The Auditor observed OIC's are documenting daily staff vacancies on each shift to account for the vacancies. The OIC documents staff working overtime to fill vacant positions. The OIC notates the reason for staff vacancies on the Daily Security Roster. The Auditor observed the Daily Security Roster includes sections for special assignments, daily leave status, primary assignments, training status, special notes, instructions and information, and the staff member designated as the backup OIC.

The Auditor reviewed the Lumberton Correctional Institution's annual staffing analysis. The staffing analysis was conducted on April 8, 2020. The Auditor was informed the PREA Coordinator conducted the analysis. The PREA Coordinator did not sign the staffing analysis. The LCC's staffing analysis includes considerations of the bulleted topics in the "Auditor Discussion" portion of this standard. The facility did not document any deviations from the staffing plan as the facility reported no deviations from the plan.

The Auditor conducted a formal interview with the Associate Warden of Custody. The Auditor asked the Associate Warden of Custody to explain the considerations when determining appropriate levels of staffing for the facility. The Auditor received responses that confirm the Associate Warden of Custody participates in the post audit review and considers the bulleted items above when conducting the annual review. The Associate Warden of Custody explained the agency implements a post audit review every two years to review the level of staff needed to cover all posts. When asked how the facility documents the reason for non-compliance with the staffing plan, the Auditor was informed the Officer-in-Charge documents the reason on the Daily Security Roster. The Auditor asked the AWC who participates in the staffing plan review. The AWC informed herself, Warden, PREA Office and other pertinent staff participate in the staffing analysis.

The Auditor reviewed a sampling of LCI unannounced rounds documented in the Daily Shift Narratives. The sampling covered each shift from the previous 12 months preceding the audit. Facility supervisors each conduct unannounced rounds through all facility areas. Unannounced rounds are documented in the Daily Shift Narratives by date and time. Each supervisor signs the narrative at the conclusion of the shift. The Auditor observed unannounced rounds are occurring on each shift at various times throughout the shift. The Auditor determined the supervisors do not stipulate "unannounced" on the shift narrative. The Auditor informed the PCM and Associate Warden of Custody to consider having supervisors specifically state, "unannounced" when they document an unannounced round in the Daily Shift Narrative.

While touring the facility the Auditor observed staff making security rounds in housing units

and support areas of the facility. Staff were present in all areas toured by the Auditor. Security and medical personnel were observed interacting with the offender population. The Auditor observed camera placements throughout the facility. Cameras have been strategically placed throughout the facility to monitor offender activity. The Auditor observed supervisors making unannounced rounds throughout various facility areas, to include housing units and service areas.

The Auditor conducted formal interviews with staff and supervisors from various shifts (day and night). Staff were asked if supervisors conduct unannounced rounds throughout the facility. Each staff member stated supervisors do make unannounced rounds throughout the facility. Supervisors were asked if they were required to make unannounced rounds. The Auditor was informed they are required to make at least one unannounced round in all facility areas and on each shift. Each supervisor was asked how they prevent staff from alerting other staff when they are making unannounced rounds. The Auditor was informed supervisors do not conduct their rounds at the same time or take the same route so they do not establish a pattern.

Each supervisor was asked what actions they take if discovering a staff member was alerting other staff when supervisors are conducting unannounced rounds. Supervisors informed the Auditor they would verbally counsel the staff member about the importance of the unannounced round. Each was asked what they would do if they caught the person a second time. Supervisors stated they would recommend formal discipline for the staff member.

The Auditor conducted formal interviews with offenders. Offenders were asked if supervisors announce their presence when entering housing units. Offenders informed the Auditor female supervisors do not always announce their presence as a female when entering housing units.

The Auditor observed the facility did not have a written order requiring intermediate and higher level supervisors conduct and document unannounced rounds throughout the facility, other than to conduct inspections. The facility had no written requirement prohibiting staff from alerting other staff that supervisors were conducting such rounds. The Auditor made a recommendation for the facility to include language regarding unannounced supervisory rounds in its Sexual Violence Elimination policy. The facility revised its policy to include the following, "Lumberton Correctional Institution intermediate-level or higher-level supervisors will conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. These unannounced rounds will be conducted on night shifts as well as day shifts. Staff members alerting other staff members that these supervisory rounds are occurring is prohibited, unless such announcement is related to the legitimate operational functions of the facility." Although there was no written requirement, the Auditor concluded facility supervisors were conducting unannounced rounds on each shift.

The facility was not under a consent decree, a judicial finding of inadequacy, or a finding of inadequacy from a federal, internal, or external oversight body at the time of the audit.

Conclusion:

The Auditor concluded the facility has an adequate staffing plan to ensure the protection of offenders from sexual abuse. The staffing plan is reviewed in accordance with this standard. The Auditor reviewed policies, procedures, post audit, staffing analysis, shift rosters, Daily Shift Narratives, interviewed staff, offenders and made observations to determine the facility

meets the requirements of this standard.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The agency has a policy that requires youthful offenders will not be placed in a housing unit in which the offender will have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters. Policy requires direct supervision by staff at all times when a youthful offender and an adult offender have sight, sound, or physical contact with one another.</p> <p>The policy is for the agency to make its best efforts to avoid placing youthful offenders in isolation to comply with this standard. Absent exigent circumstances, agencies shall not deny youthful offenders daily large-muscle exercise and any legally required special education services to comply with this standard. Youthful offenders shall also have access to other programs and work opportunities to the extent possible.</p> <p>Evidence Relied Upon:</p> <p>Policy - .3400 Offender Sexual Abuse and Sexual Harassment Policy, pg. 16</p> <p>Interviews with Staff</p> <p>Interviews with Offenders</p> <p>Analysis/Reasoning:</p> <p>The Auditor conducted formal interviews with staff. Staff informed the Auditor the Lumberton Correctional Institution does not house youthful offenders. Youthful offenders are identified during the offender's receiving process into the agency. All youthful offenders are transported to an agency facility designated to house youthful offenders. The Lumberton Correctional Institution has not been designated by the agency as a youthful offender facility. The Auditor asked staff if they have housed an offender under the age of 18 who had been certified as an adult. Staff were not aware of any offender housed as such.</p> <p>The Auditor conducted formal interviews with Case Managers. Case Managers were asked what steps they would take if they discovered a youthful offender was transported to the facility. The Auditor was informed the agency would immediately be notified so the offender could be moved to an appropriately designated facility. The Auditor was informed the youthful offender would not be placed in an area with an adult offender while waiting transportation.</p> <p>The Auditor conducted formal interviews with offenders. Offenders were asked if they were aware of a youthful offender being housed in the facility. No offender was aware of a youthful offender being housed at the facility. Interviews with Case Managers revealed the facility would only place a youthful offender in restrictive housing as a last resort.</p> <p>The Lumberton Correctional Institution has not housed a youthful offender during this audit period.</p>

Conclusion:

The Auditor reviewed the NCDPS policies and procedures and conducted interviews with staff and offenders. The Auditor determined the facility meets the requirements of this standard.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The NCDPS has a policy that prohibits cross-gender strip searches and cross-gender visual body cavity searches except in emergency circumstances as determined by the shift supervisor. Body cavity searches may only be performed by medical personnel of the Division of Prisons in a medical setting pursuant to procedures in the agency's Health Care Procedures Manual. Policy prohibits cross-gender pat-down and strip searches of female offenders by male security staff except in emergency circumstances as determined by the shift supervisor. Policy requires searching staff to complete and submit an Incident Report after conducting a cross-gender search of an offender. The NCDPS permits female security staff to conduct cross-gender pat-down searches of male offenders.</p> <p>Agency policy requires staff to act reasonably and professionally and employ a "common sense approach." Staff are required to assure offenders are not unnecessarily embarrassed or humiliated. Policy requires staff consider the physical layout of the facility and characteristics of a transgender offender to adjust conditions of the visual search for the offender's privacy. Staff are required to conduct searches of transgender offenders in a manner that limits cross-gender viewing for the offender's privacy. Staff are prohibited from conducting a search for the purpose of determining a person's genital status.</p> <p>The NCDPS Evaluation & Management Transgender Offenders policy lists approved items for routine accomodation. The Auditor observed "Private showering" is included in the list of approved items. NCDPS policy stipulates offenders will not be supervised by officers of the opposite gender while offenders are showering or in the toilet area unless appropriate privacy screening is provided to obscure from view the breasts of female offenders and the genitalia and buttocks of both male and female offenders.</p> <p>The Auditor observed the facility's policy did not include a provision that allows offenders 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. The Auditor addressed the finding with the PREA Compliance Manager, Regional PREA Program Analyst and Associate Warden of Operations. The facility revised it's policy to include the provision. The policy now states, "Lumberton Correctional Institution will allow offenders to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks."</p> <p>Agency policy requires staff of the opposite gender announce their presence when entering a housing unit. Staff are required to document the announcement in the shift log. The facility's policy did not require staff of the opposite gender announce their presence when entering a housing unit. The Auditor discussed this finding with the PREA Compliance Manager, Regional PREA Program Analyst and Associate Warden of Operations. The facility updated its policy which now requires staff of the opposite gender announce their presence when entering an</p>

offender housing unit.

Evidence Relied Upon:

Agency Policy - .1609 Gender Specific Posts, pg. 16-17

Agency Policy - .0100 Operational Searches, pg. 1-2

Agency Policy - .2700 Evaluation & Management Transgender Offenders, pg. 2, 5

Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 14

Facility SOP - .4300 Sexual Violence Elimination, pg. 5

Facility SOP - .0500 Search and Seizure, pg. 1-9

Facility Policy - .5700 Evaluation and Management of Transgender Offenders, pg. 1-9

Cross Gender Announcements & Acknowledgement Form

Cross Gender Poster

Search Training PowerPoint Presentation

Training Records

Interviews with Staff

Interviews with Offenders

Observations

Analysis/Reasoning:

The Lumberton Correctional Institution houses male offenders. The Auditor conducted formal interviews with offenders. Offenders were asked if they had been strip searched by a female staff member. None had been strip searched by a female staff member. Each was asked if a female officer had ever been present during a strip search. None had ever witnessed the presence of a female officer during a strip search. Offenders informed the Auditor female officers do conduct pat searches of male offenders.

Interviews with offenders reveal they can take a shower, change clothes and use the restroom without security staff of the opposite gender seeing their buttocks or genitalia, unless incidental to a routine security round. Offenders informed the Auditor staff of the opposite gender do not always announce their presence when entering housing units. The Auditor conducted formal interviews with male and female staff members. Each staff member was asked if opposite gender announcements were being made in the housing units. Each staff member informed the Auditor opposite gender announcements are being made when entering any opposite gender housing unit.

The Auditor conducted formal interviews with personnel responsible for conducting searches upon arrival. The staff member was asked how a transgender offender is strip searched or pat searched when arriving. The Auditor was informed if the offender had a preference that was documented the facility would follow the preference. Staff were asked how showers for

transgender and intersex offenders are conducted. The Auditor was informed a staff member is posted outside the shower area when a transgender or intersex offender was taking a shower. The staff member would ensure the transgender or intersex offender showered alone. Pat searches are conducted by male and female staff. If a transgender has a documented preference for pat searches facility staff follow the preference. Facility staff were asked what they would do if they could not determine the genital status of an offender. The Auditor was informed they would ask the offender, review supporting documents, and if need be, call medical personnel to make the determination.

Staff were asked if they had been trained to conduct pat-searches of transgender and intersex offenders. Staff had been provided such training. Staff were asked if they would conduct a strip search of an offender if they could not determine the offender's sex. Each staff member stated they would not conduct a strip-search of any offender for the sole purpose of determining the offender's sex. The Auditor was informed medical personnel were the only staff who could make a determination through a broader medical examination.

The Auditor reviewed the agency's training curriculum and training attendance rosters. The curriculum includes procedures how to conduct searches of transgender and intersex offenders and how to communicate with those offenders professionally. Training attendance rosters reveal staff had attended an initial training to conduct searches, including cross-gender searches, and attended training annually thereafter. New employees receive the training during their initial orientation and in the agency's training academy. The Auditor reviewed the training records of all LCI staff members. Each security staff member had been provided the training.

The facility has a policy for the management of transgender offenders. The policy requires a Facility Transgender Accommodation Review Committee (FTARC) to make routine accommodation determinations for transgender offenders based on clinical evaluations, historical documents and offender interviews. The FTARC is a multidisciplinary committee comprised of representatives from psychiatry, behavioral health, primary care provided, nursing, administration, unit manager, and the PREA Compliance Manager. Each transgender offender is given the opportunity to request special accommodations upon their arrival. The policy includes a provision for transgender offenders to shower separately from other offenders. The facility's Evaluation and Management of Transgender Offender's policy requires staff receive the following training:

- Sexual Abuse and Harassment
- PREA Understanding the LGBTI Offender
- Multicultural Awareness
- Professional Ethics in the Workplace
- Safe Search Practices

The Auditor conducted a detailed tour of the facility and was granted access to all offender housing units and other support areas. The Auditor observed all shower and restroom areas in the facility. Shower entrances are protected from view with a shower curtain. Offenders have the ability to shower without security staff of the opposite gender seeing them fully naked. Facility showers do not allow a transgender or intersex offender the ability to shower separately from other offenders unless a staff member is posted in the area. The Auditor observed a poster on the walls in each housing unit. The poster reminds offenders that

opposite gender staff may enter the housing unit at any time. Offenders are directed to conduct themselves accordingly.

There was one transgender and no intersex offenders housed at the facility at the time of the audit. The Auditor requested to interview the transgender offender. At the time of the audit the transgender offender was housed in a quarantined housing unit. The housing unit was quarantined for COVID-19. As such, the Auditor was unable to conduct a formal interview with the transgender offender.

The facility reported no incident in which a staff member conducted a cross-gender strip search in the previous 12 months.

Conclusion:

The Auditor conducted a review of NCDPS policies and procedures, training curriculum, training attendance rosters, post logbooks, posters, interviewed staff, offenders and made observations. The Auditor concluded the LCI staff had been appropriately trained to conduct cross-gender searches and how to make opposite gender announcements when entering housing units. Offenders have the ability to shower, change clothes and use the restroom with a level of privacy. Staff have been trained to treat transgender and intersex offenders respectfully and professionally in the facility. After the facility updated its policy, the Auditor determined the LCI meets the requirements of this standard.

Neither the facility's .5700 Evaluation and Management of Transgender Offenders nor the agency's .2700 Evaluation & Management Transgender Offenders policies include provisions that address intersex offenders. The Auditor recommends the facility and agency consider revising the policy to include language for offenders who are identified as intersex.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The agency has a policy that requires staff take appropriate steps to ensure offenders with disabilities or limited English proficient 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. The policy requires the inclusion of those who are deaf or hard of hearing, blind or have low vision, and those who have intellectual, psychiatric, or speech disabilities. The appropriate steps outlined in the policy include the following:</p> <ul style="list-style-type: none"> • A TTD/TTY Telephone and Closed Captioned TV will be provided at designated units; • For deaf and/or hard of hearing inmates who use sign language, a qualified interpreter may be provided as needed for essential medical, dental, and psychological services, vocational and/or educational programs as well as, during diagnostic, orientation, and disciplinary processes; • Non-certified interpreters, such as unit staff, community volunteers or other inmates, who have some functional sign language skills, may be utilized to provide assistance in daily communication such as responding to announcements, and during social group activities; • For those inmates who do not use sign language, written communication should be utilized to ensure clear communication. For those inmates who do use sign language, written communication can be utilized in regular daily communication; and • A staff or volunteer reader/writer may be required to ensure clear communication regarding unit procedures, rules, and regulations for blind or visually impaired inmates. <p>The NCDPS's policy stipulates facility's may deny accommodations that may cause an undue burden. The policy defines an undue burden as, "An accommodation that does not meet the standard of reasonableness, as determined by the Prisons ADA coordinator and the Division ADA Administrator, within a correctional setting or a NC State Agency, is an undue burden."</p> <p>The agency's Non-English Speaking Inmate Programs policy includes the use of interpreters and language line to communicate with non-English speaking inmates.</p> <p>Evidence Relied Upon:</p> <p>Agency Policy - 2600 Reasonable Accommodation for Inmates with Disabilities, pg. 1-13</p> <p>Agency Policy - 1800 Non-English Speaking Inmate Program, pg. 1-4</p> <p>Agency Policy - 3400 Offender Sexual Abuse and Sexual Harassment Policy, pg. 9-10</p> <p>Health Services Policy - TX VII-1 Developmental Disabilities, pg. 1, 2, 3, 5</p> <p>Health Services Policy - TX VII-2 Physical, Mental, or Cognitive Disabilities, pg. 1-3</p> <p>Sexual Abuse Awareness Brochure</p>

PREA Education of Inmates Acknowledgment Form

LCI Offender Orientation Booklet

Interpretive Services Contract

Interviews with Staff

Interviews with Offenders

Observations

Analysis/Reasoning:

The Auditor reviewed the agency's Sexual Abuse Awareness brochure for offenders. Each offender receives a copy upon arrival at the processing center and facility. The handout is written in English and Spanish. The facility maintains PREA posters written in English and Spanish. Facility staff will read the PREA information provided during intake to offenders who are blind or have low vision who cannot otherwise obtain the information. The agency maintains its Offender Handbook in English and Spanish. Offenders who are deaf or hard of hearing can read the written information. The facility's PREA education is provided in person by agency staff. Provisions are made for those who are deaf, blind or do not speak English. In the event the facility receives an offender with an intellectual or cognitive disability, a staff member conducts an individual session with the offender to ensure he/she receives an understanding of the agency's PREA information and comprehensive education.

The LCI Offender Orientation Booklet includes the following information:

- Right to be free from sexual abuse and harassment
- Policies and procedures for responding to incidents
- Ways to report incidents of sexual abuse and sexual harassment
- Zero-Tolerance

Offenders who cannot read English or Spanish can benefit from the facility's PREA information through the use of the language line service. The agency maintains a contract with a provider for telephonic translation services. When the agency cannot provide a staff interpreter, staff read the information to the interpreter who translates the information to the offender. Each staff member interviewed was asked if the facility relies on offender interpreters or readers. Staff informed the Auditor they do not use offender interpreters or readers.

Each offender is required to sign the agency's Offender PREA Education Acknowledgement Form. The form states, "I have received PREA Education, and afforded an opportunity to ask questions related to the material presented." Offenders sign below the statement, "By my signature below, I acknowledge that I received and understand the information provided on "SEXUAL ABUSE AWARENESS FOR THE OFFENDER". Each offender prints his/her name, date and signs the form. An agency witness signs and dates the form. The education is provided to offenders within 30 days of arrival. When offenders are at the processing center for more than 30 days the education is provided by the processing center. Each facility is required to conduct an education upon the offender's arrival at the facility. The form includes the agency's zero-tolerance policy.

The Auditor reviewed the Sexual Abuse Awareness Brochure for offenders. Each offender entering the facility is provided a written copy of the brochure. Offenders are required to sign receipt of the written information and comprehensive educational session. The information and education are provided by the Case Manager. The Auditor observed the following information in the Sexual Abuse Awareness Brochure:

- Sexual abuse and sexual harassment definitions
- Preventing Sexual Abuse
- What to do if you are sexually abused
- Facts about sexual abuse
- Facts for the offender who sexually abuses another offender

The Auditor conducted a formal interview with two offenders identified as hearing impaired. Each offender acknowledged receipt of the information and comprehensive education provided at the reception center and facility. The offenders understand how to report allegations and the facility's policies in response to sexual abuse and sexual harassment incidents. Each offender explained they were provided an opportunity to ask questions related to the materials.

The Auditor reviewed the records of 30 offenders. All 30 offenders had signed the PREA Education of Inmates Acknowledgment Form denoting their attendance and receipt of the Sexual Abuse Awareness Brochure. During interviews with offenders the Auditor determined offenders have received a comprehensive education and information at the processing center and were provided written information at the facility. Multiple offenders informed the Auditor they received the education and information at multiple facilities.

The Auditor conducted interviews with facility staff. The Auditor asked staff to explain how blind and deaf offenders benefit from the agency's information and education. Staff stated PREA information and education is read to blind offenders by a staff member. Deaf offenders can read the information. Staff informed the Auditor illiterate offenders are provided the information and education in a one-on-one session. The Auditor was informed staff either use a staff interpreter or the language line when dealing with non-English speaking offenders. The Auditor asked how staff communicate with offenders who only understand sign language. The agency maintains a contract for interpretive services, to include Sign Language services.

The Auditor conducted formal interviews with two offenders identified as Limited English Proficient. Each offender informed the Auditor they received the educational video while at the processing center. Each offender stated they received written information when arriving at the Lumberton Correctional Institution. The Auditor asked each offender what language the written information was written in. Each stated they received the written information written in English and Spanish. Both offenders understand their rights, how to report sexual abuse and sexual harassment and the facility's policies in response to such.

The Auditor conducted a detailed tour of the Lumberton Correctional Institution. Observations were made of readily available sexual abuse and sexual harassment materials and PREA posters throughout the facility, including each housing unit and service areas. All posters and posted materials were written in English and Spanish. During interviews with offenders the Auditor discovered all offenders were aware of the posted materials. All offenders informed the Auditor they received the PREA material during booking, received an Offender Handbook

and received an education after arrival. Offenders informed the Auditor the education is provided the day the offenders arrive.

At the time of the audit there were no offenders who were blind.

Conclusion:

The Auditor concluded the agency provides information that ensures equal opportunity to offenders who are disabled. The facility takes reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment are provided to offenders who are Limited English Proficient and those who are disabled. The Auditor conducted a thorough review of the agency's policies, procedures, Sexual Abuse Awareness Brochure, PREA Education of Inmates Acknowledgment Form, interpretive services contracts, offender records, LCI Offender Orientation Booklet, conducted interviews with staff, offenders and made observations to determine the agency meets the requirements of this standard.

115.17	Hiring and promotion decisions
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 536 360">Auditor Discussion:</p> <p data-bbox="252 405 1390 477">The North Carolina Department of Public Safety prohibits hiring or promoting anyone or enlisting the services of any contractor, who may have contact with offenders who:</p> <ul data-bbox="300 544 1485 790" style="list-style-type: none"> • Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution; • Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, or coercion, or if the victim did not consent or was unable to consent or refuse; and • Has been civilly or administratively adjudicated to have engaged in those activities. <p data-bbox="252 835 1461 1205">The agency requires considerations of any incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders. The agency requires a criminal background records check be conducted before hiring any new staff member who may have contact with offenders. Facility staff are required to make their best efforts to contact prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse, consistent with Federal, State and local laws. Criminal background records checks are required every 5 years on employees and contract staff who may have contact with offenders.</p> <p data-bbox="252 1249 1461 1406">The Agency asks all applicants and contractors who may have contact with offenders directly about previous misconduct as listed above, in the agency's Application Verification form. Employees attempting to be promoted complete an application and answer questions regarding previous acts of misconduct on the DPS Employment Statements form.</p> <p data-bbox="252 1451 1469 1955">The agency has a continuing affirmative duty to disclose any acts of sexual misconduct. The DPS Employment Statements form and Application Verification states, "I acknowledge and understand that, should I become subject to these prohibitions in my current position or any subsequent departmental position I may hold involve contact with persons in confinement or under supervision; I will notify departmental management within twenty-four hours of my involvement in any of the above. I understand the Department has the authority to conduct random criminal background checks to ensure compliance with these federal standards in relation to the Department's employment practices. Further, I understand that if I am subject to these prohibitions, I may be subject to termination of employment. In addition, if I falsely certify my eligibility for employment and it is subsequently discovered that I have involvement in any of the above, I will be subject to termination or disqualification for employment for the falsification."</p> <p data-bbox="252 2000 576 2033">Evidence Relied Upon:</p> <p data-bbox="252 2067 632 2101">HR 005 Applicant Verification</p>

HR 013 DPS Employment Statements

Administrative Memorandum

Employee Records

Professional Reference Check

Contractor Record

Criminal Record Background Log

Interviews with Employees

Interview with Contractors

Analysis/Reasoning:

The Auditor reviewed the agency's Applicant Verification form. The form is completed by all staff and contractors prior to employment or enlisting services. The Auditor reviewed the agency's DPS Employment Statements form. Employees are required to complete the form prior to any promotional opportunity. Each form asks the staff member or contractor the following questions:

- "Have you ever engaged in sexual abuse or sexual harassment in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
- Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by 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?"

The Auditor reviewed the agency's Professional Reference Check form. The form includes a definition of institutional employer and requires the previous employer check "yes" or "no" if the person was or was not employed in an institution. The institutional employer is required to answer, "Are you aware of your employee, being involved in any allegation of sexual abuse or sexual harassment that was found to be true or resigning during a pending investigation of any allegation of sexual abuse or sexual harassment before the investigation was finished?" If the employer answers "yes" they are required to describe the event and date in a comments section of the form.

Each staff member is informed of the agency's continuing affirmative duty to report acts of sexual abuse and sexual harassment through the Applicant Verification and DPS Employment Verification forms. Each form requires the employee read and affirm the following:

- "I acknowledge and understand that, should I become subject to these prohibitions in my current position or any subsequent departmental position I may hold involve contact with persons in confinement or under supervision; I will notify departmental management within twenty-four hours of my involvement in any of the above. I understand the Department has the authority to conduct random criminal background checks to ensure compliance with these federal standards in relation to the

Department's employment practices. Further, I understand that if I am subject to these prohibitions, I may be subject to termination of employment. In addition, if I falsely certify my eligibility for employment and it is subsequently discovered that I have involvement in any of the above, I will be subject to termination or disqualification for employment for the falsification."

The Auditor conducted an interview with the facility's Human Resource staff member. The Auditor was informed each candidate is asked to complete the Application Verification as part of the application process. The Auditor asked how the facility considers acts of sexual abuse and sexual harassment of those being promoted. The Human Resource staff member stated each is required to complete an application and DPS Employment Statements form when applying for a promotional opportunity. The Auditor asked if such is captured for contractors and if so, when. The Auditor was informed contractors are required to complete the Applicant Verification form and undergo the background records check as all employees do. The Auditor was asked if the facility provides information related to sexual abuse investigations and resignations to other institutional employers upon request. The Auditor was informed that information is provided upon request. The Auditor was informed other facility's typically send a release for information form to the Lumberton Correctional Institution requesting the information.

The Auditor conducted a review of all employee background records. The facility provided a log that tracks employee background checks. The log includes the person's name and the date the criminal history check was performed. The facility conducts a background check every five years from the date of hire. Agency personnel perform a background records check through the North Carolina State Bureau of Investigations. The Lumberton Correctional Institution performs criminal history background checks electronically utilizing its Originating Agency Identification (ORI) number. The report provided to the Auditor reveals the facility is conducting criminal history background record checks every five years on employees and contractors.

The Auditor randomly selected the HR records of ten (10) staff members. A review of the 10 records revealed staff who were promoted within the previous 12 months and staff who worked at other confinement facilities prior to employment with the agency. The Auditor reviewed the HR record of the facility's two contractors approved to enter the facility. Each employee and contractor had completed an employment application and/or DPS Employment Statements form prior to hiring or promotion. The Auditor observed each had answered the questions related to sexual misconduct and abuse and initialed the form in the appropriate place and signed the form. The Auditor observed the facility contacted previous institutional employers. The Professional Reference Check form notates, PREA checks were favorable.

The Auditor conducted formal interviews with staff. Staff were asked if they were aware of the criminal background records check process. Each staff was aware the facility conducts a criminal background records check at least every five years. Staff were asked when they are asked specific questions related to sexual abuse and sexual harassment. Each staff informed the Auditor they answer those questions before being hired and prior to promotion. Staff were asked if they were aware the agency has a continuing requirement to disclose acts of sexual abuse and sexual harassment. Each was aware of the agency requirement.

The Auditor conducted formal interviews with two contract personnel. The contractors were asked if they are aware the agency conducts a criminal record background check. Each

contractor was aware the facility conducts such checks prior to services and every five years. The Auditor asked contractors if they were ever questioned about prior or current acts of sexual abuse or sexual harassment. Each contractor stated they were asked those questions on the Employment Statements form prior to working. One contractor was on her second day of employment at the facility. Each contractor was aware of the continuing affirmative duty to disclose acts of sexual harassment and sexual abuse.

Conclusion:

The Auditor concluded the Lumberton Correctional Institution is performing appropriate practices to identify previous acts of sexual misconduct prior to hiring staff and enlisting the services of contractors, and before promoting staff members. The Auditor conducted a thorough review of the agency's forms, employee records, contractor records, Criminal Record Background Log, and interviewed staff and contractors. The Auditor determined the agency meets the requirements of this standard.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The North Carolina Department of Public Safety considers the effect of the design, acquisition, expansion, or modification upon the facility's ability to protect offenders from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification to an existing facility. The agency considers how technology may enhance its ability to protect offenders from sexual abuse when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology in facilities.</p> <p>Facility staff reported the North Carolina Department of Public Safety has not acquired any new facility or planned any substantial expansion or modification of the Lumberton Correctional Institution during this audit cycle.</p> <p>Evidence Relied Upon:</p> <p>Interviews with Staff</p> <p>Observations</p> <p>Analysis/Reasoning:</p> <p>The North Carolina Department of Public Safety has not designed or acquired any new facility or planned any substantial expansion or modification of the Lumberton Correctional Institution since its last PREA audit. The Lumberton Correctional Institution has installed or updated its video monitoring system, electronic surveillance system, or other monitoring technologies during this audit period.</p> <p>The Auditor conducted an interview with the PREA Compliance Manager and Associate Warden of Operations. Both are clear on the responsibility to consider the effects of the design, acquisition, expansion, or modification upon the agency's ability to protect offenders from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. The Associate Warden of Operations informed the Auditor the PREA Compliance Manager would be involved in the process for adding cameras and updating video monitoring systems in the Lumberton Correctional Institution.</p> <p>The Auditor was informed the facility has added cameras since the facility's last PREA audit. The Auditor observed camera placements throughout the facility while touring. Cameras are placed throughout the facility in an effort to prevent, detect, and respond to incidents of sexual abuse. The facility added additional cameras in areas in which staff supervision was not always practical. The PREA Compliance Manager stated he is involved in the camera placement and recommendation process.</p> <p>Conclusion:</p> <p>The Auditor conducted a review of the agency's policies, procedures, interviewed staff and</p>

made observations to determine the agency meets the requirements of this standard.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>It is the policy of the North Carolina Department of Public Safety to offer all victims of sexual abuse access to a forensic medical examination provided by a certified Sexual Abuse Nurse Examiner. The examination is provided to the victim at no cost to the victim. The agency's policy allows an agency PREA Support Person (PSP) to accompany the victim to a forensic examination. Policy states, "As requested by the victim, the PREA support person shall accompany and support the victim through the investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals." The PSP is required to be of the same gender as the victim. Policy defines the PSP as, "A designated employee, at each facility, that has been screened for appropriateness to serve as a victim advocate and has received education concerning sexual assault and forensic examination issues in general."</p> <p>The agency is responsible for conducting administrative investigations. Policy requires criminal investigations are conducted by local law enforcement or the State Bureau of Investigations. The agency's Sexual Abuse Health Services Policy stipulates the process of evidence collection for medical personnel treating and evaluating sexual abuse victims. The Offender Sexual Abuse and Sexual Harassment policy stipulates the process for evidence collection during investigations at the facility by facility investigators. The agency has created an Incident Scene Tracking Log and PREA Evidence Chain of Custody Form.</p> <p>Evidence Relied Upon:</p> <p>Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment Policy, pg. 25-28</p> <p>Facility SOP - .5200 PREA Sexual Abuse Institutional Response Plan pg, 2-3, 6-7</p> <p>Health Services Policy - CP-18 Sexual Abuse, pg. 1-5</p> <p>Incident Scene Tracking Log</p> <p>PREA Evidence Chain of Custody Form</p> <p>PREA Support Person Training</p> <p>Memorandum to Local Law Enforcement Agencies and Sheriffs</p> <p>Memorandum of Understanding with Robeson County Rape Crisis Center</p> <p>Interviews with Staff</p> <p>Interview with SANE</p> <p>Interview with PREA Support Person</p> <p>Analysis/Reasoning:</p>

The Auditor reviewed the agency's policies and procedures. The agency has included the elements of this standard in its policies and procedures. The North Carolina Department of Public Safety conducts administrative investigations of sexual abuse and sexual harassment. All allegations of sexual abuse and sexual harassment that appear criminal in nature are reported to local law enforcement or the State Bureau of Investigations. LCC personnel are required to preserve any crime scene until the local law enforcement or SBI Investigator arrives to process physical evidence from the scene.

The facility's Coordinated Response Plan includes written actions for medical personnel. Medical personnel are required to document and transport the offender victim to the emergency department for a forensic examination. The plan requires the designated PREA Support Person report to the local emergency room with the victim to provide support services. Mental health personnel are required to make efforts to provide victims access to outside community support. The Coordinated Response plan outlines the evidence collection process.

The Auditor reviewed the agency's Memorandum of Understanding with the Robeson County Rape Crisis Center (RCRCC). The MOU stipulates the RCRCC agrees to the following:

- Provide victim support via telephone and/or mail to provide counseling to survivors of sexual abuse and harassment who are with the NC Department of Public Safety;
- Work with designated Facility and Center Officials to obtain information on institution guidelines for safety and security;
- Maintain confidentiality as outlined in the informed consent form; however, when there are concerns for eminent danger, threat of harm to self and/or others, and reports of abuse, agrees to report this information to the PREA Office or the institution for further action;
- Provide training for Institution staff on topics specific to victim support and others as agreed upon by the facility and rape crisis center; and
- Communicate any questions or concerns to NC Coalition against Sexual Assault, PREA Office, and/or the Facility as appropriate.

The facility has 10 staff trained as victim advocates who accompany a victim during the forensic examination. Each facility PSP has been screened prior to the designation and training. The Auditor conducted a formal interview with a facility PREA Support Person (PSP). The PSP confirmed the advocacy services provided to each sexual abuse victim. The Auditor asked the PSP if he has attended a forensic examination in the previous 12 months. The advocate stated he has not been asked to accompany a victim during a forensic examination within the previous 12 months. The PSP stated if requested he would also accompany the victim during investigatory interviews. The Auditor asked who contacts the PSP following a sexual abuse incident. The PSP stated either the investigator or hospital personnel. Emotional support services are provided on site or by telephone with offenders when requested.

The Auditor conducted a telephone interview with a Sexual Assault Nurse Examiner. The SANE explained forensic examinations are conducted at the hospital. The SANE explained the process of the forensic examination and the services and tests offered at the time of the examination. The Auditor asked the SANE if a victim advocate is allowed to accompany the victim during the forensic examination. The SANE informed an advocate is allowed to accompany the victim if the victim requests the accompaniment. The SANE informed the

Auditor there has been one offender from the LCI brought to the hospital for a forensic examination in the past 12 months.

The Auditor conducted a formal interview with medical practitioners. The Auditor asked if medical personnel conduct forensic examinations at the facility. Medical practitioners stated they do not conduct forensic examinations at the LCI. The Auditor was informed offenders in need of a forensic examination are sent to the hospital for those services. The examination is performed by a certified SANE. The Auditor asked when the last offender was sent for a forensic examination following an allegation of sexual abuse. There has been one offender sent for a forensic examination in the previous 12 months.

The Chief Deputy Secretary, Division of Adult Corrections and Juvenile Justice sent a memorandum to all local law enforcement agencies and Sheriffs in which a NCDPS Prison was located in. The memorandum explains the NCDPS is committed to complying with the Prison Rape Elimination Act standards. The memorandum cites PREA standards 115.21 and 115.71. The memorandum requests that all assisting law enforcement entities adhere to the standards as cited in the memorandum.

The Auditor conducted a formal interview with two facility investigators. Each investigator was asked to explain the process when investigating allegations of sexual abuse. Each Investigator stated as soon as it is determined an act of sexual abuse requires a forensic examination, arrangements are made to immediately transport the offender to the hospital. The Auditor was informed criminal investigations of sexual abuse are conducted by the Lumberton Police Department. The Auditor asked how evidence collection occurs at the facility. The facility Investigator explained the local law enforcement Investigator responds to the facility and collects evidence from the crime scene. The LCI staff preserve the crime scene until the criminal investigator arrives to process and collect the evidence. The facility completes the chain of custody form. The PREA Evidence Chain of Custody Form includes the following information:

- Description of evidence
- Received from information
- Received by information
- Item released by information
- Reason
- Releasing and receiving signatures

Facility personnel are required to secure the crime scene following an incident of sexual abuse. The agency requires staff log activity in and out of the crime scene. Staff are required to track this information on the agency's Incident Scene Tracking Log following an incident of sexual abuse. The Incident Scene Tracking Log requires facility personnel include the following information:

- Facility Name/Number
- Investigator's Name
- Scene Location
- Name/Title
- Agency
- Date

- Time In
- Time Out
- Reason for Entering

The Auditor attempted to conduct a formal interview with the offender who was sent for a forensic examination within the previous 12 months. The offender was no longer housed at the facility. The Auditor conducted a formal interview with the alleged abuser. The alleged abuser informed the Auditor he knows the victim was sent for a forensic examination. The alleged abuser had met with the criminal investigator.

Conclusion:

The agency is utilizing an appropriate uniformed evidence protocol to maximize the potential for usable physical evidence. The facility makes victim advocates available to victims of sexual abuse and ensures access to a forensic examination performed by a certified Sexual Abuse Nurse Examiner. The Auditor reviewed the NCDPS policies, procedures, Memorandum of Understanding, letter to LE agencies and Sheriffs, and conducted interviews with staff, SANE and Victim Advocate. The Auditor determined the agency meets the requirements of this standard.

115.22	Policies to ensure referrals of allegations for investigations
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 536 365">Auditor Discussion:</p> <p data-bbox="248 405 1461 651">The North Carolina Department of Public Safety policy is to ensure an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The LCI conducts administrative investigations. The facility's policy is to contact local law enforcement or the State Bureau of Investigations following a substantiated allegation. Both local law enforcement and the State Bureau of Investigations have the legal authority to conduct such investigations.</p> <p data-bbox="248 689 1477 936">Facility investigators conduct an initial investigation in the facility. Policy requires when the evidence appears to support prosecution the investigator will notify local law enforcement or the SBI. If the allegation occurred at a time that allows for the collection of physical evidence the offender is sent for a forensic examination and local law enforcement or the SBI is notified. Each investigator in the facility is required by policy to receive specialized training to conduct sexual abuse investigations in confinement facilities.</p> <p data-bbox="248 976 574 1012">Evidence Relied Upon:</p> <p data-bbox="248 1050 1190 1086">Agency Policy - .3400 Sexual Abuse and Sexual Harassment, pg. 18, 29</p> <p data-bbox="248 1124 782 1160">MOU with Lumberton Police Department</p> <p data-bbox="248 1198 518 1234">Investigative Record</p> <p data-bbox="248 1272 462 1308">Agency Website</p> <p data-bbox="248 1346 513 1382">Interviews with Staff</p> <p data-bbox="248 1420 545 1456">Analysis/Reasoning:</p> <p data-bbox="248 1494 1484 1740">The Auditor reviewed the North Carolina Department of Public Safety website. The NCDPS website includes a link to access the agency's Offender Sexual Abuse and Sexual Harassment policy. The policy includes the agency's responsibilities while investigating allegations of sexual abuse and sexual harassment. The policy informs all allegations that appear to be criminal in nature are referred to the local law enforcement agency. The public is informed of the agency's zero-tolerance towards sexual abuse and sexual harassment.</p> <p data-bbox="248 1778 1436 1984">The Lumberton Correctional Institution maintains an inter agency memorandum with the Lumberton Police Department. The Lumberton Police Department responds to the facility during facility emergencies. The Lumberton Police Department conducts investigations of criminal activity within the facility. The facility is located in Robeson County. The Lumberton Police Department has the authority to conduct criminal investigations in the facility.</p> <p data-bbox="248 2022 1430 2143">The Auditor conducted a formal interview with two facility Sexual Abuse Investigators. The Auditor asked each investigator to explain the process once an allegation appears to be criminal in nature. Each investigator stated local law enforcement is immediately notified to</p>

conduct a criminal investigation. The referral to local law enforcement is documented by the Investigator. The LCI has four (4) staff members who have received training to conduct administrative investigations in the facility. Facility Investigators determined two allegations received in the previous 12 months appeared to be criminal in nature and were referred to the Lumberton Police Department for criminal investigation. Neither investigation was concluded at the time of the audit.

The Auditor was unable to interview either offender who made the allegation as they were not incarcerated in the facility at the time of the audit. The Auditor reviewed the investigative reports. Each report revealed the investigator met with the alleged victim promptly following the allegation. Each report revealed the Lumberton Police Department was notified of the allegation. Both allegations are currently under investigation by the police department.

No department of justice component is responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in the Lumberton Correctional Institution.

Conclusion:

The Auditor concluded the Lumberton Correctional Institution appropriately refers criminal allegations of sexual abuse and sexual harassment to the Lumberton Police Department who maintains the legal authority to conduct criminal investigations in the facility. The Auditor observed evidence the facility is investigating all allegations of sexual abuse and sexual harassment. After reviewing agency policies, procedures, website, investigative records, Inter Office Memorandum, interviewing staff, the Auditor determined the facility meets the requirements of this standard.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The North Carolina Department of Public Safety policy stipulates employees receive the following training:</p> <ul style="list-style-type: none"> • 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 and 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 relationships 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 regarding age of consent; and • Unique attributes of working with males and/or females in confinement/supervision. <p>The agency requires all staff will receive Sexual Abuse and Sexual Harassment 101 training every two years. The policy mandates all employees receive Sexual Abuse and Sexual Harassment 102 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.</p> <p>The facility's Sexual Violence Elimination policy states employees will receive instruction related to the prevention, detection, response and investigation of sexual violence. Facility policy requires all staff are provided training on sexual violence issues during staff in-service training and every year thereafter.</p> <p>All new personnel are trained to work with male and female offenders. The agency's policy stipulates additional training may be offered at individual facilities or through the Office of Staff Development and Training. Agency training is documented on form OSDT-1 and in appropriate agency training tracking system. Certification of employee understanding of material is documented by signing the Form OPA-T10 PREA Acknowledgement; or electronic signature when completing the ELearning course authorized by the agency.</p> <p>Evidence Relied Upon:</p>

Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 5-6

Facility SOP - .4300 Sexual Violence Elimination Policy, pg. 3

Facility Posters

Learning Management System Records

Red Flags Poster

Lesson Plans

PowerPoint Presentation

OPA T10 Acknowledgement Form

Interviews with Staff

Interviews with Offenders

Analysis/Reasoning:

The Auditor reviewed the agency's training curriculum utilized to train staff. The NCDPS training curriculum includes all training topics as bulleted above. The agency requires only an approved staff trainer certified as a General Instructor conducts the training unless an exception is given by the Director. The certified trainer teaches from a lesson plan and utilizes a PowerPoint Presentation. Each new staff member is provided the training at the Lumberton Correctional Institution. The facility provides PREA training to all staff annually. The training provided is not tailored to any specific gender. The lesson plan includes training for dealing with female and male offenders. The Auditor observed the following training objectives in the lesson plan and included in the PowerPoint Presentation:

- Identify the "Prison Rape Elimination Act (PREA) of 2003" and the agency's zero-tolerance policy of sexual abuse and sexual harassment for offenders/juveniles;
- Define sexual abuse and sexual harassment;
- Define offenders'/juveniles' right to be free from sexual abuse and sexual harassment; and from retaliation for reporting;
- Identify relevant laws;
- Define employee responsibilities when responding to sexual abuse and sexual harassment;
- Define the unique attributes of working with females in confinement/under supervision;
- Define the unique attributes of working with males in confinement/under supervision;
- Define the vulnerabilities of persons in confinement/under supervision;
- Identify the dynamics of sexual abuse and sexual harassment in confinement/under supervision;
- Identify how to detect signs of threatened and actual sexual abuse in confinement/under supervision;
- Identify the common reactions to sexual abuse and sexual harassment;
- Identify methods of avoiding inappropriate relationships with offenders/juveniles; and
- Identify techniques for communicating effectively and professionally with offenders/juveniles including lesbian, gay, bisexual, transgender,

intersex (LGBTI) and gender nonconforming populations.

At the time of the audit the facility employed 268 staff. The Auditor reviewed the LCI staff training records. Training records reveal all staff are provided the PREA training. The Auditor reviewed training records for the previous 12 month period. All staff had been provided annual in-service training and electronically signed an understanding and acknowledgment of the training. Facility personnel who attend in-person training sign the Prison Rape Elimination Act Acknowledgement Form. The agency's acknowledgement form stipulates, "I acknowledge understanding of the Prison Rape Elimination Act of 2003, NC General Statute Chapter 14-27.31, and the NCDPS zero-tolerance policy for sexual abuse and sexual harassment. I also acknowledge that I must report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment immediately." Employees are required to print and sign their name, date and a NCDPS representative signs the form as a witness. Agency training records are maintained in the electronic Learning Management System. The system allows staff to attend on-line training and allows training personnel to run reports to determine which staff members have completed training and which have not. The system allows training staff to easily monitor staff training activities.

The Auditor observed facility posters. The posters include Prison Rape Elimination Act information and red flags. The PREA Information poster includes the following:

- Zero-Tolerance Policy
- Employee Responsibilities
- Reporting
- NC General Statute 14-27.7(a)
- Sanctions

The Red Flags poster informs staff of items to look for that potentially alert of staff sexual misconduct with offenders. There are 39 actions listed on the Red Flags poster.

The Auditor conducted formal interviews with specialized and randomly selected staff. Each was asked about the training provided by the agency. All staff interviewed had been provided the training and informed the Auditor they receive training annually and sometimes more frequent. The Auditor asked each to explain the topics provided by the agency during their annual training. Staff were able to articulate the above listed topics. The Auditor determined staff were knowledgeable and retained the information provided during the training.

The Auditor conducted formal interviews with randomly selected and specifically targeted offenders. The offenders interviewed articulated staff appropriately respond to incidents, take sexual abuse and sexual harassment seriously and had confidence in staff's abilities. The offenders collective responses allowed the Auditor to determine staff respond to the population as they have been appropriately trained to do.

Conclusion:

The Auditor concluded the facility has appropriately trained its staff and documented the training as required by this standard. Facility staff interviewed by the Auditor were knowledgeable in the training topics mandated in PREA standard 115.31. The Auditor reviewed agency policy, procedures, training curriculum, attendance rosters, posters, acknowledgement forms, conducted interviews with staff and offenders and determined the facility meets the

requirements of this standard.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The North Carolina Department of Public Safety policy requires all volunteers and contractors, excluding those who have no contact with offenders, receive the sexual abuse and sexual harassment 101 training. The policy requires the training include:</p> <ul style="list-style-type: none"> • The agency's 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. <p>The application process is not considered complete until the person verifies understanding of training by signing the PREA Acknowledgement Form and returning the form to the facility. All one-time volunteers are required to review the information on the acknowledgement form (OPA T10) that addresses the agency's 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 harassment. The facility trains volunteers and contractors on an annual basis.</p> <p>The agency's Community Volunteer Program policy requires volunteers receive PREA training. Policy stipulates the training will be conducted annually.</p> <p>Evidence Relied Upon:</p> <p>Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 6-7</p> <p>Agency Policy - .0604 Community Volunteer Program, pg. 4-5</p> <p>NC General Statute 14-27.31</p> <p>OPA T10 Acknowledgment Forms</p> <p>Training Course Records</p> <p>Training Curriculum</p> <p>Interviews with Contractors</p> <p>Analysis/Reasoning:</p> <p>The agency has 2 contract personnel authorized to perform services in the facility. The facility reported there are 78 volunteers authorized to perform services. Volunteers who have frequent contact with offenders receive the same training. All "one-time" volunteers are required to read and sign form OPA-T10. The two contractors authorized to perform services in the facility are employed in the medical section. The agency trains its contractors and volunteers utilizing the same lesson plans that are designed for staff. The Auditor reviewed the lesson plan and PowerPoint Presentation. The Auditor observed the following training</p>

objectives in the lesson plan and supported in the PowerPoint Presentation:

- Identify the "Prison Rape Elimination Act (PREA) of 2003" and the agency's zero-tolerance policy of sexual abuse and sexual harassment for offenders/juveniles;
- Define sexual abuse and sexual harassment;
- Define offenders'/juveniles' right to be free from sexual abuse and sexual harassment; and from retaliation for reporting;
Identify relevant laws;
- Define employee responsibilities when responding to sexual abuse and sexual harassment;
- Define the unique attributes of working with females in confinement/under supervision;
- Define the unique attributes of working with males in confinement/under supervision;
- Define the vulnerabilities of persons in confinement/under supervision;
- Identify the dynamics of sexual abuse and sexual harassment in confinement/under supervision;
- Identify how to detect signs of threatened and actual sexual abuse in confinement/under supervision;
- Identify the common reactions to sexual abuse and sexual harassment;
- Identify methods of avoiding inappropriate relationships with offenders/juveniles; and
- Identify techniques for communicating effectively and professionally with offenders/juveniles including lesbian, gay, bisexual, transgender, intersex (LGBTI) and gender nonconforming populations.

"One-time" volunteers and contractors are required to read and sign form OPA-T10. The form stipulates, "I acknowledge understanding of the Prison Rape Elimination Act of 2003, NC General Statute Chapter 14-27.31, and the NCDPS zero-tolerance policy for sexual abuse and sexual harassment. I also acknowledge that I must report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment immediately." Each contractor is required to sign the form prior to performing services and volunteers are required to sign during their orientation. "One-time" volunteers sign the form prior to entry into the facility. The Auditor observed the following on form OPA-T10:

- Zero-Tolerance Policy
- NC General Statute 14-27.31
- Definitions
- Duty to Report
- Reporting Methods
- Acknowledgement

The Auditor reviewed North Carolina General Statute 14-27.31. The statute states, "If a person having custody of a victim of any age or a person who is an agent or employee of any person, or institution, whether such institution is private, charitable, or governmental, having custody of a victim of any age engages in vaginal intercourse or a sexual act with such victim, the defendant is guilty of a Class E felony."

The Auditor reviewed the training record of two contractors and reviewed the training records of 10 volunteers. One contractor was on her second day of employment at the facility. A review of records reveal the facility is training contractors and volunteers prior to enlisting their services. The facility has suspended all volunteer services due to COVID-19 restrictions in the

facility. Each contractor and volunteer has signed the OPA-T10 form.

The Auditor conducted formal interviews with both contracted personnel. Both contractors verified they had been provided training related to the agency's zero-tolerance policy and how to report allegations of sexual abuse and sexual harassment. The contractor on her second day of employment at the facility stated she received that training on her first day at the facility. The Auditor asked each specific questions related to the agency's policies and procedures for reporting allegations of sexual abuse and sexual harassment. Each contractor understood the requirements for reporting allegations, information and knowledge related to such. The contractors were asked to explain the responsibilities under the NCDPS polices related to sexual abuse. Each contractor provided responses that reveal they understand their responsibilities according to the agency's policies and procedures. Both contractors are aware the NCDPS maintains a zero-tolerance policy towards acts of sexual abuse and sexual harassment.

The facility has not conducted volunteer services since the onset of COVID-19. The Auditor did not conduct an interview with a facility volunteer. The agency maintains records that approved volunteers understand how to report allegations of sexual abuse and sexual harassment and their responsibilities under the agency's prevention, detection and response policies and procedures.

Conclusion:

The Auditor concluded the facility is appropriately training volunteers and contractors and staff ensures documentation of training is maintained. The Auditor determined through a review of agency policies, procedures, training curriculum, training records, acknowledgement forms, and interviewing contractors the facility meets the requirements of this standard.

115.33	Inmate education
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 536 365">Auditor Discussion:</p> <p data-bbox="248 405 1481 651">The North Carolina Department of Public Safety policy requires all offenders receive, during reception, information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and instructions on how to report incidents or suspicions of sexual abuse and sexual harassment. Policy requires during intake all offenders receive comprehensive education about sexual abuse and sexual harassment within 30 days of intake and upon transfer to a different facility. The comprehensive education includes:</p> <ul data-bbox="300 719 1455 1010" style="list-style-type: none"> • 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. <p data-bbox="248 1048 1481 1167">Education provided to offenders is required to be delivered by an employee who has completed the PREA Train the Trainer Offender Education course. Upon transfer to a different facility offenders are required to receive:</p> <ul data-bbox="300 1234 1257 1402" style="list-style-type: none"> • Education utilizing the Offender FACTSHEET Facilitator Talking Points; • A copy of the PREA Brochure; • Sign the orientation form; and • Education is offered by a designated employee at the facility. <p data-bbox="248 1435 1481 1514">The facility's policy stipulates offenders will receive an orientation at reception and information at their assigned facility, orally and in writing about sexual violence that includes:</p> <ul data-bbox="300 1581 850 1827" style="list-style-type: none"> • Prevention; • Self Protection; • Reporting Sexual Violence; • Evidence collection and preservation; • Treatment and counseling; and • Appropriate staff-offender relationships. <p data-bbox="248 1865 1455 2029">The facility's policy stipulates "Appropriate provisions shall be made as necessary for offenders not fluent in English, persons with disabilities and those with low literacy levels." All materials utilized for the offender orientation and written materials utilized for sexual violence education must be approved by the Division's, Sexual Violence Oversight Committee.</p> <p data-bbox="248 2067 576 2103">Evidence Relied Upon:</p>

Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 9-10

Facility SOP - .4300 Sexual Violence Elimination and Policy, pg. 3-4

Offender PREA Education Acknowledgement Form

Sexual Abuse Awareness Brochure

Talking Points Fact Sheet

Orientation Booklet

Facility Posters

Classification Records

Interviews with Staff

Interviews with Offenders

Observations

Analysis/Reasoning:

The agency has created a brochure that includes information for offenders. Each offender is provided the Sexual Abuse Awareness Brochure upon intake and arrival at the facility. Staff ensure each offender watches the video titled, "PREA: What You Need to Know" and provide the initial training in person utilizing the intake training outline during the intake process. Each offender signs the Offender PREA Education Acknowledgement Form after receiving the education. The Auditor conducted a review of the agency's Sexual Abuse Awareness Brochure. The English and Spanish brochure includes the following sections:

- Sexual Abuse and Harassment Definitions;
- Preventing Sexual Abuse;
- What to Do if You are Sexually Abused;
- Facts About Sexual Abuse; and
- Facts for the Inmate Who Sexually Abuses Another Inmate.

Each offender receives the department's Orientation Booklet upon arrival. The booklet includes the agency's zero-tolerance information and directs offenders to immediately report a sexual abuse or sexual harassment incident to a staff member. The Orientation Booklet includes the following sections related to sexual abuse and sexual harassment:

- Inmate Sexual Abuse and Sexual Harassment
- The Agency's Policy and Procedures for Responding to Incidents
- Ways to Report Incidences of Sexual Abuse and Sexual Harassment

Upon transfer to another facility offenders are educated by the facility utilizing the Talking Points Fact Sheet. The fact sheet informs staff to provide the offender with a copy of the agency's Sexual Abuse Awareness Brochure and that the offender is required to sign the Offender Acknowledgement form. The Auditor observed the following information in the fact sheet:

- Right to be free from sexual abuse;
- Prevention;
- Policies and procedures for responding to incidents; and
- Ways to report incidences of sexual abuse and sexual harassment.

Each offender is provided a comprehensive education within 30 days of arrival in the NCDPS processing center. When the offender is transferred to his/her designated facility the education occurs at the facility the offender is transferred to. Each offender who arrives at the Lumberton Correctional Institution receives an orientation. The orientation includes the comprehensive education and written materials. The orientation is conducted by the Case Manager. The offender receives a copy of the Orientation Handbook.

The comprehensive education is conducted in person. Each offender is provided time to ask questions at the conclusion of the education session. The agency maintains all comprehensive educational information in English and Spanish. The agency's comprehensive education materials include, the offender's rights to be free from sexual abuse and sexual harassment, rights to be free from retaliation for reporting sexual abuse and sexual harassment incidents and information regarding the agency's policies and procedures for responding to such incidents.

All North Carolina Department of Public Safety offenders enter the agency through a diagnostic facility. The Lumberton Correctional Institution is not designated as a diagnostic facility. Offenders are processed through the diagnostic facility prior to arrival. Offenders are provided the Sexual Abuse Awareness Brochure upon arrival at the diagnostic facility. All offenders are provided the comprehensive education at the diagnostic facility. Upon arrival at the Lumberton Correctional Institution the facility provides the offender the written information and a Case Manager conducts the facility orientation. Offenders are provided the written material and comprehensive education on the day of arrival.

Each offender is required to sign the agency's Offender PREA Education Acknowledgement Form. Offenders are required to print their name, offender number, date and sign the form. A staff witness is required to sign and date the form. The form requires the offender sign acknowledging, "I have received PREA Education, and afforded an opportunity to ask questions related to the material. I also understand that I have a duty to report any threat or occurrence of Undue Familiarity or Offender Sexual Abuse and Harassment to Department of Public Safety staff so that any potential victim may be protected and the abuser can be prosecuted to the fullest extent of the law. By my signature below, I acknowledge that I received and understand the information provided on 'SEXUAL ABUSE AWARENESS FOR THE OFFENDER.'"

The Auditor reviewed 30 offender classification records. A review of classification records revealed each offender signed for receipt of the information and comprehensive education on the Offender PREA Education Acknowledgement form. The comprehensive education was provided within 30-days of each offender's arrival. The Auditor was able to determine by a review of a relevant sample of offender classification records the offender population receives a comprehensive education. The Auditor observed offenders have been educated multiple times. A review of offender records reveal they receive an education each time they are transferred to another facility. While interviewing offenders the Auditor was informed they

received an Orientation Handbook and Sexual Abuse Awareness Brochure upon arrival.

The Auditor conducted a formal interview with two offenders who were identified as hearing impaired. Each offender was able to read the Sexual Abuse Awareness Brochure and Orientation Handbook. Each offender understood how to report allegations of sexual abuse. Both offenders understand the agency's policies and procedures for prevention, detection and response to sexual abuse and sexual harassment. Both offenders know how to report sexual abuse and sexual harassment and understand their rights as offenders.

The Auditor conducted a formal interview with two offenders who were identified as Limited English Proficient. Both were provided an orientation by video and provided written information. Each offender informed the Auditor they received the written information in English and Spanish. The video utilized for the education was played in their native language. Both offenders understand their rights, the facility's policies in response to sexual abuse and sexual harassment and know how to report allegations of sexual abuse and sexual harassment.

The Auditor conducted an interview with a Case Manager. The Case Manager was asked how blind or visually impaired offenders are orientated. The Case Manager informed the Auditor the written information is read to the offender. When asked how an offender who does not speak English receives an orientation the Case Manager stated all materials are written in Spanish. If the offender speaks a different language the facility uses an agency interpreter or uses the Language Line to educate the offender. At the time of the audit there were no offenders who were identified as blind housed at the facility. The agency has facilities designated to house Limited English Proficient offenders. The Lumberton Correctional Institution is not designated as such.

The Case Manager was asked where she conducts the orientation with offenders. The orientation and screening takes place in the Case Manager's office. The office is a private area that allows the offender privacy. The Auditor asked if offenders are able to ask questions related to sexual abuse and sexual harassment. The Case Manager does give each offender the opportunity to ask questions related to such. The Auditor asked how an education and information is provided to offenders with a cognitive disability. The Case Manager makes arrangements to ensure every offender, regardless of their disability understands the agency's policies and procedures related to sexual abuse and sexual harassment.

While touring the facility the Auditor observed key information readily available in the form of PREA posters and postings throughout the facility. Each offender is provided written information that is always accessible to the offender. The facility maintains PREA materials written in English and Spanish. Each offender informed the Auditor they have seen information posted throughout the facility regarding sexual abuse and sexual harassment.

Conclusion:

The Auditor concluded the offender population at the Lumberton Correctional Institution has been appropriately educated in the agency's zero-tolerance policy, how to report allegations, rights to be free from sexual abuse, sexual harassment, retaliation, and the agency's policies and procedures for responding to such. The facility maintains appropriate documentation of such in each offender's record. The Auditor reviewed the agency's policies, procedures, offender records, Orientation Handbook, Sexual Abuse Awareness Brochure, facts sheet,

posters, made observations, interviewed staff and offenders to determine the facility meets the requirements of this standard.

115.34	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Auditor Discussion:</p> <p>The agency requires all staff who conduct sexual abuse and sexual harassment investigations receive specialized training to conduct such investigations in a confinement facility. Investigators are required to receive the general PREA training provided to all employees. The training required for those who conduct sexual abuse and sexual harassment investigations includes:</p> <ul style="list-style-type: none"> ● Techniques for interviewing sexual abuse victims; ● Proper use of Miranda and Garrity warnings; ● Sexual abuse evidence collection in confinement settings; and ● Criteria and evidence required to substantiate a case for administrative action of prosecution referral. <p>Evidence Relied Upon:</p> <p>Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 8</p> <p>Training Curriculum</p> <p>Training Records</p> <p>Investigative Reports</p> <p>Interview with Investigators</p> <p>Analysis/Reasoning:</p> <p>The NCDPS trains all investigators who conduct investigations in agency facilities. The Lumberton Correctional Institution has 4 staff members who have received the specialized training. The Auditor reviewed the training curriculum utilized to train agency investigators. The training developed for Institutional Investigators is titled, "PREA: Sexual Abuse and Sexual Harassment Investigator's Workshop, The Basics - Fundamental Building Blocks of a SAH Investigation."</p> <p>The Auditor reviewed the agency's training curriculum utilized to train investigators. Among other topics, the training course includes the following information:</p> <ul style="list-style-type: none"> ● Techniques for interviewing sexual abuse victims; ● Proper use of Miranda and Garrity warnings; ● Sexual abuse evidence collection in confinement settings; and ● Criteria and evidence required to substantiate a case for administrative action of prosecution referral. <p>The Auditor reviewed the training records of four (4) facility investigators. Training records</p>

reveal each had attended the specialized training. In addition to the specialized training, the agency requires its investigators complete the training offered to all agency employees. The agency maintains a training certificate for each investigator's participation in specialized training and training records of their participation in regular PREA training.

The Auditor formally interviewed two facility investigators. The Auditor asked each investigator to explain the topics included in the specialized training they received. Each investigator articulated the topics as bulleted above in this standard. The Auditor asked each investigator to explain the process utilized when conducting investigations. The investigators' responses indicate they have been appropriately trained to conduct sexual abuse investigations in confinement settings. Each investigator discussed interviewing techniques, Miranda and Garrity warnings, evidence collection and the criteria and evidence to support administrative and prosecutorial referral.

The Auditor asked each investigator to explain what happens when they determine an allegation appears to be criminal in nature and the evidence appears to support prosecution. Each investigator stated they immediately stop the investigation and contact the Lumberton Police Department. The Investigators explained local law enforcement determine if and when to prosecute a case after referring to local prosecutors. The local law enforcement investigator collects physical evidence from the facility. Facility investigators explained the police department has several investigators that have been trained as PREA Investigators. Investigators explained facility investigators coordinate efforts with local law enforcement during criminal investigations.

There were two allegations received by the facility within the past 12 months that required referral for criminal investigation. Both allegations were immediately referred for prosecution and remain open. The facility has not concluded an administrative investigation as each allegation was immediately referred to the Lumberton Police Department. The agency has developed an electronic investigative report that requires investigators input data into the electronic system. A review of investigative reports reveal investigators have been trained to conduct sexual abuse investigations.

No department of justice component is required to investigate sexual abuse allegations in the Lumberton Correctional Institution.

Conclusion:

The Auditor concluded the agency has provided appropriate training to its Sexual Abuse Investigators. The Auditor conducted a review of policies, procedures, training curriculum, training records, investigative report and conducted an interview with a facility investigator to determine the agency meets the requirements of this standard.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>NCDPS policy requires all full and part-time medical and mental health practitioners who work regularly in its facilities receive specialized training in the following:</p> <ul style="list-style-type: none"> • 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 to whom to report allegations or suspicions of sexual abuse and sexual harassment. <p>Medical practitioners at the Lumberton Correctional Institution do not conduct forensic medical examinations.</p> <p>Evidence Relied Upon:</p> <p>Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 8-9</p> <p>Training Curriculum</p> <p>Training Records</p> <p>Interview with Medical Practitioners</p> <p>Interview with Mental Health Practitioner</p> <p>Analysis/Reasoning:</p> <p>Medical and mental health services at the Lumberton Correctional Institution are performed by NCDPS employees. The facility contracts with limited contract nurses who perform services in the medical area. Facility mental health services are performed by agency mental health practitioners. All personnel who provide medical and mental health services are required by agency policy to complete specialized medical training. The Auditor reviewed the records of all LCI medical practitioners. A review of records reveal no medical or mental health practitioners completed the specialized medical training. The Auditor discovered all medical and mental health practitioners had received the PREA training offered to all NCDPS employees.</p> <p>The Auditor conducted formal interviews with medical and mental health practitioners. Practitioners informed the Auditor they have received the training offered to all NCDPS employees but have not received specialized medical training. The Auditor was informed the regular training was provided during an orientation to the facility. The Auditor questioned medical practitioners about the training topics as required by this standard. The Auditor asked each practitioner to explain how they treat sexual abuse victims. Practitioners explained they treat any life threatening injuries. When asked how they preserve any evidence practitioners</p>

stated they handle evidence with care and place it in a paper bag. Each practitioner explained if there are no life threatening injuries the nurse will obtain vital sign and obtain as much information as possible from the victim. Practitioners informed the Auditor they receive the agency's PREA training each year.

The Auditor was informed by medical and mental health practitioners they are required to report any and all knowledge, suspicion or information related to sexual abuse, unless the abuse occurred in a community setting. Each medical practitioner informed the Auditor they have been trained how to communicate with victims while treating or assessing the victim.

The Auditor asked if they had been trained to recognize the signs and symptoms of sexual abuse when they are treating an offender who may have been sent to the medical department for other reasons. Each practitioner stated they have not been trained how to look for signs and symptoms while treating offenders.

During the Audit, the Auditor informed the Associate Warden of Custody, Regional PREA Program Analyst and PREA Compliance Manager that medical and mental health personnel had not received the specialized training. Facility personnel immediately began working to provide the training to all medical and mental health practitioners. Each medical and mental health practitioner was provided the agency's training, "PREA - Sexual Abuse and Sexual Harassment Medical & Mental Health Response" and the Auditor was provided documentation of the practitioners' attendance. The facility documented the training on the agency's Training Course Record and included the attendance in the agency's electronic training tracking system. The Training Course Record includes each practitioner's signature verifying their attendance.

The North Carolina Department of Public Safety training personnel have developed the agency's specialized medical training curriculum. The specialized medical training is titled, "PREA - Sexual Abuse and Sexual Harassment Medical & Mental Health Response (Prisons - Health Services). The specialized training curriculum includes detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence, responding effectively and professionally to victims, and how to report allegations or suspicions of sexual abuse and sexual harassment. Each medical and mental health professional is required to receive the specialized training during their orientation and prior to performing services in agency facilities.

Medical personnel at the Lumberton Correctional Institution do not conduct forensic examinations. Forensic examinations are performed by a Sexual Abuse Nurse Examiner at a local hospital.

Conclusion:

The Auditor concluded medical and mental health professionals at the Lumberton Correctional Institution have been appropriately trained. The facility maintains documentation that medical and mental health professionals have received specialized medical training and the same training offered to all NCDPS staff. The auditor conducted a review of NCDPS policies, procedures, training curriculum, training records and interviewed medical and mental health practitioners. After providing additional training to medical and mental health practitioners, the Auditor determined the facility meets the requirements of this standard.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The agency's policy requires diagnostic staff administer the Department of Safety OPUS Mental Health Screening Inventory (MHSI) and screening for risk of victimization and abusiveness to all newly admitted offenders. The screening is required to be completed within 3 days of arrival. The agency requires an objective screening instrument that obtains the following minimum biographical data:</p> <ul style="list-style-type: none"> ● 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; ● Whether the offender is detained solely for civil immigration purposes; and ● 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. <p>Within 30 days of an offender's arrival, staff are required to reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. The agency also requires an offender's risk level be reassessed when warranted due to a referral.</p> <p>The NCDPS policy requires facilities implement appropriate controls on the dissemination of responses to questions asked in order to ensure that sensitive information is not exploited to the offender's detriment by staff or other offenders. Staff are prohibited from disciplining offenders for refusing to answer or for not disclosing complete information during screening or assessment.</p> <p>Evidence Relied Upon:</p> <p>Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 10-13</p> <p>Agency Policy - 305 Diagnostic Procedures, pg. 1-2</p> <p>Health Services Policy - TX I-13 Evaluation and Management of Disorders of Gender Dysphoria, pg. 1-2</p> <p>Offender Records</p>

Interviews with Staff

Interviews with Offenders

Analysis/Reasoning:

The agency conducts initial screenings at the diagnostic center upon arrival. The agency does not have one clear objective screening tool. Agency staff utilize several forms to conduct the initial screening. The Auditor observed the agency collects the following information when screening offenders:

- Mental, physical, and developmental disabilities;
- Age of the offender;
- Physical stature;
- Previous offenses;
- Criminal history, including exclusively non-violent history;
- Prior convictions for sex offenses against adults or children;
- Sexual orientation, including gay, lesbian, bi-sexual, transgender, intersex and gender non-conforming;
- Previous experiences of sexual victimization; and
- Offender's own perception of vulnerability.

In addition, the agency's screening considers the following:

- Prior acts of sexual abuse;
- Prior convictions for violent offenses; and
- History of prior institutional violence or sexual abuse.

A mental health professional screens each offender who is booked into the agency at the diagnostic center. Upon transfer the Case Manager at the transferring facility conducts a reassessment (Case Manager Screening) upon their arrival. The initial screening by the Case Manager considers the offenders gender identification status, sexual victimization and the Case Manager's own perceptions of the offender. The Case Manager also collects the following information on a Risk/Needs - Service Priority Level Report with the following sections:

- Criminal History;
- Offender's Current Status;
- Behavior;
- Substance Abuse;
- Education;
- Employment;
- Family/Friends;
- Life Skills;
- Mental Health;
- Financial;
- Housing;
- Transportation; and
- Legal Status.

Each offender who enters the North Carolina Department of Public Safety is initially screened within 72 hours by a staff member upon admission. The staff member questions the offender utilizing several agency risk screening forms in the electronic record system. All answers are electronically included in the agency's electronic system. When an offender is transported to the Lumberton Correctional Institution the offender is reassessed. All offenders are assessed within 72 hours of arrival at the receiving facility and the offender's assigned facility. The risk screening questions are asked of each offender by the facility's Case Manager. The Case Manager at the facility is unable to view the offender's initial assessment conducted at the diagnostic center. Offenders identified at risk by processing staff are included on the agency's High Risk of Victimization (HRV) and High Risk of Abusiveness (HRA) report. Case Managers receive the HRS/HRV reports.

The Auditor conducted a formal interview with facility Case Managers. Case Managers conduct the screening and reassessment of each offender in an office. The office is a private area and is conducted in private where other offenders cannot hear the answers provided by the offender. The Auditor asked Case Managers how long after arrival do they conduct the risk screening and assessment. Case Managers meet with offenders on their day of arrival. If an offender arrives on a Friday evening the Case Manager meets with the offender the following business day. The Auditor asked if any reassessments are conducted of offenders after the initial assessment. Case Managers explained they conduct a reassessment if receiving a referral and after an alleged incident of sexual abuse. The Auditor asked how the Case Manager is able to see if an offender has been previously victimized by sexual abuse. They explained those who have been victimized and score as vulnerable to sexual victimization are included in an alert system. The Case Manager receives the alert notification from the diagnostic center when transferred.

The Auditor asked Case Managers to explain what they do if an offender refuses to answer the questions. Case Managers stated they refer to all information that is included in the OPUS system when making decisions. The Auditor asked Case Managers if they discipline an offender for refusing to answer the questions. Each Case Manager stated they do not discipline offenders for refusal to answer the questions.

The Auditor conducted a review of 30 offender classification records. Each record included the various forms used to screen offenders upon arrival. Each offender had been screened within 72 hours of their arrival at the processing center and within 72 hours of arrival at the Lumberton Correctional Institution.

The Auditor conducted formal interviews with staff. Staff were asked if they have access to the information obtained from an offender's risk screening conducted during the booking process. All randomly selected Correctional Officers informed the Auditor their access in the OPUS was limited and could not see the assessments. The Auditor was informed each staff member is provided a unique username and password. The agency limits staff access in OPUS based upon their position in the agency.

The Auditor conducted formal interviews with offenders. All offenders targeted for interviews and randomly chosen for interviews were asked if they had been asked questions as previously listed during the intake process. Offenders stated they had been asked such questions during the booking process at the reception center. The Auditor asked each offender if anyone at the facility had asked them the same questions after being booked into the facility. Some offenders stated they don't remember the questions asked of them.

Offenders who have been transferred to multiple facilities stated they are asked questions each time they arrive at another facility. Most offenders interviewed informed the Auditor they are confident in staff's ability to maintain confidentiality with their information.

At the time of the Audit there were no offenders detained solely for immigration purposes.

Conclusion:

The agency's classification staff is attempting to discover the level of risk of sexual victimization or sexual abusiveness of offenders during the booking process and within 30 days of arrival at another facility based upon additional information, incidents and referrals. The Auditor reviewed the agency's policies, procedures, offender records, and interviewed staff and offenders to determine the facility meets the requirements of this standard.

The current information obtained through the screenings is not visible to all pertinent staff. Correctional officers at the Lumberton Correctional Institution assign bed and housing and are unable to view any information from the risk screening. Only medical and mental health staff can view the initial screening information obtained at the diagnostic center. The Auditor recommends the agency consider consolidating the risk assessment questions that comply with this standard on one objective screening tool that is visible to staff who assign bed, housing, work, education and program assignments. The Auditor determined the agency meets the requirements of this standard.

115.42	Use of screening information
	<p data-bbox="248 170 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 282">Auditor Discussion</p> <p data-bbox="248 327 536 360">Auditor Discussion:</p> <p data-bbox="248 405 1469 562">The policy of the agency is to use information from the risk screening to determine housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. When managing housing, bed, work and program assignments the agency requires:</p> <ul data-bbox="296 629 1469 1346" style="list-style-type: none"> ● Any offender identified as a high risk abuser shall be restricted from double-cell housing; ● A report of newly admitted high risk abusers will be reviewed weekly by Prisons Administration, Manager of Classification Services, or designee to activate a Central Monitoring file to prevent double cell housing; ● Designated personnel at each facility, as authorized by the Director of Prisons, will generate a list of high risk abusers using the web-based security search tool; ● The facility shall make individualized determination for bed assignments, based on facility housing designs, to ensure the safety of each offender; ● 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; ● Designated staff at each facility shall review the web-based security search tool weekly, or more often as deemed appropriate, to monitor any high risk abusers assigned to their facility; and ● Facilities shall take appropriate action to ensure all job and program assignments are appropriate for high-risk abusers. <p data-bbox="248 1391 1469 1715">Agency staff are required to make individualized determinations about how to ensure the safety of each offender. Policy requires the facility take into consideration whether an assignment would ensure the offender's health and safety, and whether the assignment would present management or security problems when deciding whether to assign a transgender or intersex offender to a male or female facility and in making other housing and programming assignments. Specialized decisions to provide specific individual accommodations to Gender Dysphoria offenders are made by a multidisciplinary panel. Policy requires the panel consist, at minimum, representatives from:</p> <ul data-bbox="296 1783 635 2029" style="list-style-type: none"> ● Prison Psychiatry ● Prison Psychology ● Social Work ● Primary Care Medicine ● Nursing ● Administration/Custody <p data-bbox="248 2074 1430 2141">Agency staff are required to seriously consider a transgender and intersex offender's own views with respect to their own safety. Facility housing and programming assignments are</p>

reviewed at least twice each year by the case manager for any threats to safety experienced by transgender and intersex offenders. Each transgender and intersex offender must be given the opportunity to shower separately from other offenders in NCDPS facilities. The agency prohibits placing lesbian, gay, bisexual, transgender, or intersex offenders in a dedicated facility, housing unit, or wing solely on the basis of such identification or status, unless the placement is in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such offenders.

Evidence Relied Upon:

Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 13-14

Agency Policy - .2700 Evaluation & Management Transgender Offenders, pg. 2, 3, 5

High Risk of Sexual Abusiveness Log

High Risk of Sexual Victimization Log

Offender Records

Interviews with Staff

Interviews with Offenders

Observations

Analysis/Reasoning:

The Auditor reviewed 30 offender classification records. Of the records reviewed there was one offender who identified as transgender and 5 offenders who identified as gay or bisexual. The Auditor identified offenders who were identified as high risk of sexual abusiveness. The facility Case Manager screens each offender entering the facility. The Case Manager can view information in the Offender Population Unified System (OPUS). Information in the OPUS is derived from the Case Analyst at the Diagnostic Center. Once the Case Analyst inputs the offender's information in the OPUS an automatic risk calculation is made by the system. The system automatically identifies offenders as high risk of sexual victimization and high risk of sexual victimization based on the automatic scoring system. A report identifying those offenders can be viewed and printed in the OPUS. The screening utilized by the facility has limited questions for the Case Manager to consider.

The Case Manager screens offenders upon their arrival at the Lumberton Correctional Institution. Staff make individualized considerations when determining how an offender is assigned housing, bed, work and other assignments to ensure each offender is maintained safely in the facility based on the information maintained in OPUS and information provided by each offender. The assessment form considers an offender's own views of safety when determining assignments. The Auditor observed classification staff is utilizing information obtained from the risk screening to assign facility work and program assignments to ensure those offenders are protected. Housing and bed assignments are assigned by correctional staff. The Case Manager discusses any pertinent information with correctional staff if a special housing or bed assignment is determined a need. The Case Manager ensures offenders identified at risk of victimization are not placed in a work, program or education assignment with those identified as potential abusers. Case Management staff considers an offenders own

perceptions of their safety before making classification decisions.

The Auditor asked if Case Managers consider a transgender/intersex offenders' own perception regarding their safety in the facility. Case Managers informed they consider all offenders own perceptions regarding their safety. The Auditor asked Case Managers how often transgender and intersex offenders placements are reviewed. The Auditor was informed Case Managers meet with them periodically and at least every six months to discuss their placement status. The Case Manager documents the meeting in the OPUS electronic record. The Auditor asked if there were any transgender offenders housed in the facility. There was one offender identified as transgender at the time of the audit.

The auditor observed all housing units in the facility during a detailed tour. While touring, the Auditor observed all shower and restroom areas. Transgender and intersex offenders would not have the opportunity to shower separately from other offenders in any of the facility's housing units unless the population was confined to their areas and/or a staff member was posted at the shower entrance. All shower areas are multiple occupancy.

At the time of the audit the Auditor was unable to interview the transgender offender as the offender was housed in a COVID-19 quarantine unit. The Auditor reviewed the classification record of the offender. The offender has been housed in a general population housing unit. A review of the offender's record revealed the Case Manager asked and made individualized considerations concerning the offender's housing, programming, education and work assignments. The Case Manager asked the offender about the offender's own perception regarding safety. The record included reviews that were occurring throughout each year. The facility had conducted reviews minimally two times each year. The transgender offender is provided an opportunity to shower separately from other offenders. Each offender is allowed to specifically request other special privileges upon arrival and any other time during their incarceration.

The Auditor conducted formal interviews with offenders who identified as gay and/or bisexual. Each was asked if he was placed in a dedicated housing unit. None had been housed as such. The Auditor reviewed the classification records of each. Facility personnel utilized individual determinations when assigning housing, programming, education and work assignments to each offender. Each offender was asked about his own thoughts regarding their safety in the facility.

At the time of the audit the Lumberton Correctional Institution was not under a consent decree, legal settlement, or legal judgement for the purpose of protecting lesbian, gay, bisexual, transgender or intersex offenders.

Conclusion:

The Auditor concluded Case Managers are making individualized determinations when assigning housing, bed, work, programming and education assignments to offenders. The agency has appropriate policies, procedures and practices in place to protect those identified at high risk of victimization. The facility does allow transgender and intersex offenders the opportunity to shower separately from other offenders in the Lumberton Correctional Institution. The Auditor conducted a review of policies, procedures, offender records, made observations and interviewed staff and offenders to determine the facility meets the requirements of this standard.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The facility prohibits placing offenders 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 there is no available alternative means of separation from likely abusers. Policy requires the facility clearly document the basis for the facility's concern for the offender's safety, the reason why no alternative means of separation can be arranged and the duration of the limitation. The agency allows an offender to be placed in involuntary segregated housing unit for up to two hours if an assessment cannot be completed immediately.</p> <p>Agency policy provides programs, privileges, education and work opportunities to offenders in involuntary segregated housing, to the extent possible. The facility may place an offender in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. The facility stipulates the assignment will not ordinarily exceed 30 days. Staff are required to conduct a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>Evidence Relied Upon:</p> <p>Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 15-16</p> <p>Classification Records</p> <p>PREA High Risk Aggressors Report</p> <p>PREA High Risk Victimization Report</p> <p>Interviews with Staff</p> <p>Interviews with Offenders</p> <p>Observations</p> <p>Analysis/Reasoning:</p> <p>The Lumberton Correctional Institution reported no offender was placed in involuntary segregated housing for protection as a result of being identified at high risk of sexual victimization. The Auditor reviewed housing and classification records and discovered no evidence an offender had been identified at high risk of sexual victimization and placed in involuntary segregated housing as a result of such identification.</p> <p>The Auditor conducted formal interviews with facility Case Managers and supervisors. The Auditor discussed the process of placing an offender identified at high risk of sexual victimization in involuntary segregated housing. The Auditor was informed the facility considers alternative housing placements prior to making the determination to house an</p>

offender in restrictive housing. In the event an offender is placed in restrictive housing for protective custody the facility only houses the offender in restrictive housing until other housing alternatives can be made. Staff were asked to explain how often reviews of the offender's placement would be made. The Auditor was informed the placement status would be reviewed at least every 30-days. Staff informed the Auditor the facility has not had to place an offender in protective custody for protection from sexual abuse as the facility has other housing options available. The Auditor asked what actions are taken if an offender cannot be safely housed at the facility. The Case Managers stated the offender would be recommended for transfer.

The Auditor conducted a formal interview with a staff member who supervises offenders in the restrictive housing unit. The staff member was asked if offenders in restrictive housing have access to work, education, programming and other privileges. The Auditor was informed offenders in restrictive housing units do have access to such, excluding work opportunities. When asked if education, programming or other privileges are restricted the staff member stated there are occasions when restrictions are placed. The staff member stated restrictions are documented in the OPUS and in the unit log so staff working the unit are informed. The Auditor was informed the documentation includes the specific restriction, length of the restriction and the reason for restricting the activity.

The Auditor observed the facility has 24 housing units available for offender placement. The Auditor observed two restrictive housing units with 10 individual cells in each. Any offender who may be at risk in a particular housing unit can be moved to another housing unit without the need to place the offender in restrictive housing. The Auditor asked the facility's Associate Warden of Custody how difficult it is to transfer an offender. The Associate Warden of Custody informed the Auditor if the facility can justify a legitimate need then the transfer is not difficult.

The Auditor reviewed the facility's HRV and HRA reports. The PREA High Risk Victimization Report reveals the facility has identified offenders as being at high risk for sexual victimization. The HRA report reveals the facility has identified offenders as being at high risk for perpetrating an act of sexual abuse. The facility has ensured those offenders are housed away from one another to ensure their safety.

The Auditor conducted formal interviews with offenders who identified as gay and bisexual, at risk of sexual victimization and offenders who reported an allegation at the facility. Each offender was asked if he had been placed in restrictive housing for the protection from sexual abuse. None of the offenders had been placed in restrictive housing for such purpose against his will. The Auditor reviewed the records of those offenders. A review of records revealed none had been placed in involuntary protective custody.

Conclusion:

The facility has appropriate procedures in place to ensure offenders identified at high risk of sexual victimization are protected from sexual abusers. The agency has policies in place to ensure offenders placed in restrictive housing have access to programs, privileges, education and work opportunities. The facility's staff understands the requirement of conducting assessments, documenting restrictions and conducting reviews of offenders placed in protective custody for the protection from sexual abuse. The Auditor reviewed NCDPS policies, procedures, classification records, HRA and HRV Reports, made observations and interviewed staff and offenders to determine the facility meets the requirements of this

standard.

115.51	Inmate reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Auditor Discussion:</p> <p>The North Carolina Department of Public Safety policy provides multiple internal ways 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. Internal and/or external reporting for offenders at the Lumberton Correctional Institution may be made verbally or through written communication in the following manners:</p> <ul style="list-style-type: none"> ● To any Department of Public Safety employee; ● Administrative Remedy Process; ● PREA/Grievance locked box where applicable; ● Toll free PREA telephone number; and ● Third-Party Reports through email, phone or letter. <p>The North Carolina Department of Public Safety requires staff to accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties and requires staff promptly document verbal reports on an Incident Report. The agency also requires staff accept any report of sexual abuse and sexual harassment made through the grievance procedure and immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment.</p> <p>The agency's policy stipulates staff can privately report sexual abuse and sexual harassment of offenders by:</p> <ul style="list-style-type: none"> ● The PREA office by email at PREA@ncdps.gov, or by telephone at (number provided); ● Anonymously by contacting the Fraud, Waste, Abuse & Misconduct Hotline at (number provided); and ● Local law enforcement agency. <p>The facility's policy requires any employee that receives a report of sexual violence or possible sexual violence, whether verbally or in writing, shall immediately notify the shift supervisor and complete a written statement for an incident report.</p> <p>Evidence Relied Upon:</p> <p>Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 16-17</p> <p>Facility SOP - .4300 Sexual Violence Elimination, pg. 5</p> <p>Agency Website</p> <p>LCI Orientation Booklet</p> <p>Sexual Abuse Awareness Brochure</p>

Facility Posters

Investigative Report

Training Curriculum

Training Records

Offender Records

Interviews with Staff

Interviews with Offenders

Observations

Analysis/Reasoning:

The facility's Offender Sexual Abuse and Sexual Harassment policy includes the following reporting avenues for offenders:

- Letter to the facility head;
- Talk with a staff member you trust;
- Tell a family member or friend; and
- Letter to the PREA Office at (address provided).

The Auditor reviewed the agency's Sexual Abuse Awareness Brochure. Each offender is provided the brochure during their intake. The brochure informs offenders to report sexual abuse or sexual harassment immediately to a staff member. Each offender receives an orientation upon arrival at the Lumberton Correctional Institution. The Case Manager provides the orientation and gives each offender a copy of the Orientation Booklet. The booklet informs offenders they may report allegations of sexual abuse in person, in writing, or anonymously by:

- Letter to the facility head;
- Talk with a staff member you trust;
- Tell a family member or friend; and
- Letter to the PREA Office at (address provided).

The Auditor reviewed the records of 30 offenders. A review of records revealed each offender was provided the Sexual Abuse Awareness Brochure and provided a comprehensive education. Each offender received a copy of the LCI Orientation Booklet. All 30 offenders signed an acknowledgement form documenting their understand of the available reporting avenues.

The Auditor participated in a detailed tour of the Lumberton Correctional Institution. The tour included all offender housing units and support areas. Observations were made of posters and postings throughout the facility that inform offenders about the agency's zero-tolerance to sexual abuse and sexual harassment and how to report allegations of sexual abuse and sexual harassment. The postings include the agency's available hotline number. Offenders

are not required to input a designated PIN number to dial the hotline number. This ensures offenders can remain anonymous upon request. The Auditor tested the agency's reporting hotline while on site to ensure its functionality.

The Auditor discovered the private organization that answers the hotline number is the Forgiven Ministry. The Forgiven Ministry immediately forwards allegations of sexual abuse to the PREA Director, allows offenders to privately report sexual abuse, and to remain anonymous upon their request. The Forgiven Ministry is not part of the agency.

The Auditor reviewed staff training records. The agency's training includes the reporting avenues available to the offender population. All staff are provided the training in orientation, during the Correctional Officer Basic Course and during in-service training. Staff are informed of their avenue for privately reporting allegations of sexual abuse and sexual harassment in the agency's policy as listed in the "Auditor Discussion" section above.

The Auditor reviewed the North Carolina Department of Public Safety website. The website includes a link to submit a report of "undue familiarity or sexual misconduct." The website informs the public they may report allegations by contacting:

- Prison facility or judicial district office;
- Officer-in-charge or probation officer;
- Facility or division administrator;
- Correctional employee;
- Division director's office;
- Department of Public Safety Communications Officer (Number provided); and
- PREA Administration office (number and email provided).

The facility has materials posted that include the avenues of reporting for offenders, family and friends, and staff. The poster includes the following reporting avenues for offenders:

- To Any departmental employee;
- Through the Administrative remedy process (Grievance);
- Writing a letter to the PREA Office- MSC 4201;
- Third party to include family members, friends, outside organization; and
- Local Rape Crisis Centers.

Staff Reporting includes:

- Immediately through the chain of command;
- Contacting the PREA Office via phone or email; or
- Fraud, Waste and Abuse or Misconduct Hotline at (number provided).

Family and Friends reporting avenues include:

- Email (email address provided);
- By phone to the Fraud, Waste, Abuse or Misconduct Hotline (number provided); or
- Anonymously by phone, mail, or email.

The Auditor conducted formal interviews with randomly chosen staff. Each staff member was

asked if he/she is required to accept any and all reports of sexual abuse, sexual harassment, retaliation and staff neglect. Staff informed the Auditor they are required to accept such reports. Staff stated they are required to report allegations immediately to the Officer-in-Charge and include the information on a written Incident Report. Each staff member was asked how they would privately report an allegation. The Auditor was informed staff would report privately to their supervisor or the next highest person in the chain of command, use the hotline number, send an email or report to the PREA Compliance Manager.

The Auditor conducted formal interviews with randomly chosen and specifically targeted offenders. Offenders were asked to explain how they would report an allegation of sexual abuse, sexual harassment, retaliation, or staff neglect. Most offenders informed the Auditor they would tell a staff member. Most offenders interviewed have confidence staff would handle the allegation appropriately. The offenders understood the available reporting avenues and are aware of the hotline, anonymous reporting and third-party reporting. Each offender understands they can make an allegation through the formal grievance mechanism.

The Auditor conducted formal interviews with two contractors. The Auditor asked if the contractors are required to report any knowledge, suspicion or information regarding an act of sexual abuse or sexual harassment. Each contractor informed the Auditor they are required to immediately report such. When asked if they are required to document the information, contractors informed the Auditor they would be required to write a report.

The Auditor reviewed investigative reports from the previous 12 months. The reports reveal staff are documenting allegations on an Incident Report and Statement by Witness forms. The Auditor reviewed investigative reports of allegations made verbally and in writing. All verbal allegations received by staff were documented on a written report. The investigative reports includes the written reports.

At the time of the Auditor there were no offenders detained solely for civil immigration purposes.

Conclusion:

The North Carolina Department of Public Safety provides multiple ways for offenders to report allegations of sexual abuse and sexual harassment, including a private organization that is not part of the agency who immediately forwards reports of sexual abuse and sexual harassment to the PREA Director. The facility requires staff to accept, report and document all allegations of sexual abuse and sexual harassment. The Auditor reviewed the agency's policies, procedures, Sexual Abuse Awareness Brochure, Website, postings, Orientation Booklet, Visitation Poster, investigative reports, training records, made observations, interviewed staff and offenders and determined the facility meets the requirements of this standard.

The Auditor recommends the agency consider including all reporting avenues in the Offender Handbook and other readily available materials provided to offenders. The Auditor did not observe offenders are informed they may report allegations of retaliation for reporting sexual abuse or sexual harassment or any staff neglect or violation of responsibilities that may have contributed to an act of sexual abuse. The Auditor recommends the agency consider including this language in the materials provided to offenders. All materials provided to offenders inform they may report incidents of sexual abuse and sexual harassment. The Auditor also recommends the agency consider including language in the Offender Handbook that informs

offender how to make an allegation of sexual abuse or an imminent risk of sexual abuse through the grievance mechanism. The current Offender Handbook does not include such.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The North Carolina Department of Public Safety is not exempt from this standard as it maintains procedures to address offender grievances alleging sexual abuse. Agency policy does not impose a time limit on any portion of a grievance alleging sexual abuse and does not impose a time limit when an offender may file a grievance alleging sexual abuse. The agency does apply time limits to any portion of a grievance that does not allege an incident of sexual abuse. The policy requires the Grievance Officer move forward with the specific steps outlined in the policy to address grievances alleging sexual abuse. When submitting a grievance alleging sexual abuse an offender is not required to exhaust informal means or participate in any process which requires interaction with the alleged perpetrator. Policy states, "No employee who appears to be involved in an inmate sexual abuse or harassment allegation shall participate in any capacity in the response." NCDPS policy stipulates, "Nothing in this Section shall waive or in any way restrict the right or ability of the Division of Adult Correction or Department of Public Safety to assert a statute of limitations defense in a lawsuit brought by an inmate."</p> <p>If at any level of the administrative remedy process, including the final level, the offender 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 offender may appeal. Agency emergency grievances alleging a substantial risk of imminent sexual abuse are immediately forwarded to a level of review at which immediate corrective action can be taken. An initial response is required within 48 hours of receipt and a final decision within 5 calendar days. The initial and final decisions document the facility's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.</p> <p>The agency's policy allows prisons to grant an extension up to 70 days to respond to the grievance if the normal time limit to respond to the grievance is insufficient to render an appropriate decision. If the facility grants an extension, it shall notify the offender in writing of the extension and provide a date by which a final decision will be made.</p> <p>The agency allows third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates to assist offenders in filing grievances relating to allegations of sexual abuse and allows the third party to file such requests on behalf of offenders. The facility requires, as a condition of processing the request, the alleged victim agree to have the request filed on his or her behalf, and will also require the alleged victim to personally pursue any subsequent steps in the process. If the offender declines to have the request processed on his or her behalf, the facility is required to document the decision.</p> <p>Policy allows staff to discipline an offender for filing a grievance related to an allegation of sexual abuse only when the facility can demonstrate the offender filed the grievance in bad faith.</p>

Evidence Relied Upon:

Agency Policy - .0300 Administrative Remedy Process, pg. 1-11

Offender Handbook

Investigative Records

Ways to Report Poster

Interviews with Staff

Interviews with Offenders

Analysis/Reasoning:

The Auditor reviewed the agency's Offender Handbook. The handbook includes a section regarding the submission of grievances. The Auditor read this section of the handbook and found the agency has not included information regarding the submission of grievances alleging sexual abuse or alleging an imminent risk of sexual abuse. The facility's Ways to Report poster informs offenders the grievance process is a reporting option. The brochure provided to each offender informs offenders they may report allegations of sexual abuse through the grievance mechanism.

The Auditor conducted formal interviews with offenders. Offenders were asked to explain the different ways of reporting allegations of sexual abuse and an imminent risk of sexual abuse. The majority of offenders asked were aware the facility accepts allegations of sexual abuse through the grievance mechanism. None of the offenders interviewed by the Auditor had filed a grievance alleging sexual abuse or alleging an imminent risk of sexual abuse. Offenders informed the Auditor they could use the grievance to report sexual abuse anonymously.

The Auditor conducted interviews with facility staff. Staff were asked if offenders could submit a grievance alleging sexual abuse and/or alleging an imminent risk of sexual abuse. Each staff member was aware offenders could file such grievances. Supervisors interviewed by the Auditor explained their responsibilities in responding to grievances alleging an imminent risk of sexual abuse. Supervisors informed the Auditor they take immediate action to ensure the safety of the offender. The Auditor was informed the offender is provided a response within 48 hours. The Auditor asked what is included in the written response. The Auditor was informed they include whether the offender is at substantial risk of imminent sexual abuse and the supervisors actions taken in response to the emergency grievance.

The Lumberton Correctional Institution reported no offender submitted a grievance alleging an imminent risk of sexual abuse within the previous 12 months. The facility reported receiving 14 grievances alleging sexual abuse in the previous 12 months. The Auditor reviewed investigative records of allegations that were submitted through the grievance mechanism. Each grievance had been responded to in accordance with this standard. None of the grievances required an extension to the response time. None of the grievances alleged an imminent risk of sexual abuse.

Conclusion:

The Auditor determined the NCDPS has appropriate policies and procedures in place for

addressing offender allegations of sexual abuse and an imminent risk of sexual abuse. Facility staff understand the agency's procedures and the offender population is aware they can submit grievances alleging sexual abuse and/or risk of imminent sexual abuse. The Auditor reviewed the agency's policies, procedures, Offender Handbook, and conducted interviews with staff and offenders to determine the facility meets the requirements of this standard.

The Auditor recommends the agency consider updating its Offender Handbook to inform offenders of the agency's response to grievances alleging sexual abuse and an imminent risk of sexual abuse.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The North Carolina Department of Public Safety provides offenders access to confidential emotional support services related to sexual abuse through a contract with a community provider. Policy requires facilities enable reasonable communications between offenders and the organization, in as confidential manner as possible. Facilities are required to inform 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. Offender victims are provided information explaining how to access outside victim advocates for free emotional support services related to sexual abuse by the facility PREA Support Person (PSP).</p> <p>The facility's policy stipulates, "Lumberton Correctional Institution will provide inmates 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential manner as possible."</p> <p>Evidence Relied Upon:</p> <p>Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 21</p> <p>Facility SOP - .4300 Sexual Violence Elimination, pg. 5-6</p> <p>LCI Orientation Booklet</p> <p>MOU with the Robeson County Rape Crisis Center</p> <p>Offender PREA Education Acknowledgement Forms</p> <p>Offender Handbook</p> <p>Interviews with Staff</p> <p>Interviews with Offenders</p> <p>Analysis/Reasoning:</p> <p>The Auditor reviewed the agency's Memorandum of Understanding with the Robeson County Rape Crisis Center (RCRCC). The MOU stipulates the RCRCC agrees to the following:</p> <ul style="list-style-type: none"> • Provide victim support via telephone and/or mail to provide counseling to survivors of sexual abuse and harassment who are with the NC Department of Public Safety; • Work with designated Facility and Center Officials to obtain information on institution

guidelines for safety and security;

- Maintain confidentiality as outlined in the informed consent form; however, when there are concerns for eminent danger, threat of harm to self and/or others, and reports of abuse, agrees to report this information to the PREA Office or the institution for further action;
- Provide training for Institution staff on topics specific to victim support and others as agreed upon by the facility and rape crisis center; and
- Communicate any questions or concerns to NC Coalition against Sexual Assault, PREA Office, and/or the Facility as appropriate.

Each offender is provided a Orientation Booklet upon arrival. The Auditor observed the Orientation Handbook does not include information how to contact the Robeson County Rape Crisis Center for services. The Auditor did observe the contact information for the Robeson County Rape Crisis Center posted in each housing unit.

Each offender signs a PREA Education Acknowledgement form after being provided the written information and comprehensive education upon arrival. The Auditor reviewed the files of 30 offenders. Each offender had signed the acknowledgement form. Offenders are informed during their arrival how to access outside emotional support services.

The Auditor conducted formal interviews with offenders. Each was asked if they were aware of confidential support services. Some offenders were aware of the services while others were not aware. Most offenders stated they did not pay attention as they have no need for such services. Offenders were asked if they were provided written information upon their arrival to the facility. Each stated they had been provided an Offender Orientation Handout. The Auditor was informed each offender was provided a comprehensive education upon their arrival. The Auditor asked all offenders if they had noticed posted materials in their housing units. Each had seen the materials. Most offenders stated they have seen the information about the rape crisis center posted in the housing units.

The Auditor contacted an advocate from the Robeson County Rape Crisis Center. The advocate was asked to discuss the services provided to victims of sexual abuse at the Lumberton Correctional Institution. The advocate discussed the items agreed to in accordance with the MOU with the LCI. The advocate was asked if any offender has contacted her agency within the previous 12 months to request services. The advocate was unaware of an offender who attempted such. The Auditor asked if the organization would come to the facility to provide services to victims. She stated if the organization determined a need to provide services in person they would do so. The Advocate was asked if referrals were made by the LCRCC. The Auditor was informed offender victims are referred for services if a need is determined. The Auditor was informed offender victims are provided services as any other member of the general public, to the extent allowed.

The Auditor conducted an interview with a PREA Support Person. The PSP was asked if offender victims have access to confidential support services. The PSP stated victims are informed of the LCRCC services following an incident of sexual abuse and during booking. The facility's medical and mental health practitioners also discuss services with the offender victim. The PSP stated he is contacted immediately following an incident of sexual abuse as the PSP is required to provide support during the forensic examination when requested by the victim. The role of the PSP is to ensure victims receive services and follow-up services as required by this standard. The PSP is required to document services offered to victims.

There were no offenders housed at the time of the audit who had suffered sexual abuse and were provided services by the Robeson County Rape Crisis Center. The Auditor reviewed investigative records in which the PSP met with offenders to offer supportive services. The PSP documents the offering of services when assigned to offenders who are alleged to have been victimized in the facility.

There were no offenders detained solely for civil immigration purposes housed at the facility.

Conclusion:

The facility maintains documentation it provides emotional support services for sexual abuse victims through a written agreement. Contact information for the organization is posted in each living unit. The Auditor reviewed the NCDPS policies, procedures, Memorandum of Understanding, Orientation Booklet, training acknowledgements and interviewed staff, offenders and victim advocate to determine the facility meets the requirements of this standard.

The Auditor recommends the facility consider adding language in its Orientation Handbook regarding offender access and contact information for outside victim advocates for emotional support services related to sexual abuse.

115.54	Third-party reporting
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 536 360">Auditor Discussion:</p> <p data-bbox="252 405 1465 517">The North Carolina Department of Public Safety has established a policy to accept third-party reports of sexual abuse and sexual harassment through email, phone or letter. The agency has publicly distributed the reporting avenues on its website.</p> <p data-bbox="252 562 574 595">Evidence Relied Upon:</p> <p data-bbox="252 640 1264 674">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 17</p> <p data-bbox="252 707 464 741">Agency Website</p> <p data-bbox="252 786 611 819">Third Party Reporting Form</p> <p data-bbox="252 864 539 898">Orientation Handbook</p> <p data-bbox="252 931 451 965">Facility Posters</p> <p data-bbox="252 1010 512 1043">Interviews with Staff</p> <p data-bbox="252 1088 584 1122">Interviews with Offenders</p> <p data-bbox="252 1155 427 1189">Observations</p> <p data-bbox="252 1234 544 1267">Analysis/Reasoning:</p> <p data-bbox="252 1312 1453 1424">Each offender is provided the LCI Orientation Handbook upon arrival. The Auditor reviewed the facility's Orientation Handbook. The handbook informs offenders they may tell a family member or friend to report an allegation on their behalf.</p> <p data-bbox="252 1469 1477 1581">The Auditor reviewed the agency's website. The website includes a link to the agency's Prison Rape Elimination Act information. The website directs the public they can file an allegation to the:</p> <ul data-bbox="300 1648 1246 1939" style="list-style-type: none"> ● Prison facility or judicial district office; ● Officer-in-charge or probation officer; ● Facility or division administrator; ● Correction employee; ● Division director's office; ● Dept. of Public Safety Communications Office (number provided); and ● PREA Administration office (number and email provided). <p data-bbox="252 1984 1453 2096">The website also includes a link to directly report an allegation of "undue familiarity or sexual misconduct." The Auditor submitted a test through the reporting process and received a response within an hour of submission. The reporting method is hyperlinked.</p> <p data-bbox="252 2141 1477 2163">The Auditor participated in a detailed tour of the Lumberton Correctional Institution. During the</p>

tour the Auditor observed PREA materials posted in all housing units and service areas, written in English and Spanish. The LCI materials provided to and for offenders inform they may have a third party make an allegation of sexual abuse and sexual harassment on their behalf. The visitation area in the facility has a poster that states, "As a family member or friend, you can report allegations of sexual abuse or harassment to NCDPS." Reports can be made by:

- Email: PREA@ncdps.gov;
- By phone to the Fraud, Waste, Abuse or Misconduct Hotline at (number provided); and
- Anonymously by phone, mail, or email.

The Auditor conducted formal interviews with staff. Staff were asked about accepting reports of sexual abuse and sexual harassment. Each staff member stated they were required to accept all reports of sexual abuse and sexual harassment, including third party reports. Staff stated they are required to immediately report the allegation to their supervisor and document the information on an Incident Report.

The Auditor conducted formal interviews with offenders. Each offender was asked what avenues were available for making an allegation of sexual abuse or sexual harassment. The offenders stated they could tell a staff member, file a grievance, call the hotline, or have another person make the allegation on their behalf. Each offender understood how to have a third party file an allegation on their behalf.

The Auditor conducted a formal interview with two facility investigators. Each investigator was asked in what ways they have received reports of sexual abuse and sexual harassment. The investigators explained they have received verbal, anonymous, written and third party reports at the facility. Each investigator stated third party and anonymously reported allegations are investigated in the same manner as all other investigations that are received.

Conclusion:

The Auditor determined the facility accepts all reports, including third-party reports, of sexual abuse and sexual harassment. The public is informed through the agency's website how to make a third-party report on behalf of an offender. The Auditor reviewed agency policy, procedures, website, posted PREA materials, Orientation Booklet, Third Party Reporting Form, interviewed staff and offenders, made observations and determined the facility meets the requirements of this standard.

115.61	Staff and agency reporting duties
	<p data-bbox="248 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 282">Auditor Discussion</p> <p data-bbox="248 327 536 360">Auditor Discussion:</p> <p data-bbox="248 405 1481 819">The North Carolina Department of Public Safety has established a policy that requires all staff to immediately report 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; 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. Agency staff are prohibited from reporting information related to a sexual abuse to anyone other than the extent necessary to make treatment, investigation, and other security and management decisions, apart from reporting to supervisors. Staff are informed through the agency's policy they are subject to disciplinary action for failing to report alleged incidents of sexual abuse and sexual harassment.</p> <p data-bbox="248 864 1481 1279">At the initiation of services, medical and mental health practitioners are required to advise the offender of the practitioner's duty to report and the limitations of confidentiality, unless otherwise precluded by Federal, State, or local law. Medical and mental health practitioners are required by policy to report 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; 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 of retaliation. Medical and mental health practitioners are mandatory reporters for offenders under the age of 18 and/or considered a vulnerable adult under a state or local vulnerable statute. Policy requires they report to the NC Department of Social Services.</p> <p data-bbox="248 1323 1481 1525">The agency's policy requires all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports be immediately reported to the facility designated investigator. The facility's policy requires "Any employee that receives a report of sexual violence or possible sexual violence, whether verbally or in writing, shall immediately notify the shift supervisor and complete a written statement for an incident report."</p> <p data-bbox="248 1570 576 1603">Evidence Relied Upon:</p> <p data-bbox="248 1648 1310 1682">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, p.g 17-18</p> <p data-bbox="248 1715 954 1749">Facility SOP - .4300 Sexual Violence Elimination, pg. 5</p> <p data-bbox="248 1783 512 1816">Training Curriculum</p> <p data-bbox="248 1861 536 1895">Investigative Records</p> <p data-bbox="248 1928 512 1962">Interviews with Staff</p> <p data-bbox="248 2007 608 2040">Interviews with Contractors</p> <p data-bbox="248 2085 544 2119">Analysis/Reasoning:</p>

The Auditor conducted formal interviews with randomly selected and specifically targeted staff at the Lumberton Correctional Institution. Each staff member was asked if they were required to report any and all knowledge, suspicion or information related to sexual abuse or sexual harassment. The Auditor was informed staff are required to report the information immediately to a supervisor. The Auditor asked each staff member if they were required to report knowledge, suspicion or information related to retaliation, staff neglect or a violation of duties which may have contributed to sexual abuse or sexual harassment. All staff informed the Auditor they were required to report such. Staff informed the Auditor they were required to document such allegations on a written report. Staff informed the Auditor they submit incident reports promptly after an allegation.

During interviews with staff the Auditor questioned staff to gain an understanding of staff's ability to maintain confidentiality with any reported information obtained related to sexual abuse or sexual harassment. The Auditor asked staff to explain who they report or discuss details of a sexual abuse or sexual harassment allegation with. Staff informed the Auditor they only discuss details with supervisors, medical/mental health practitioners and investigators. Staff understands the agency's policy requiring them to discuss information with those who can inform treatment, medical and housing decisions.

The Auditor conducted formal interviews with medical and mental health practitioners. The practitioners were asked if medical and mental health personnel are required to report information, knowledge, or suspicions of sexual abuse, sexual harassment, retaliation, staff neglect or violations of responsibilities which may have contributed to an incident of sexual abuse. The Auditor was informed they are required to report such immediately. The Auditor asked how they would report the information. The practitioners informed the Auditor they immediately report the information to their supervisor and the Officer-in-Charge. Practitioners stated they would be required to submit a written report following the notification. Medical and mental health practitioners stated they are required to inform offenders of their duty to report and the limitations on confidentiality at the initiation of services. Offenders are provided a consent form at the initiation of services.

The Auditor asked who medical and mental health practitioners report information related to a sexual victimization that occurred in a community setting to. Medical and mental health practitioners do not report community victimization without obtaining written informed consent from the offender. The Auditor asked if there has been a situation where medical or mental health had to report sexual victimization that occurred in a community setting. The Auditor was informed there has not been a need to report such information. Medical and mental health practitioners informed the Auditor they are mandatory reporters for youthful offenders and of victimization that occurred in a confinement setting. The facility does not house youthful offenders.

The Auditor conducted formal interviews with two facility investigators. The Auditor asked each investigator if they have conducted investigations of allegations that were reported by third parties. Investigators stated they have conducted such investigations. The Auditor asked if investigators have conducted investigations that were made anonymously. Facility investigators have conducted investigations into allegations that were report anonymously. Investigators informed they conduct an investigation into all allegations to the fullest extent. Each investigator was asked if they attempt to discover if staff actions or lack thereof, contributed to an incident of sexual abuse. The Auditor was informed the investigators do

attempt such. If investigators discover staff actions contributed to an incident they defer to management so disciplinary measures can take place (if determined) and local law enforcement notified if warranted. The Auditor reviewed facility investigative reports that were completed during the previous 12 months. Each investigative report included written reports in which staff reported an allegation immediately after learning of the alleged allegation.

The Auditor conducted formal interviews with randomly selected and specifically targeted offenders. Each offender was asked if they were confident in staff's ability to maintain confidentiality of an allegation of sexual abuse after learning of a reported incident. Most offenders stated they do feel staff would maintain confidentiality with the information obtained through an allegation of sexual abuse or sexual harassment. There were no youthful offenders housed at the facility for the Auditor to interview at the time of the audit.

The Auditor reviewed agency training curriculum. Training curriculum for staff, volunteers and contractors includes reporting of sexual abuse and sexual harassment allegations. Each is required to receive training on an annual basis and sign receipt for such on an annual basis. The Auditor verified through training records each staff member, contractor and volunteer had received training and read the policies how to report sexual abuse and sexual harassment information.

The Auditor did not conduct an interview with a facility volunteer as volunteer services have been suspended since the onset of COVID-19.

Conclusion:

The Auditor concluded staff, volunteers and contractors are aware of the NCDPS requirement to report any knowledge, suspicion or information related to sexual abuse and sexual harassment. Staff understands the requirement to maintain confidentiality with the information obtained by an allegation. Interviews with a medical and mental health practitioners revealed practitioners understand the requirement for reporting sexual abuse that occurred in a community setting and for youthful offenders. The Auditor reviewed agency policies, procedures, training curriculum, investigative reports and conducted interviews with staff, contractors, and offenders to determine the facility meets the requirements of this standard.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>Agency policy requires staff take immediate actions to protect an offender after learning an offender is at substantial risk of imminent sexual abuse.</p> <p>Facility policy requires the shift supervisor assure the alleged victim and aggressor are physically separated. Supervisors are required to take action when a victim returns from the hospital (if sent). Those actions include placing the offender in restrictive housing if it is determined the victim's safety and security would be compromised. The facility's supervisor is required to place the alleged aggressor in restrictive housing pending the outcome of the investigation so the alleged victim and alleged aggressor remain separated. In instances where a staff member is the alleged abuser, facility policy requires the staff member remain separated from the alleged victim until the conclusion of the investigation.</p> <p>Evidence Relied Upon:</p> <p>Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 18</p> <p>Facility SOP - .4300 Sexual Victimization Elimination, pg. 5-8</p> <p>Interviews with Staff</p> <p>Interviews with Offenders</p> <p>Observations</p> <p>Analysis/Reasoning:</p> <p>The facility reported there were no instances in the previous 12 months where facility personnel learned an offender was identified at a substantial risk of imminent sexual abuse. There was no offender who alleged an imminent risk of sexual abuse in the previous 12 months.</p> <p>The Auditor conducted formal interviews with facility supervisors. Supervisors were asked to explain what steps are taken to protect an offender after learning the offender is at a substantial risk of imminent sexual abuse. The Auditor was informed the potential victim and potential aggressor would be separated from one another. The facility investigator would immediately be notified so an investigation could begin to determine the level of risk to the offender. The alleged aggressor would be placed in restrictive housing pending the investigative results. The alleged victim would be offered restrictive housing for his protection. If there was no specific alleged aggressor the supervisor would offer the offender restrictive housing. The Auditor conducted formal interviews with randomly selected staff. Each was asked what steps they would take after learning an offender was at imminent risk of substantial sexual abuse. Each informed the Auditor they would immediately notify their supervisor and stay with the at risk offender.</p>

The Auditor conducted formal interviews with randomly selected and specifically targeted offenders. The Auditor asked each if he/she felt safe in the facility. Each offender (excluding one) interviewed stated they felt safe in the facility. The Auditor asked each if they felt confident in staff's ability to maintain their safety. Most offenders interviewed were confident in staff's ability to maintain their safety in the facility.

The Auditor conducted an interview with the facility's Associate Warden of Operations (AWO). The AWO was asked how the facility ensures the safety of an offender who alleges an imminent risk of sexual abuse. The AWO stated the offender would be removed from contact with the potential abuser and an investigation would take place. Either the at risk offender would be reassigned to another housing unit or the alleged aggressor would be placed in restrictive housing to ensure separation. The facility would review programs, work and education assignments to ensure the offenders did not have contact with one another. If the facility determines the offender cannot be housed safely at the facility either the potential aggressor or potential victim would be recommended for transfer to another facility. If the offender is at risk by a staff member, the facility would reassign the staff member to remove the staff member from contact with the offender pending the results of an investigation.

The Auditor participated in a detailed tour of the Lumberton Correctional Institution. The Auditor observed multiple housing units that provide an opportunity to ensure offenders who are identified at a substantial risk of imminent sexual abuse could be housed safely from a potential aggressor without requiring the offender be placed in involuntary segregation. The facility has the ability to transfer offenders to another facility if the offender could not be housed safely.

The auditor conducted formal interviews with offenders who made an allegation of sexual abuse in the previous 12 months. Each was asked if he was placed in involuntary segregation as a result of the allegation. None were placed involuntarily in restrictive housing for his protection from sexual abuse. Each was asked if he had further contact with their alleged abuser. Each informed the Auditor they do not have contact with their alleged abuser.

Conclusion:

The Auditor concluded the LCI takes immediate and appropriate actions to ensure the protection of offenders who are identified at a substantial risk of imminent sexual abuse. The Auditor reviewed agency policy, procedures, conducted interviews with staff and offenders, made observations and determined the LCI meets the requirements of this standard.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The North Carolina Department of Public Safety requires the head of the facility who receives an allegation that an offender was sexually abused while confined at another facility notify the head of the facility or appropriate office of the facility where the alleged abuse occurred. The NCDPS requires the notification occur as soon as possible, but no later than 72 hours after receiving the allegation. The agency requires the facility head document the notification by completing a memorandum to file and uploading it into the correspondence tracking system. Agency policy requires upon receiving an allegation of sexual abuse from another facility the agency head who receives the notification will ensure the allegation is investigated.</p> <p>Evidence Relied Upon:</p> <p>Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 18</p> <p>Interviews with Staff</p> <p>Analysis/Reasoning:</p> <p>The Lumberton Correctional Institution reported there were no allegations received that an offender had allegedly been sexually abuse while confined at another facility. The facility has received no notifications from another facility that a former LCI offender alleged sexual abuse while incarcerated at the Lumberton Correctional Institution.</p> <p>The Auditor conducted formal interviews with LCI staff. Each staff member was asked what actions they take if an offender alleges to have been sexual abused while confined at another facility. Each staff member stated they would immediately report the allegation to their supervisor and submit an Incident Report including the details of the allegation as reported to them. The Auditor asked facility supervisors what their actions would be after receiving such information. The Auditor was informed the agency investigator and Warden would immediately be notified. Investigators stated they would conduct an investigation into the allegation.</p> <p>The Auditor conducted a formal interview with the Associate Warden of Custody. The AWC explained the Warden notifies other facilities after receiving an allegation that an offender alleges suffering sexual abuse at another facility. The Warden calls the other facility and follows the call with an email including the incident number. Facility investigators informed the Auditor all allegations are input into the OPUS once received. The OPUS automatically generates an Incident Number. The PREA Office can access data in the OPUS to include details of the incident and Incident Number. When asked when the notification would occur the AWC stated it is reported as soon as the facility receives the allegation. The AWO is aware the Warden has to make the notification within 72 hours upon receipt of the allegation. The Auditor asked the AWC to explain what takes place when the facility receives notification from another facility that a former LCI offender has alleged suffering sexual abuse at the LCI. The AWC stated the Warden would assign an investigator to investigate the allegation.</p>

The AWC and PREA Compliance Manager explained there has not been an instance where the Warden has had to notify another facility and have not received a notice from another facility during this audit cycle. The Auditor discussed notification requirements of this standard with the AWO. The AWO is clear of the requirements.

Conclusion:

The Auditor reviewed the agency's policies, procedures, and conducted interviews with agency staff and determined the facility has appropriate procedures in place to comply with this standard. Although the facility has not been required to make a notification in the previous 12 months, facility leadership is clear on the notification requirements. The Auditor determined the facility meets the requirements of this standard.

115.64	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Auditor Discussion:</p> <p>The agency has a policy that requires the first security staff member who learns of an alleged sexual abuse incident will perform the following steps:</p> <ul style="list-style-type: none"> • Take 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; • If the abuse occurred within a time period that still allows for the collection of physical evidence, request 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; and • If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. <p>NCDPS policy requires if the first responder who is not a security staff member, the responder will be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Facility policy requires the alleged victim be advised not to shower or otherwise clean themselves, or if the act was oral, to not drink, eat, brush their teeth or otherwise take any action that could damage or destroy evidence. Facility policy requires staff to separate the alleged victim and alleged abuser. Staff are required to secure the crime scene and potential evidence shall remain in place for law enforcement examination and investigation.</p> <p>Evidence Relied Upon:</p> <p>Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 19-20</p> <p>Facility SOP - .4300 Sexual Violence Elimination, pg. 5</p> <p>LCI Coordinated Response Plan</p> <p>Training Records</p> <p>Interviews with Security First Responders</p> <p>Interviews with Non-Security First Responders</p> <p>Analysis/Reasoning:</p> <p>The Auditor conducted interviews with security and non-security staff first responders. All security first responders were asked to explain the actions they take when responding to a sexual abuse incident. First responders stated they would maintain separation of the victim</p>

and abuser and immediately notify the Officer in Charge. Security staff stated they would request the victim and ensure the abuser not shower, eat, use the restroom, brush their teeth, drink or take any actions that could destroy physical evidence. The Auditor asked each what action they take regarding the crime scene. Staff stated they ensure the crime scene is secured or a staff member was posted to keep anyone from entering the area. The Auditor asked each who would be allowed to enter the crime scene to process the evidence. Staff understood Investigators would process evidence from the crime scene.

Each staff member interviewed by the Auditor was asked how they preserve evidence of a crime scene. Staff informed the Auditor they would remain in the area until staff responders tape off the area. A staff member would remain at the crime scene until the evidence was collected from the crime scene. Staff stated the population would be locked down following an incident until the evidence could be processed. The Auditor asked how they document their actions. Each staff member stated they are required to submit a written report and required to complete the Incident Scene Tracking Log.

The Auditor reviewed the LCI Coordinated Response Plan. The Coordinated Response Plan includes first responders duties following an incident of sexual abuse. The Auditor observed the following required actions of security officers:

- Take immediate action to protect the offender;
- Ensure the alleged victim is safe by separation from the alleged abuser;
- Do not leave the victim alone until properly relieved;
- Ensure alleged victim and abuser receive medical treatment if applicable;
- Secure the crime scene until steps can be taken to collect any evidence;
- Request the alleged victim not to take any actions that might destroy physical evidence (brushing teeth, urinating or defecating, smoking, showering, changing clothes, eating and drinking);
- Ensure alleged abuser not to take any actions that might destroy physical evidence (brushing teeth, urinating or defecating, smoking, showering, changing clothes, eating and drinking); and
- Notify the OIC/Senior Person in Charge or immediate supervisor as soon as possible.

The LCI Coordinated Response plan directs non-security staff first responders request the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

The Auditor reviewed the agency's training records. Training curriculum includes first responder duties of both security and non-security personnel. The Auditor observed all staff, contractors and volunteers have been trained to appropriately respond to incidents of sexual abuse.

The Auditor conducted formal interviews with non-security first responders. Non-security first responders informed the Auditor they have received training by the agency to respond to incidents of sexual abuse. The Auditor asked each what actions they would take if they discovered an offender had been sexually abused. Each informed the Auditor they would remain with the offender and immediately notify a security staff member. Each was asked if they would be required to write a report regarding their knowledge and actions in response to the information. Each stated they are required to document such. The Auditor asked how they

ensure any evidence would be protected. Each non-security first responder stated they would ask the offender not to take any actions that would destroy physical evidence. The Auditor asked each what actions would destroy evidence. The Auditor was informed brushing teeth, using the bathroom, bathing, smoking, eating and drinking could potentially destroy physical evidence.

The Auditor conducted formal interviews with medical practitioners. The practitioners understood how to treat an offender while preserving physical evidence. The Auditor was informed medical staff immediately treat any life threatening injuries. If the victim has no life threatening injuries medical personnel collect the offender's vital signs and speak to the victim until transported to the hospital for a forensic examination. The Auditor was informed any clothing or other evidence removed from the victim while treating a life threatening injury would be provided to the law enforcement Investigator. The medical practitioners stated medical personnel attempt to preserve any evidence while treating the victim.

The LCI reported receiving 6 allegations of sexual abuse within the previous 12 months. One incident was reported within a time that could potentially yield forensic evidence. The facility transported the offender to the hospital for a forensic examination. Facility personnel were unaware the offender took actions that destroyed physical evidence before reporting the allegation. The allegation is currently being investigated by law enforcement personnel. After learning of the allegation facility staff immediately separated the offender and sent him to the medical section. Correctional staff secured the alleged crime scene so any potential evidence could be processed. Evidence was collected by the investigator and the offender was sent for the forensic examination.

Interviews with staff reveal they are aware of the requirements as a first responder following an incident of sexual abuse.

Conclusion:

The Auditor determined the facility has trained its staff in their responsibilities as a first responder to an incident of sexual abuse. Staff interviewed by the Auditor appeared proficient in their duties. The Auditor reviewed agency policies, procedures, Coordinated Response Plan, training records, interviewed staff and determined the facility meets the requirements of this standard.

115.65	Coordinated response
	<p data-bbox="248 168 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 536 365">Auditor Discussion:</p> <p data-bbox="248 405 1469 647">The North Carolina Department of Public Safety policy requires each facility 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. The agency has created a Coordinated Response Overview that directs the flow of response following an allegation of sexual abuse and/or sexual harassment.</p> <p data-bbox="248 692 576 728">Evidence Relied Upon:</p> <p data-bbox="248 768 1267 804">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 25</p> <p data-bbox="248 844 1070 880">Lumberton Correctional Institution Coordinated Response Plan</p> <p data-bbox="248 920 683 956">Coordinated Response Overview</p> <p data-bbox="248 996 477 1032">Training Records</p> <p data-bbox="248 1072 512 1108">Interviews with Staff</p> <p data-bbox="248 1149 580 1184">Interviews with Offenders</p> <p data-bbox="248 1225 544 1261">Analysis/Reasoning:</p> <p data-bbox="248 1301 1458 1364">The Lumberton Correctional Institution has developed a written Coordinated Response Plan. The LCI Coordinated Response Plan includes actions required of the following personnel:</p> <ul data-bbox="300 1426 738 1713" style="list-style-type: none"> ● First Responders ● Medical Practitioners ● Investigators ● PREA Compliance Manager ● PREA Support Person ● Mental Health Practitioners ● Sexual Abuse Response Team <p data-bbox="248 1753 1477 1955">The agency has created a Coordinated Response Overview that dictates the actions of agency staff following an allegation of sexual abuse. The Coordinated Response Overview is formatted as a Swim Lane Diagram. The overview begins with the allegation. If the allegation is sexual abuse or sexual harassment, the staff follow the arrow to the next step. Each step in the flow directs staff to their next required action. Each "bubble" has a "yes" and "no" arrow. Staff follow the arrow of the "yes" or "no" response. The Coordinated Response Overview is in handout form and serves as a quick reference guide to personnel. The overview states:</p> <ul data-bbox="300 2112 1378 2148" style="list-style-type: none"> ● "The purpose of the NCDPS Sexual Abuse and Sexual Harassment Coordinated

Response Process is to provide a review based on essential roles in responding to an allegation. This process aids facilities, centers, and community confinement locations or others to capture required actions to be completed during the response, investigation, and conclusion of a PREA (SAH) allegation. It provides the tasks required of the First Responder and concludes with required tasks by Investigators, PREA Compliance Manager (PCM), PREA Support Persons (PSP), and Administrators/ Directors throughout the process."

The agency's Coordinated Response Overview includes the staff's duty to report and avenues of reporting allegation. The following ways to report are included on the overview:

- Facility, Center, or Judicial District Office
- Facility or Division Administrator, Center Director
- Supervisor, Officer-in-Charge or Senior Person-in-Charge
- Your agency contact
- PREA Office at (email address provided)
- Fraud, Waste, Abuse and Misconduct Reporting Hotline toll free (number provided)

The Auditor conducted formal interviews with staff listed in the agency's Coordinated Response Plan. Each were asked questions related to their specific duties in response to a sexual abuse incident. Each person interviewed was knowledgeable regarding their specific duties as required in the LCI Coordinated Response Plan. The Auditor determined the facility has prepared its staff to take appropriate actions in response to an incident of sexual abuse. The agency's training includes elements of its Coordinated Response Plan. The Auditor verified all agency personnel, volunteers and contractors had received the training.

The Auditor conducted formal interviews with offenders. Offenders were asked if they feel safe in the facility. Each (excluding one) stated they do feel safe in the facility. Offenders were asked if they are confident in staff's abilities to respond to incidents of sexual abuse. Most offenders interviewed stated they are confident in staff's abilities to respond to incidents and ensure their protection. Offenders informed the Auditor most staff are professional and helpful to the population. The Auditor asked each offender if they had ever heard of or seen an incident of sexual abuse occurring at the facility. Excluding those who filed an allegation, offenders stated they have not seen or heard of an incident of sexual abuse occurring at the facility.

The facility received one allegation that required an offender be sent for a forensic examination. The Auditor attempted to interview the alleged victim. The alleged victim was no longer housed at the facility at the time of the audit. Through interviews the Auditor determined staff understands they are required to immediately ensure the safety of each offender who alleges sexual abuse.

Conclusion:

The Auditor determined the facility maintains an appropriate response plan that coordinates the actions of personnel following an incident of sexual abuse and trained its personnel to follow the plan. Based on a review of the agency's policies, procedures, Coordinated Response Plan, Coordinated Response Overview, training records, and interviews with staff and offenders, the Auditor determined the LCI meets the requirements of this standard.

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The North Carolina Department of Public Safety has not entered into an agreement with any agency for collective bargaining at the Lumberton Correctional Institution.</p> <p>Evidence Relied Upon:</p> <p>Interviews with Staff</p> <p>Analysis/Reasoning:</p> <p>The North Carolina Department of Public Safety has not entered into any agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>The facility received one allegation of sexual abuse against a staff member during the previous 12 months at the LCI. Since the allegation was made, the staff member has been removed from contact with offenders pending the outcome of the investigation. At the time of the audit the investigation by the Lumberton Police Department has not been concluded.</p> <p>Interviews with staff reveal they do not participate with or are members of any organization or agency responsible for collective bargaining on their behalf.</p> <p>Conclusion:</p> <p>The Auditor concluded the NCDPS has not entered into any collective bargaining that would restrict its ability to remove staff sexual abusers from contact with offenders. The Auditor interviewed staff and determined the facility meets the requirements of this standard.</p>

115.67	Agency protection against retaliation
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 536 365">Auditor Discussion:</p> <p data-bbox="248 405 1484 562">The North Carolina Department of Public Safety has policies to protect staff and offenders who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff. The policy requires facilities take the following but not limited to protection measures:</p> <ul data-bbox="300 629 1145 790" style="list-style-type: none"> ● Housing changes ● Transfers ● Removal of alleged staff or offenders from contact with victims ● Emotional support services <p data-bbox="248 831 1453 1122">Agency policy requires the PREA Support Person monitor the conduct and treatment of the victim and the offender who either reported an allegation or cooperated with an investigation into sexual abuse or sexual harassment. The PREA Compliance Manager is responsible for monitoring for retaliation against a staff member that either reported or cooperated with a sexual abuse or sexual harassment investigation. The PSP is responsible to monitor the conduct and treatment of offenders for retaliation for at least 90 days following the report to determine if there are changes that may suggest possible retaliation by offenders or staff.</p> <p data-bbox="248 1162 1484 1364">Monitoring of an offender or staff member is required to continue beyond 90 days if the initial monitoring indicates a continuing need. The monitor is required by policy to conduct periodic status checks while monitoring an offender. The Retaliation Monitor is not required by NCDPS policy to continue monitoring an offender or staff member if the investigation determines the allegation as unfounded and approved by the facility head.</p> <p data-bbox="248 1404 1445 1525">NCDPS policy requires retaliation monitoring of any other individual who cooperates with an investigation of sexual abuse or sexual harassment. Staff are required to take appropriate measures to protect offenders against retaliation.</p> <p data-bbox="248 1565 1469 1812">The facility's policy requires the PREA Support Person conduct monitoring offenders for acts of retaliation for those who reported or cooperated with a sexual abuse or sexual harassment investigation. The PSP is required to monitor for at least 90 days from the initial report date. If the facility determines a continuing need, the PSP is required to continue monitoring beyond 90 days. The PSP may terminate monitoring if the allegation is determined as unfounded or if the person leaves the agency's custody.</p> <p data-bbox="248 1852 576 1888">Evidence Relied Upon:</p> <p data-bbox="248 1928 1267 1964">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 22</p> <p data-bbox="248 2004 1230 2040">Facility SOP - .5200 PREA Sexual Abuse Institutional Response Plan, pg. 6</p> <p data-bbox="248 2080 1102 2116">OPA-I22 PREA Sexual Abuse and Harassment Retaliation Report</p>

OPA-I24 PREA Offender/Juvenile Retaliation Monitoring and Period Status Checks

Letter to Office of PREA Administration

Training Records

Investigation Report

Interview with Retaliation Monitor

Interviews with Offenders

Analysis/Reasoning:

The NCDPS has an appropriate policy to ensure offenders and staff are monitored and protected from acts of retaliation by staff or other offenders. The LCI Warden sent a memorandum to the PREA Office designating specific staff members as PREA Support Persons. The PREA Compliance Manager is responsible for monitoring for acts of retaliation against staff and the PREA Support Person is responsible for monitoring acts of retaliation against offenders. The Auditor conducted a formal interview with a facility PREA Support Person. The Auditor asked the PSP to explain how retaliation monitoring is conducted at the facility. The retaliation monitor explained he reviews disciplinary charges, housing changes, program changes, grievances, Incident Reports, classification actions, evaluations, shift rosters, post assignments and any other documents that may be relevant to the monitoring. The Auditor asked if he does initiate contact with the offender being monitored. The monitor stated he initiates meetings with the person being monitored.

The Auditor asked the monitor how often meetings with the offender occur. The Auditor was informed he meets with the offender every 30 days. The PSP continues to informally meet with the offender while touring the facility. Informal meetings occur between the 30 day meetings. The monitor explained some offenders require more frequent meetings than others. The Auditor asked the PSP if he would stop monitoring if the offender requested him to do so. The monitor stated he would not stop monitoring until at least 90 days have transpired. The PSP stated he would find other "less visible" ways to meet with the offender.

The retaliation monitor was asked how he is notified when an offender requires monitoring. He is informed by the investigator or PREA Compliance Manager following an allegation. The Auditor asked what actions are taken to ensure the protection of an offender being monitored. The Auditor was informed housing, program, education and work changes would be made. The PSP would recommend post or shift assignment changes if he discovered a staff member is retaliating against an offender. The PSP consults with leadership when determining a staff member may be retaliating against an offender. The Auditor asked if the facility was currently monitoring any offenders or staff for retaliation. There were offenders being monitored at the time of the audit. A review of training records reveal the facility has 10 staff members trained as PREA Support Persons.

The Auditor reviewed 16 investigative reports that were completed during the previous 12 months. Most allegations reviewed by the Auditor were determined as not meeting the definition of sexual harassment or sexual abuse. The Auditor reviewed two allegations that were determined unsubstantiated by the investigator. The Auditor determined the facility was required to monitor two offenders for acts of retaliation as a result of the allegation and

investigation. Both investigative records included the monitoring forms. Each offender was monitored for a period of 90 days following the allegation. The PSP documented the findings and actions of the monitoring period on the agency's OPA-124 form. The PSP conducted monthly status checks of each offender. The retaliation monitor signed each form.

The monitoring form requires the PSP document contacts with the offender and includes a section for the PSP to comment on the status check. The PSP documents if retaliation was or was not discovered in the, "FINAL STATUS CHECK AND REVIEW" section of the report. Form OPA-122 PREA Sexual Abuse and Harassment Retaliation Report is completed by the PREA Compliance Manager while monitoring staff for retaliation. The Auditor asked how the PSP ensures offenders are monitored when transferred. The PSP stated all allegations are included in the OPUS Incident Reporting System so the PSP can view the information at other facilities. The PSP stated he makes a telephone call and emails the PSP at the offender's new facility to ensure the monitoring continues. The PSP stated he continues monitoring an offender if an offender is transported to the Lumberton Correctional Institution while being monitored at another facility.

Conclusion:

The Auditor determined the agency has appropriate policies and practices in place to ensure staff and offenders are protected from retaliation. The Auditor reviewed the NCDPS policies, procedures, forms, training records, investigative reports, conducted interviews with staff and determined the facility meets the requirements of this standard.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The North Carolina Department of Public Safety requires any use of segregated housing to protect an offender who is alleged to have suffered sexual abuse is subject to the requirements of PREA standard 115.43 Protective Custody.</p> <p>Evidence Relied Upon:</p> <p>Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 15-16</p> <p>Housing Records</p> <p>Investigative Records</p> <p>Interviews with Staff</p> <p>Interviews with Offenders</p> <p>Observations</p> <p>Analysis/Reasoning:</p> <p>The Auditor reviewed the agency policy regarding the use of segregated housing to protect offenders at high risk of sexual victimization and offenders who have been sexually abused. The policy requires an assessment of available alternatives be made, and it has been determined that no available alternatives of separation exist. The agency's policy allows an offender to be placed in special housing for no more than 24 hours before completing the assessment if the form cannot be completed immediately.</p> <p>Agency policy requires the facility clearly document the basis for the facility's concern for the offender's safety, the reason why no alternative means of separation can be arranged and the other alternative means of separation that were explored. The agency requires any use of segregated housing to protect an offender from sexual abuse will not ordinarily exceed a period of 30 days. The Lumberton Correctional Institution has not placed an offender in protective custody for protection from sexual abuse in the previous 12 months.</p> <p>Agency policy stipulates offenders placed in special housing for protection shall have access to programs, privileges, education, and work opportunities to the extent possible. The facility is required to document the opportunities that have been limited, the duration of the limitation and the reason for limitations. The agency requires a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>The Auditor conducted formal interviews with supervisors. The Auditor asked what alternatives are used instead of placing offenders in restrictive housing. Supervisors stated they can change an offender's housing unit, work assignment or program assignment to ensure the safety of an offender. The Auditor asked how the facility houses an offender in need of</p>

protective custody. The Auditor was informed supervisors explore alternatives prior to placing an offender in restrictive housing. Supervisors stated they have not placed an offender in protective custody for such purpose as they have additional housing units to relocated offenders. Supervisors are aware of the agency's policy on the requirements of this standard.

The Auditor discussed the possibility of transfers with the Associate Warden of Operations.

The AWO informed the Auditor the Warden has the ability to transfer an offender to another facility as long as there is a legitimate need to do so. The Auditor was informed there has not been a need to transfer an offender from the Lumberton Correctional Institution for the protection from sexual abuse.

The Auditor conducted a formal interview with a staff member who supervises offenders in the restrictive housing unit. The staff member informed the Auditor offenders in restrictive housing have access to privileges, programs and education opportunities. The Auditor asked if those are ever restricted. The staff member stated any restrictions to offenders in the restrictive housing unit are documented so staff working the unit are made aware of the restriction. The Auditor asked if the duration of such restrictions is included. The officer informed the Auditor the duration and limitations are documented in OPUS. The Auditor asked when the last time the staff member supervised an offender in the restrictive housing unit that was placed on protective custody for the protection from sexual abuse. The staff member stated he was not aware of an offender housed in restrictive housing for such purpose.

The Auditor reviewed the investigative and housing records of offenders who made an allegation of sexual abuse within the previous 12 months. None of the offenders were housed in protective custody for the protection from sexual abuse as a result.

The Auditor conducted a detailed tour of the Lumberton Correctional Institution. The Auditor observed numerous housing units available for the facility to house offenders without having to place them in involuntary segregated housing. The agency has the option to transfer offenders to another facility designated to house offenders in need of Protective Custody if the offender cannot be housed safely in the facility.

Conclusion:

The agency's policy includes the elements of PREA standard 115.43 to ensure sexual abuse victims receive privileges, programming, education, and work opportunities if a victim is placed in segregated housing for protection. After a thorough review of the agency's policies and procedures, making observations, interviewing staff and offenders, the Auditor determined the facility meets the requirements of this standard.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The North Carolina Department of Public Safety conducts administrative investigations in its facilities. Policy requires sexual abuse and sexual harassment investigations be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The NCDPS requires its investigators receive specialized training to conduct sexual abuse investigations in confinement facilities.</p> <p>Agency PREA investigators are required by policy to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interview alleged victims, suspected perpetrators, and witnesses, and review prior complaints and reports of sexual abuse involving the suspected perpetrator. Policy prohibits any staff, other than law enforcement, investigators and medical staff from entering a crime scene. When investigators determine the quality of evidence appears to support criminal prosecution, the investigator is required to contact and consult with local law enforcement as to whether further compelled interviews may be an obstacle for subsequent prosecution.</p> <p>The agency requires investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not determine credibility by the person's status as an offender or staff member alone. Agency PREA investigators are prohibited from requiring an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such allegation.</p> <p>The agency requires investigations include an effort to determine whether staff actions or failures to act contributed to abuse and document findings in a written report that includes a description of physical and testimonial evidence, the reason behind credibility assessments and investigative facts and findings. Agency PREA Investigators refer substantiated allegations of conduct that appear to be criminal to local law enforcement for prosecution.</p> <p>The NCDPS requires the departure of an alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The agency requires all written reports associated with claims of sexual abuse are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.</p> <p>Evidence Relied Upon:</p> <p>Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 25-29</p> <p>Training Records</p> <p>Investigative Record</p> <p>Interview with Investigators</p> <p>Analysis/Reasoning:</p>

The Auditor conducted a formal interview with two facility investigators. The PREA investigators discussed the procedures utilized when conducting sexual abuse investigations. The process starts by interviewing the alleged victim. During the investigation they interview the alleged victim, perpetrator and all witnesses, including staff witnesses. The Auditor asked what information is reviewed concerning the victim and abuser. Each Investigator stated they review criminal records, institutional history, grievances, discipline history, Incident Reports, Request Forms, telephone records, video footage, previous complaints and any other relevant information. The investigators were asked how they determine the credibility of a victim, abuser and witnesses. The Auditor was informed credibility is based on a review of documents, information, phone records, video evidence, statements and behaviors made during the interview and subsequent interviews.

Each investigator was asked if they attempt to determine if staff actions or failure to act may have contributed to an incident of sexual abuse. Each Investigator stated they do attempt to determine if staff actions or lack thereof contributed to the incident. The Auditor asked each investigator what types of evidence they attempt to gather. The Auditor was informed investigators gather staff reports, housing records, log books, telephone records, grievances, discipline records, testimonial evidence, previous complaints, physical evidence and any other relevant documents or information. The Investigators were asked when they begin investigative efforts. The Auditor was informed each shift has an investigator so efforts begin as soon as the allegation is received.

The Auditor toured the area where investigative records are maintained. Facility investigators maintain all investigative documents and reports in their locked office. All information related to investigations is input into the OPUS for compiling data. The electronic system is accessible to the agency's PREA Office. The Auditor asked the investigators how long they maintain investigative records. The Auditor was informed the data is maintained for at least 5 years after the abuser has either been released or is no longer employed by the NCDPS. The Investigators were asked if they require the victim to submit to a polygraph examination. The Auditor was informed the facility does not polygraph alleged victims or use any other truth telling device.

Investigative records are forwarded to the PREA Compliance Manager. Any information forwarded to the PCM is maintained in the PCM's locked office. The PCM maintains those records for a minimum of five years after the abuser has been released or no longer employed by the agency. All electronically maintained information is maintained on computers and accessible by individual usernames and passwords.

The Auditor asked investigators if they conduct an investigation when an allegation is reported anonymously or by third-party. The Investigators stated they conduct an investigation no matter how the allegation is made. When asked how investigators would conduct those types of investigations each Investigator stated they attempt to investigate every allegation to a conclusion. Each investigator was asked to explain the investigative process if an offender is released or a staff member terminates employment. The Investigators coordinate with local law enforcement as facility investigators do not have the authority to investigate in the community. Investigators coordinate with other facilities if an offender is transferred to another facility.

The Auditor discussed the criminal investigative process in the facility. The Investigators were

asked to explain Their role when local law enforcement conducts investigations in the facility. The Investigators stated they cooperate with local law enforcement and assists when asked to do so by the Investigator. The Auditor was informed the facility has a good working relationship with the local law enforcement agency and are able to remain informed during the criminal investigation and prosecutorial efforts. Facility investigators provide all collected evidence to local law enforcement, to include telephone records and video footage.

The Auditor reviewed two investigative records of allegations of sexual abuse that were referred to the Lumberton Police Department. The facility documented the referral to the police department and the facility investigator cooperated with the police department investigator. Both allegations were currently under investigation at the time of the audit.

The Auditor reviewed investigative records of allegations of sexual abuse and sexual harassment that were not referred for criminal investigation. The Auditor observed evidence the facility Investigator is conducting prompt and objective investigations. Each investigative report included physical, testimonial and circumstantial evidence. The investigative record included attached Incident Reports and other information used as evidence. The Auditor did not observe the reason behind credibility assessments documented in any investigative report.

The Auditor conducted a review of the NCDPS training records. Records reveal the facility PREA investigators have received specialized training to conduct sexual abuse investigations in a confinement setting. The facility has 4 staff who have been trained to conduct such investigations. The Auditor asked facility PREA investigators what their actions are when determining the evidence appears to support prosecution. Each investigator stated the administrative investigation is immediately stopped and local law enforcement are notified.

The Investigators were asked if they continue efforts after notifying law enforcement. The Auditor was informed administrative efforts would not be completed until notified to do so by the law enforcement investigator.

The facility has a Coordinated Response Plan that includes the required actions of investigators following an allegation of sexual abuse. The plan requires, "All allegations, including third-party and anonymous reports of sexual abuse shall be investigated promptly, thoroughly, and objectively by a specially trained sexual abuse and harassment investigator." The plan requires agency Investigators cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

The Auditor conducted formal interviews with offenders who made allegations in the facility. Each was asked if they met with an investigator after the allegation was made. Each offender informed the Auditor an investigator met with them quickly after making an allegation. The Auditor interviewed one offender who was alleged to have committed an act of sexual abuse. The offender informed the Auditor he was interviewed by a facility investigator and an investigator from the police department.

No department of justice component is responsible for conducting investigations in the Lumberton Correctional Institution.

Conclusion:

The Auditor determined the NCDPS has appropriate policies to ensure investigations are conducted appropriately, objectively and thorough. The agency trains its PREA investigators to conduct investigations in a confinement setting. Facility PREA investigators are aware all

criminal allegations must be referred to the local law enforcement agency for criminal investigation. The Auditor reviewed agency policy, procedures, training records, investigative record, Coordinated Response Plan, interviewed staff and offenders to determine the facility meets the requirements of this standard.

The Auditor discussed the requirement of documenting the reason behind credibility assessments with the PREA Compliance Manager, investigators and Captain. Each understands the requirement and discussed how they will document the reason behind credibility assessments in future investigative reports.

115.72	Evidentiary standard for administrative investigations
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 536 365">Auditor Discussion:</p> <p data-bbox="248 405 1477 651">The North Carolina Department of Public Safety has a policy that imposes no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The policy states, "The agency shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated, §115.72 of the national standards." The agency's policy explains:</p> <ul data-bbox="300 719 1477 1010" style="list-style-type: none"> • The standard of proof used in most civil cases that requires the party bearing the burden of proof to present evidence that is more credible and convincing than the evidence presented by the other party; • This standard is satisfied if the evidence shows that it is more probable than not that an event occurred; and • Preponderance of the evidence is a lesser standard of proof than "beyond a reasonable doubt," which is required to convict in a criminal trial. <p data-bbox="248 1043 574 1079">Evidence Relied Upon:</p> <p data-bbox="248 1120 1249 1155">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 2</p> <p data-bbox="248 1196 533 1232">Investigative Records</p> <p data-bbox="248 1272 606 1308">Interview with Investigators</p> <p data-bbox="248 1341 545 1377">Analysis/Reasoning:</p> <p data-bbox="248 1417 1477 1664">The Auditor conducted a formal interview with facility sexual abuse investigators. The investigators informed the Auditor the agency policy requires the use of preponderance as the standard of evidence to substantiate an allegation of sexual abuse or sexual harassment. The Auditor asked each investigator what is the meaning of preponderance. The Investigators explained a preponderance means there is more evidence than not that the incident occurred.</p> <p data-bbox="248 1704 1477 1906">The Auditor reviewed 16 investigative records from the previous 12 months. A review of the allegations reveal facility investigators are using a preponderance of evidence to substantiate and/or unfound incidents. None of the allegations reviewed by the Auditor included a finding of substantiated. The Auditor observed allegations that were unsubstantiated, unfounded and did not meet the definition of sexual harassment or sexual abuse.</p> <p data-bbox="248 1946 426 1982">Conclusion:</p> <p data-bbox="248 2022 1477 2134">The Auditor was able to determine the Investigator understands preponderance as the basis for determining investigative outcomes. The Auditor reviewed the agency's policies, procedures, investigative reports and interviewed facility Investigators and determined the facility meets the</p>

requirements of this standard.

115.73	Reporting to inmates
	<p data-bbox="248 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 282">Auditor Discussion</p> <p data-bbox="248 327 536 360">Auditor Discussion:</p> <p data-bbox="248 400 1461 647">The North Carolina Department of Public Safety policy requires offenders be notified whether a sexual abuse allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation. The agency requires the PREA Support Person notify the offender on form OPA-I30 Supportive Services. When a staff member has committed sexual abuse against an offender, unless the determination is unfounded, the PREA Support Person shall inform the offender whenever:</p> <ul data-bbox="300 719 1426 965" style="list-style-type: none"> • 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. <p data-bbox="248 1003 1477 1077">When an offender has alleged sexual abuse by another offender, the PREA Support Person is required to inform the offender whenever:</p> <ul data-bbox="300 1149 1445 1308" style="list-style-type: none"> • 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. <p data-bbox="248 1346 1461 1420">The PREA Support Person's obligation to report is terminated if the offender is released from the Department of Public Safety's custody.</p> <p data-bbox="248 1458 576 1491">Evidence Relied Upon:</p> <p data-bbox="248 1536 1310 1570">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 22-23</p> <p data-bbox="248 1608 711 1641">OPA-I30 Supportive Services Form</p> <p data-bbox="248 1680 520 1713">Investigative Record</p> <p data-bbox="248 1751 512 1785">Interviews with Staff</p> <p data-bbox="248 1823 544 1856">Analysis/Reasoning:</p> <p data-bbox="248 1901 1477 2154">Agency policy requires the PREA Support Person make the notification to offenders following an investigation. The Auditor conducted a formal interview with a facility PREA Support Person. The Auditor asked the PSP how notifications to offenders are documented by the facility. The Auditor was informed notifications are documented on an agency form (OPA-130) to the offender. The agency's OPA-130 has a section that includes notification information regarding an allegation against a staff member and a section regarding an allegation against</p>

an offender. The notification form includes the information that is bulleted in the "Auditor Discussion" portion of this report.

The Auditor asked the PSP how notification is received from law enforcement regarding criminal charges and indictments. The Investigator or PCM receives the information so proper notification can be made to the offender. The facility Investigator and PCM both stated the facility has a good working relationship with the local law enforcement agency so obtaining that information is not difficult. The Auditor was informed the local law enforcement currently have two open cases that have been referred by the facility for investigation.

The Auditor reviewed the agency's OPA-130 form. The form includes a section that requires the PSP document the notification to the offender. The Auditor reviewed investigative records of allegations made during the previous 12 months. In each case that required notification, the assigned PSP completed the OPA-130 form and notified the offender of the outcome of the investigative finding. The Auditor conducted formal interviews with offenders who filed an allegation in the previous 12 months. Each was asked what the outcome of their investigation was. Offenders were able to inform the Auditor of the investigation finding. The Auditor asked each how they were notified of the outcome. Offenders stated they received the finding in writing.

The facility was not required to notify an offender of a criminal finding during the previous 12 months.

Conclusion:

The Auditor concluded the PREA Support Person understands the requirement and the agency has appropriate procedures in place to notify offenders of investigative results at the conclusion of an investigation of sexual abuse. The Auditor reviewed agency policy, procedures, OPA-130 Form, investigative records and interviewed staff to determine the agency meets the requirements of this standard.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The North Carolina Department of Public Safety staff is subject to disciplinary sanctions up to and including termination for violating the agency's sexual abuse or sexual harassment policies. The agency makes termination the presumptive disciplinary measure for those who have engaged in sexual abuse. Disciplinary sanctions for personnel who have not engaged in sexual abuse but have violated the facility's sexual misconduct policies are commensurate with the following:</p> <ul style="list-style-type: none"> • The nature and circumstances of the acts committed; • The staff members disciplinary history; and • The sanctions imposed for comparable offenses by other staff with similar histories. <p>The NCDPS notifies law enforcement agencies and relevant licensing bodies when criminal violations of sexual abuse or sexual harassment are committed by staff. Any terminations or resignations by staff who would have been terminated if not for their resignation are reported, unless that activity was clearly not criminal.</p> <p>The agency's policy stipulates, "An employee shall not engage in sexual misconduct or harassment with an offender as outlined in the Prison's Offender Sexual Abuse and Harassment Policy, F.3400." The policy states any employee involved in such will be subject to disciplinary action up to and including dismissal.</p> <p>Evidence Relied Upon:</p> <p>Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 29-30</p> <p>Agency Policy - .0200 Conduct of Employees, pg. 3-4</p> <p>Training Curriculum</p> <p>Training Records</p> <p>OPA-T10 Staff Acknowledgements</p> <p>Interviews with Staff</p> <p>Analysis/Reasoning:</p> <p>The Auditor conducted formal interviews with facility staff. The Auditor asked if staff were aware of the disciplinary sanctions for violating the agency's sexual abuse policies. Staff informed the Auditor they would be terminated for participating in an act of sexual abuse. Staff were also aware the NCDPS reports criminal violations to law enforcement agencies. The facility's leadership has a zero-tolerance approach and disciplines staff for violating the agency's sexual abuse and sexual harassment policies. Leadership interviewed by the Auditor stated any employee who violates sexual abuse and sexual harassment policies are</p>

disciplined, when warranted. Disciplinary recommendations for violating sexual harassment policies are dependent upon the circumstances of the violation. The Auditor was informed by leadership that an employee who commits an act of sexual abuse will be terminated.

The Auditor conducted formal interviews with facility Investigators. The Investigators informed the Auditor if the act was criminal in nature the investigator would contact the Lumberton Police Department for a criminal investigation. The Investigators coordinate with local law enforcement and assist in their efforts when requested. The Auditor asked how an investigation is handled if an act was not criminal in nature. The Investigators continue an administrative investigation until a determination is made. The results of the investigation are shared with leadership so appropriate discipline against a staff member can be sanctioned if warranted.

The facility reported no staff member has been disciplined for a violation of sexual abuse or sexual harassment policies in the previous 12 months. The facility currently has one staff member removed from contact with offenders while waiting the outcome of a criminal investigation.

The Auditor observed the agency's policy includes a provision to notify law enforcement agencies of criminal violations of sexual abuse. The policy also requires notification to relevant licensing bodies. The Auditor discussed the requirements of this standard to notify relevant licensing bodies. The Auditor was informed licensing bodies such as the Board of Nursing would be notified if a staff nurse committed an act of sexual abuse.

The Auditor conducted a review of staff training records. Records reveal all staff have been trained in the agency's prevention, detection and response policies and procedures. Staff are required to sign the agency's OPA-T10 Staff Acknowledgement form. The form states, "You have an obligation to: (1) maintain clear boundaries with inmates/offenders/juveniles and (2) establish a relationship of authority, objectivity and professionalism. You must not allow the development of personal, unduly familiar, emotional or sexual relationships to occur with inmates/offenders/juveniles." The form reminds staff that all forms of sexual abuse and sexual harassment of inmates/offenders/juveniles are against the NCDPS policy and may be against the law. The form provides the definitions of sexual abuse and sexual harassment.

The Auditor observed the North Carolina General Statute Chapter 14-27.31 on the form. The statute states, "if a person having custody of a victim of any age or a person who is an agent or employee of any person, or institution, whether such institution is private, charitable, or governmental, having custody of a victim of any age engages in vaginal intercourse or a sexual act with such victim, the defendant is guilty of a Class E Felony."

The Auditor conducted a review of the agency's PREA: Sexual Abuse and Sexual Harassment 201 training lesson plan. The lesson plan includes a section regarding sanctions for staff. The Auditor observed the following:

- Dismissal shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse;
- Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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;

- All dismissals for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies; and
- Staff who engage in sexual relationships with offenders/juveniles will be subject to disciplinary sanctions up to and including dismissal for violating agency sexual abuse or sexual harassment policies and may be prosecuted under state and federal statutes.

The Lumberton Correctional Institution Warden has the authority to discipline staff, including suspension and termination.

Conclusion:

The Auditor determined the agency has appropriate policies and practices in place to ensure staff are disciplined for violating the agency's sexual abuse and sexual harassment policies. The agency makes termination the presumptive discipline measure for engaging in acts of sexual violence. The agency reports violations of sexual abuse to the local law enforcement agency and relevant licensing bodies. The Auditor reviewed the agency's policies, procedures, training records, Training Curriculum, OPA-T10 and conducted interviews with staff and determined the facility meets the requirements of this standard.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The North Carolina Department of Public Safety has a policy which mandates contractors and volunteers who engage in sexual abuse are immediately prohibited from contact with offenders. The agency's policy requires the volunteer or contractor be reported to law enforcement agencies and relevant licensing bodies, unless the activity was clearly not criminal in nature. The agency takes appropriate remedial measures and considers prohibiting further contact with offenders for violations of other agency sexual abuse or sexual harassment policies.</p> <p>The agency's policy is that a volunteer who violates the policies and procedures and is dismissed by a facility is no longer eligible to be a volunteer in any facility in the Division of Prisons.</p> <p>Evidence Relied Upon:</p> <p>Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 30</p> <p>Agency Policy - .0604 Community Volunteer Program, pg. 9</p> <p>Training Curriculum</p> <p>Training Records</p> <p>OPA-T10 Acknowledgements</p> <p>Interviews with Contractor</p> <p>Interviews with Staff</p> <p>Analysis/Reasoning:</p> <p>The Lumberton Correctional Institution reported there were no incidents in which a volunteer or contractor engaged in or was alleged to have engaged in sexual abuse or sexual harassment in the previous 12 months. The Auditor conducted formal interviews with facility contractors. The contractors were asked what actions would be taken against them for violating sexual abuse or sexual harassment policies. Each contractor informed the Auditor they would be removed from contact with offenders and not allowed in the facility. The Auditor asked each contractor if they are aware the facility would report criminal violations of sexual abuse and sexual harassment to the local law enforcement agency if found to have committed the act. The contractors are aware the facility reports criminal violations of sexual abuse policies to the appropriate law enforcement agency.</p> <p>Volunteers and contractors are made aware of the NCDPS sexual abuse and sexual harassment policies during their initial training and prior to providing services in the facility. Each volunteer and contractor attends training and signs a form notating understanding and</p>

receipt of such. The Auditor verified through training records each volunteer and contractor in the facility had received training and reviewed the policies.

Each volunteer and contractor sign the acknowledgement form that states, "You have an obligation to: (1) maintain clear boundaries with inmates/offenders/juveniles and (2) establish a relationship of authority, objectivity and professionalism. You must not allow the development of personal, unduly familiar, emotional or sexual relationships to occur with inmates/offenders/juveniles." The form reminds staff that all forms of sexual abuse and sexual harassment of inmates/offenders/juveniles are against the NCDPS policy and may be against the law. The form provides the definitions of sexual abuse and sexual harassment.

The Auditor observed the North Carolina General Statute Chapter 14-27.31 on the form. The statute states, "if a person having custody of a victim of any age or a person who is an agent or employee of any person, or institution, whether such institution is private, charitable, or governmental, having custody of a victim of any age engages in vaginal intercourse or a sexual act with such victim, the defendant is guilty of a Class E Felony."

The Lumberton Correctional Institution leadership is aware of the requirement to notify local law enforcement following a contractor or volunteer's participation in a criminal act of sexual abuse. Leadership informed the Auditor a contractor or volunteer would be prohibited from offender contact pending the results of the investigation. The Auditor was informed the facility does not refer to local law enforcement if the act was clearly not criminal. Facility leadership was asked if a contractor or volunteer had been disciplined within the previous 12 months for violating the NCDPS sexual abuse or sexual harassment policies and procedures. The Auditor was informed no contractor or volunteer had been found in violation of those policies.

The Auditor did not conduct an interview with a volunteer as volunteer services have been suspended since the onset of COVID-19.

The facility notifies the Board of Nursing when a licensed medical or mental health professional is found in violation of such policies.

Conclusion:

The NCDPS maintains appropriate policies to ensure contractors and volunteers at the Lumberton Correctional Institution are removed from offender contact after committing an act of sexual abuse or sexual harassment of an offender. The Auditor reviewed the agency's policies, procedures, training records, training curriculum, acknowledgement forms and conducted formal interviews with staff, and contractors to determine the facility meets the requirements of this standard.

115.78	Disciplinary sanctions for inmates
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 534 358">Auditor Discussion:</p> <p data-bbox="252 392 1476 683">The agency’s policy allows staff to discipline an offender for participating in an act of offender-on-offender sexual abuse. Offenders will not be disciplined for sexual contact with a staff member if the staff member consented to the act. Policy requires discipline sanctions only after the offender participates in a formal disciplinary hearing and the hearing committee finds evidence of guilt. The agency’s policy allows staff to discipline offenders for acts of sexual abuse after a criminal finding of guilt. According to facility policy, sanctions following the discipline process must consider the following:</p> <ul data-bbox="295 750 1412 918" style="list-style-type: none"> • The nature and circumstances of the offense committed; • The offender’s discipline history; and • The sanctions imposed for comparable offenses committed by other offenders with similar histories. <p data-bbox="252 952 1476 1120">The discipline process is required to consider whether the offender’s mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed. Following a substantiated incident, the offender must be offered a mental health evaluation when deemed appropriate.</p> <p data-bbox="252 1153 1476 1321">Agency policy requires facilities that offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for sexually abusive behavior shall consider if offenders are required to participate in interventions as a condition of access to programming or other benefits.</p> <p data-bbox="252 1355 1476 1646">Agency staff is prohibited from disciplining an offender who makes a report of sexual abuse in good faith and based on a reasonable belief the incident occurred, even if the investigation does not establish sufficient evidence to substantiate the allegation. Sexual activity between offenders is prohibited within agency facilities. Any offender found to have participated in sexual activity (even consensual) is disciplined for such activity. If sexual activity between offenders is found to be consensual the NCDPS personnel may not consider the sexual activity as an act of sexual abuse.</p> <p data-bbox="252 1680 1396 1803">The facility's policy states offenders will be held accountable for knowingly making false allegations of sexual assault against staff or another offender. The offender is subject to disciplinary action if the facility can clearly establish the accusation was falsely made.</p> <p data-bbox="252 1848 574 1881">Evidence Relied Upon:</p> <p data-bbox="252 1915 1308 1960">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 30-31</p> <p data-bbox="252 1993 1061 2038">Agency Policy - .0200 Inmate Disciplinary Procedures, pg. 1-3</p> <p data-bbox="252 2072 965 2116">Facility SOP - .4300 Sexual Violence Elimination, pg. 9</p>

Inmate Handbook, pg. 8-10, 32

Offender Records

Interview with Investigator

Interviews with Medical Practitioners

Interviews with Mental Health Practitioner

Interviews with Offenders

Analysis/Reasoning:

The agency provides each offender an Offender Handbook. The Auditor conducted a review of the agency's Offender Handbook. The handbook includes the following prohibited acts in the "Disciplinary Offenses" section:

- Commit an assault on another with intent to commit any sexual act;
- Commit an assault on a staff member with intent to commit any sexual act;
- Commit an assault on any person, other than an employee or Offender, with intent to commit any sexual act; and
- Commit, solicit, or incite others to commit any sexual act or indecently expose oneself or touch the sexual or other intimate parts of oneself or another person for the purpose of sexual gratification.

Each offense listed above is included in a specified category of offense. The Offender Handbook includes the sanctions for those found in violation of the offense. The Offender Handbook states, "All cases of substantiated sexual assault or misconduct will be referred to law enforcement for criminal investigation. You may be prosecuted and if you are found guilty additional prison time may be added to your current sentence."

The Auditor conducted a formal interview with facility investigators. The Investigators informed the Auditor disciplinary charges are placed following a substantiated administrative allegation of sexual abuse and/or following a criminal finding of guilt. The Investigators do not place disciplinary charges on an offender if the investigative determination is unfounded or unsubstantiated. The investigators were asked if charges are placed on offenders if an act is consensual. The Auditor was informed disciplinary charges are placed on offenders for participating in sexual activity. Investigators explained offenders who participate in a consensual sex act are not charged for a sexual abuse related offense.

The Auditor conducted formal interviews with medical and mental health practitioners. The Auditor asked what services are offered to offenders. Offenders are offered counseling, therapy and other intervention services. The Auditor asked if offenders are required to participate in any meetings or sessions. The Auditor was informed offenders are not required to participate in any medical or mental health service offered at the facility. Medical and mental health services are offered to offenders and offenders are provided services after requesting such.

The facility reported there was no offender disciplined for making an allegation of sexual abuse in bad faith during the previous 12 months. The Auditor discovered no evidence an

offender at the facility who filed an allegation of sexual abuse in the previous 12 months had been disciplined for filing an allegation. The facility reported two allegations were referred to local law enforcement for criminal investigation. Both cases were under investigation at the time of the audit. There has been no offender found guilty of a criminal charge of sexual abuse in the previous 12 months.

The Auditor conducted formal interviews with randomly selected and specifically targeted offenders. No offender interviewed, including those who submitted an allegation of sexual abuse or sexual harassment had received a disciplinary charge for such acts. Each offender interviewed stated they were provided an Offender Handbook by the agency.

Conclusion:

The Auditor discovered the agency maintains policies that align with PREA standard 115.78 Discipline Sanctions for Inmates. Facility personnel ensure the policy is applied when choosing whether to discipline an offender for reporting or participating in an act of sexual abuse. The Auditor reviewed agency and facility policies, procedures, offender records, Offender Handbook, interviewed staff and offenders. The Auditor determined the facility meets the requirements of this standard.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The agency has a policy that requires staff to offer a follow-up meeting with a medical or mental health practitioner within 14 days of arriving at the facility for any offender who informs staff he/she previously experienced sexual victimization. The policy applies to any offender who reported whether the abuse occurred in an institutional setting or in the community. The agency's policy requires a follow-up meeting with a medical or mental health practitioner for any offender who is identified as a sexual abuser.</p> <p>Policy stipulates information related to sexual victimization and abusiveness that occurred in an institutional setting be strictly limited to medical and mental health practitioners, and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Policy requires medical and mental health practitioners obtain informed consent from offenders before reporting information about prior victimization that did not occur in an institutional setting, unless the offender is under the age of 18.</p> <p>Evidence Relied Upon:</p> <p>Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 12-13</p> <p>Health Services Policy - CP-18, pg. 3-4</p> <p>Offender Records</p> <p>Interviews with Medical/Mental Health Practitioners</p> <p>Interview with PREA Support Person</p> <p>Interviews with Staff</p> <p>Interviews with Offenders</p> <p>Analysis Reasoning:</p> <p>The Auditor reviewed the records of 30 offenders. Of the 30 records reviewed the Auditor discovered offenders who reported suffering sexual victimization during the booking process. The Auditor discovered offenders who were identified to have perpetrated sexual abuse. Each offender is processed into the agency at a diagnostic facility. Upon arrival, a mental health professional screens each offender. When an offender answers "yes" to the question, "Have you ever been a victim of sexual abuse [and/or] Have you ever been raped or sexually assaulted?" the offender is automatically offered a follow-up meeting with a mental health professional. The answers to the questions are recorded on the agency's Mental Health Screening Inventory. Mental health conducts the follow-up meeting within 14 days.</p> <p>During interviews with offenders, the Auditor discovered offenders who had a history of</p>

perpetrating sexual abuse. The Auditor asked each of those offenders if they had ever met with a mental health professional. Each stated they had been offered a meeting with a mental health professional. Several did not accept the meeting while others informed the Auditor they have met with a mental health professional. Records reveal the mental health professional met with each within 14 days.

The Auditor conducted a formal interview with a Case Manager. When offenders arrive at the Lumberton Correctional Institution from the diagnostic facility the Case Manager asks, "Since your last assessment, have there been any sexual assaults or threats of sexual assault against you?" If the offender answers "yes" to the question the offender is referred to medical/mental health for a follow-up meeting. The Case Manager completes a Risk/Needs - Service Priority Level Report. The report includes one question related to sexual abuse. The question asks, "Did the offender report experiences consistent with having a physically, emotionally or sexually abusive family as a child?"

The Auditor conducted a formal interview with a mental health practitioner. The practitioner was asked if she meets with offenders who report suffering previous victimization. The mental health practitioner stated she does meet with those offenders. The Auditor asked how she is notified. The mental health practitioner informed the Auditor when a "yes" answer is notated on the screening documents an automatic email is generated to mental health for scheduling purposes. The mental health practitioner stated a follow up is offered for sexual abusers as well. The mental health practitioner stated she creates and follows treatment plans for each offender in her care. The mental health practitioner stated she meets with victims within a couple days and is clear of the 14 day requirement.

The Auditor conducted formal interviews with medical health practitioners. The medical practitioners meet with every offender who enter the agency. The Auditor asked if offenders are offered a follow up with the mental health professional when they report previously suffering sexual abuse. The Auditor was informed they are offered a follow-up meeting with a Mental Health Professional. Medical practitioners were asked who medical and mental health share their information with. The Auditor was informed they only discuss the information they learn with those who have a need to know. The Auditor asked medical and mental health practitioners if they obtain written informed consent prior to sharing information related to sexual victimization. The Auditor was informed if the victimization occurred in a community setting then written informed consent would be obtained prior to reporting. No medical or mental health practitioner has had a need to report such victimization.

The Auditor asked medical and mental health practitioners who information regarding a sexual victimization or abusiveness that occurred in an institutional setting is reported to. The Auditor was informed that information is reported to the Officer-in-Charge. The Auditor asked who has access to an offender's medical and mental health record. Only medical and mental health practitioners have access to an offender's medical and mental health records.

The mental health practitioner is notified when an offender reports suffering sexual victimization in the community, following an incident of sexual abuse and by referral or requests. Offenders meet with the mental health practitioner in an office. The Auditor asked if meetings with mental health are mandatory or required. The mental health practitioner stated the meetings are not mandatory. The mental health practitioner informed the Auditor she attempts to conduct an evaluation of all offender-on-offender abusers within 60 days of learning of the abuse.

The Auditor conducted a formal interview with a facility PREA Support Person. The PSP discussed his responsibilities following an alleged sexual abuse. The PSP stated it is his responsibility to ensure the offender understands available services. The PSP informs the victim that mental health services and counseling are available through the facility and through the Robeson County Rape Crisis Center. The PSP stated he does inform medical and mental health personnel following an incident of sexual abuse.

The Lumberton Correctional Institution does not house youthful offenders.

Conclusion:

The Auditor concluded offenders are offered a follow-up with a medical or mental health practitioner after reporting they have suffered sexual victimization. Medical and mental health practitioners inform only those with a "need to know" of information related to sexual victimization. The Auditor reviewed the agency's policies, procedures, offender records, conducted interviews with staff, medical and mental health practitioners and offenders. After a review the Auditor concluded the facility meets the requirements of this standard.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The North Carolina Department of Public Safety policy requires offender victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of treatment and services are determined by the medical and mental health practitioners according to their professional judgement. The Lumberton Correctional Institution policy is to offer victims of sexual abuse timely information about and timely access to collection of forensic evidence, testing for sexually transmitted diseases, counseling, and prophylactic treatment. The policy requires the offender receive medical follow-up and is offered a referral for mental health services. LCI policy requires prompt medical services for offender victims in need of medical assistance.</p> <p>The NCDPS Health Services policy includes provisions for testing for sexually transmitted diseases, prophylactic treatment, emergency contraception, counseling, mental health evaluation and crisis intervention, and emergency medical services.</p> <p>Policy stipulates, "If an alleged act of sexual abuse has 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. Security staff is required to immediately notify the appropriate medical practitioner when no medical practitioner is on duty. The facility does not maintain 24-hour medical coverage. In the event medical assistance is needed the Officer-in-Charge calls 911 for emergency medical services and/or seeks direction from the after hours call center.</p> <p>The NCDPS Clinical Practice Guidelines policy states, "All care for sexual abuse will be provided at no cost."</p> <p>Evidence Relied Upon:</p> <p>Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 20</p> <p>Health Services Policy - CP-18 Clinical Practice Guidelines, pg. 1-5</p> <p>Facility SOP - .4300 Sexual Violence Elimination, pg. 5</p> <p>Coordinated Response Plan</p> <p>MOU with the Robeson County Rape Crisis Program</p> <p>Orientation Handbook</p> <p>Interviews with Staff</p> <p>Interview with SANE</p> <p>Interview with Victim Advocate</p>

Analysis/Reasoning:

The Auditor conducted formal interviews with medical practitioners. The Auditor asked if they feel medical and mental health services offered at the facility are consistent with a community level of care. The practitioners do feel the services offered at the facility are consistent with those offered in the community. The Auditor was informed in some aspects they feel services in the facility are better than those in the community. The Auditor asked if there is ever a time when no medical practitioner is on duty. The Auditor was informed the facility does not offer 24/7 medical coverage. The practitioners informed the Auditor the Officer-in-Charge calls a number to alert and receive direction when needing medical services after normal working hours. In the event needed the Officer-in-Charge calls 911 and then notifies the after hours call center.

The medical practitioners informed the Auditor offenders receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Crisis intervention services are offered by the PSP, Rape Crisis Center and mental health professional. The Auditor asked if timely information and access to sexually transmitted infection prophylaxis are offered to offenders who are victimized by sexual abuse. The medical practitioners stated offenders do receive such when ordered by the Physician. The Auditor was informed sexually transmitted infection prophylaxis is offered during the forensic examination and at the facility and any other time the offender requests such.

The medical practitioners were asked if offenders are charged a fee for treatment services related to a sexual abuse victimization. The Auditor was informed all services related to sexual abuse victimization are free to the victim. Each offender interviewed by the Auditor was aware treatments related to sexual victimization are provided at no cost to the victim. When asked if emergency contraception is offered to victims the Auditor was informed the facility does not house female offenders.

The Auditor conducted formal interviews with security staff. Security staff informed the Auditor they are trained in life saving medical techniques in basic training. Each informed the Auditor they take immediate steps to ensure victims are protected and receive emergency medical care in the event needed. Security staff immediately notify their supervisor following an incident of sexual abuse. Security supervisors were asked what actions they take to ensure the safety of the offender following a sexual abuse incident. The Auditor was informed the victim is immediately escorted to the medical area. If no medical personnel are onsite at the time of the incident the Officer-in-Charge calls the oncall number to receive direction from the medical practitioner. If needed, the Officer-in-Charge calls 911 for emergency medical services.

The Auditor conducted a formal interview with a facility PREA Support Person. The PSP informed the Auditor once he is assigned to work with the victim, he notifies the victim of services that are available. The Auditor asked the PSP how quickly he is assigned. The PSP stated he is assigned immediately. The PSP is required to accompany the victim during a forensic examination when requested. The PSP informs the victim of all available crisis intervention services, to include those available through the Rape Crisis Center.

The Auditor reviewed the facility's Coordinated Response Plan. Among other actions, the plan includes the following:

- Ensure alleged victim and offender abuser receives medical treatment (if applicable);
- Medical Services will follow medical protocol to include aftercare procedures;
- Document and transport to the local emergency department when appropriate;
- Provide victim access to outside community support based on policy and agency agreements; and
- Follow mental health treatment protocols.

The Auditor reviewed the Memorandum of Understanding with the Robeson County Rape Crisis Program (RCRCP). The memorandum stipulates the RCRCP agrees to provide victim support via telephone and/or mail to provide counseling to survivors of sexual abuse and harassment who are with the NC Department of Public Safety. The Auditor conducted a telephone interview with a victim advocate from the Rape Crisis Center. The Auditor discussed the Memorandum of Understanding with the victim advocate. The advocate explained the crisis intervention services offered to offender victims of sexual abuse. The victim advocate was unaware of an offender who has requested crisis intervention services in the previous 12 months.

The Auditor conducted formal interviews with offenders. The Auditor discovered some offenders were aware of crisis intervention services and others were not aware. Each was asked if they were provided an Orientation Handbook. Each informed the Auditor they received written information from facility staff upon their arrival. Some offenders stated they received information but did not pay attention to the information. The Auditor asked the offender population if they were aware services related to sexual abuse are free to offender victims. Each was aware those services are free. The Auditor asked offenders if they have seen posted materials in the facility regarding the rape crisis center. Most offenders had noticed the information on the posters.

The Auditor conducted a telephone interview with a Sexual Assault Nurse Examiner. The SANE was asked if she provides pregnancy testing, emergency contraception and sexually transmitted disease infection prophylaxis. The Auditor was informed she does offer such at the time of the examination, when appropriate. The SANE informed the Auditor an offender would not be billed for a forensic examination. The NCDPS would receive the invoice for services. The SANE has received one offender for a forensic examination from the Lumberton Correctional Institution in the previous 12 months.

The Auditor attempted to conduct a formal interview with the offender who was sent for a forensic examination in the previous 12 months. The offender was no longer housed at the facility.

Conclusion:

The Auditor determined the facility provides offenders access to timely and unimpeded access to emergency medical services. Medical practitioners provide offender victims with sexually transmitted infections prophylaxis. The Auditor reviewed the agency's policies, procedures, MOU, Coordinated Response Plan, Orientation Handbook and interviewed staff, offenders, SANE and victim advocate. The Auditor determined the facility meets the requirements of this standard.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Auditor Discussion:</p> <p>The NCDPS policy is to offer medical and mental health evaluations and treatment services, as appropriate, to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Policy stipulates, as appropriate, the evaluations and treatments include the following:</p> <ul style="list-style-type: none"> ● Follow-up services; ● Treatment plans; and ● Referrals for continued care following a transfer to, or placement in, other facilities, or release from custody, when appropriate. <p>The NCDPS policy mandates pregnancy tests for sexually abusive vaginal penetration for female victims under the age of 65, timely and comprehensive information about lawful pregnancy-related medical services and tests for sexually transmitted infections as medically appropriate be offered to victims of sexual abuse.</p> <p>All medical and mental health treatment services are provided to offender victims of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>The agency's policy requires a mental health clinician attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate.</p> <p>Evidence Relied Upon:</p> <p>Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 31</p> <p>Health Services Policy - CC-8 Continuity of Patient Care, pg. 1-4</p> <p>Health Services Policy - CP-18 Clinical Practice Guidelines, 18 pg. 3-4</p> <p>Offender Records</p> <p>Interviews with Medical/Mental Health Practitioners</p> <p>Interviews with Staff</p> <p>Interview with SANE</p> <p>Analysis/Reasoning:</p> <p>The Auditor conducted a formal interview with a mental health practitioner. The mental health practitioner stated there is no stipulation on the amount of time they meet with victims of sexual abuse. Mental health practitioners meet with victims and abusers if the victim or abuser</p>

requests such meeting or if medically necessary. Treatments and evaluations occur as needed or until treatment plans determine a need no longer exists. The Auditor asked the mental health practitioner what services are offered to victims of sexual abuse. The Auditor was informed counseling sessions, referrals if appropriate and follow-up services, if needed. Mental health practitioners create and follow treatment plans. The Auditor asked the mental health practitioner if services offered at the LCI are consistent with a community level of care. The Auditor was informed mental health services offered at the LCI are consistent with community level services.

The Auditor asked the mental health practitioner if she meets with abusers in an attempt to discover the underlying reason that cause sexual abusers to commit such acts. The medical practitioner informed the Auditor mental health practitioners attempt to conduct evaluations and treatments for such purpose. The Auditor was informed those offenders are not required to participate in sessions with the mental health practitioner. The Auditor asked how long after learning an offender committed an act of offender-on-offender sexual abuse does mental health meet with the abuser. The Auditor was informed the evaluation occurs within 60 days.

The Auditor discussed the practice of offering sexually transmitted infection prophylaxis and pregnancy tests with medical practitioners. The Auditor was informed those tests are offered at the time of the forensic examination. The medical practitioners informed the Auditor those tests are also offered by medical practitioners at the facility and any time the offender request such when ordered by the Physician. Medical practitioners at the facility do not offer pregnancy testing as the facility does not house female offenders. The Auditor asked what the cost of services are for victims of sexual abuse. The Auditor was informed there are no costs for evaluations and treatments related to sexual victimization. At the time of the Audit there were no transgender offenders who had female genitalia.

The Auditor conducted formal interviews with offenders who had a history and/or criminal convictions of sexual abuse related crimes. The Auditor asked each if they had been offered services from a mental health practitioner. Those offenders informed the Auditor they have been offered mental health services. Some offenders have met with a mental health practitioner while others declined the services. Several continue to meet with a mental health practitioner on a routine basis. The Auditor interviewed sexual offenders who had completed the agency's S.O.A.R. program. The S.O.A.R. - Sex Offender Accountability and Responsibility program is a twenty (20) week, 5 days each week, program designed to treat sex offenders.

The Auditor conduct a telephone interview with a Sexual Assault Nurse Examiner. The SANE explained victims are offered sexually transmitted disease testing and pregnancy testing is offered to all females during a forensic examination. The SANE offers female victims timely information and timely access to lawfully related pregnancy services. The Auditor asked how much do the SANE services cost an offender. The SANE does not directly bill the offender for sevices related to the forensic examination. The SANE informed the Auditor there has been one offender from the Lumberton Correctional Institution sent for a forensic examination within the past 12 months. The LCI does not house female offenders.

The Auditor interviewed one offender who was alleged to have committed an act of sexual abuse against another offender. The offender was asked if he had met with anyone after the allegation was made. The offender had met with investigators following the alleged incident. The offender was asked if he had met with mental health personnel. The offender informed the Auditor he was offered a chance to meet with a mental health practitioner and declined to

do so.

There were no offenders who suffered sexual abuse while confined in the facility housed at the time of the audit. The facility received one allegation in the previous 12 months that required an offender be sent for a forensic examination. The Auditor was unable to interview the offender as he had been released from the facility prior to the audit. The Auditor did observe the facility offered the offender a meeting with a mental health professional. The PSP met with the offender and offered supportive services.

Conclusion:

The facility's PSP, medical and mental health practitioners offer counseling, treatment, sexually transmitted infection prophylaxis and make referrals for continued care when necessary. The services provided to offender victims are consistent with a community level of care. The Auditor reviewed policies, procedures, offender records, interviewed offenders, SANE and medical/mental health practitioners to determine the facility meets the requirements of this standard.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>It is the policy of the Lumberton Correctional Institution to conduct a Post Incident Review (PIR) at the conclusion of every substantiated and unsubstantiated sexual abuse investigation. The incident review is required to be conducted within 30 days of the conclusion of the investigation. Policy requires the PIR be forwarded through the chain of command to the Regional Director and a copy of the PIR be attached to the OPUS Incident Report for data collection and analysis. The agency requires the PIR is completed by:</p> <ul style="list-style-type: none"> ● Upper level management officials; ● Investigators; and ● Medical or mental health practitioners. <p>Agency policy requires the review team consider:</p> <ul style="list-style-type: none"> ● 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 status, gang affiliation or was motivated or otherwise caused by other group dynamics at the facility; ● Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; ● Assess the adequacy of staffing levels in that area during different shifts; and ● Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. <p>The review team is required to prepare a report of its findings pursuant to standards, and any recommendations for improvement and submit the report to the facility head and PREA Compliance Manager.</p> <p>Evidence Relied Upon:</p> <p>Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 24-25</p> <p>Investigative Record</p> <p>PREA Post Incident Review</p> <p>Interviews with Staff</p> <p>Analysis/Reasoning:</p> <p>The Auditor reviewed 16 investigative records from the previous 12 months. Of the records reviewed the facility was required to conduct an incident review of two allegations. Both</p>

allegations were determined unsubstantiated by the facility investigator. The facility conducted a PREA Post Incident Review of both incidents. Facility personnel completed the agency's PREA Post Incident Review form.

The Auditor conducted a review of the facility's PREA Post Incident Review forms. The reports were completed within 30 days of the conclusion of the investigative outcomes. The investigator determined the sexual misconduct allegation was unsubstantiated. The forms include the names of each team member. The Warden's signature was included on the last page of the reports. The reports are forwarded through the Regional Office to the PREA Office. The Auditor observed the following considerations in the PREA Post Incident Reviews:

- Did the allegation or investigation indicate a need to change policy or practice to better prevent, detect or respond to sexual abuse;
- Was the incident or allegation motivated by race; ethnicity; gender identity; lesbian; gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated by other group dynamics;
- During the assessment of the area where the incident allegedly occurred, were there any physical barriers that may have enabled sexual abuse;
- Are staffing levels in that area adequate during different shifts;
- Based upon assessment, should additional monitoring technology be deployed or augmented to supplement supervision by staff; and
- Additional comments and/or corrective actions taken.

The PREA Post Incident Review form states, "All recommended actions not implemented must be justified and documented." The Auditor observed the following personnel in attendance during both Post Incident Reviews:

- Warden
- Associate Warden of Custody
- Associate Warden of Programs
- Nurse Supervisor
- Psych Services Coordinator
- PREA Compliance Manager
- PREA Compliance Manager Alternate

The Auditor conducted a formal interview with a staff member who serves on the Post Incident Review Team. The staff member discussed the process of the review team with the Auditor. The staff member explained the team reviews the investigative report and discusses the allegation in detail. The Post Incident Review Team follows a formatted form to ensure all elements of this standard are considered. The team member stated the team does discuss recommendations for improvement and include those recommendations on the final report. The Incident Review Team Member was asked when the team meets following an investigation. The Auditor was informed the team meets within 30 days after the conclusion of the investigation. The Auditor asked if the team has met within the previous 12 months and was informed the Sexual Abuse Response Team (SART) has met to review incidents. The Auditor was informed input is provided by line supervisors and the investigator.

Conclusion:

The Auditor determined the facility is conducting incident reviews within 30 days of the conclusion of each substantiated and unsubstantiated sexual abuse investigation. The Post Incident Review Team documents the performance of each incident review on a formatted form. The Auditor reviewed the NCDPS policies, procedures, PREA Post Incident Reviews, investigative reports and conducted interviews with staff and determined the facility meets the requirements of this standard.

115.87	Data collection
	<p data-bbox="248 170 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 282">Auditor Discussion</p> <p data-bbox="248 327 536 360">Auditor Discussion:</p> <p data-bbox="248 405 1485 730">NCDPS policy requires accurate, uniform data collection for every allegation of sexual abuse at facilities under its direct control, including private facilities with which the agency contracts for the confinement of its offenders. The incident-based data must be aggregated annually. Policy requires the collected data include, at a minimum, the data necessary to answer all questions from the most recent version of the United States Department of Justice's, Survey of Sexual Violence. After receiving the Survey of Sexual Violence, the NCDPS is required to submit the previous calendar year's data to the U. S. Department of Justice no later than June 30th.</p> <p data-bbox="248 775 1485 887">The agency's policy requires all reported allegations are documented in OPUS on the PR (PREA) Incident Report within 72 hours of receiving the report. Agency policy requires facilities refer to the Regional level for final decision on investigations.</p> <p data-bbox="248 931 1453 1043">The North Carolina Department of Public Safety does not contract for confinement of offenders. The NCDPS is not required to collect and aggregate data accumulated at another governmental or private facility.</p> <p data-bbox="248 1088 576 1122">Evidence Relied Upon:</p> <p data-bbox="248 1167 1310 1200">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 31-32</p> <p data-bbox="248 1234 544 1267">Agency Annual Report</p> <p data-bbox="248 1312 464 1346">Agency Website</p> <p data-bbox="248 1391 592 1424">Survey of Sexual Violence</p> <p data-bbox="248 1458 687 1491">OPUS Incident Reporting System</p> <p data-bbox="248 1536 544 1570">Analysis/Reasoning:</p> <p data-bbox="248 1615 1422 1805">The Auditor reviewed the facility's 2017 - 2019 Annual Reports published on the North Carolina Department of Public Safety website. The report includes data aggregated from January 1st through December 31st of each year. The report was easily accessible as the agency's website was simple to navigate. The data collected included definitions of sexual abuse and sexual harassment.</p> <p data-bbox="248 1850 1469 2051">The Auditor compared the data included in the agency's annual report with the Survey of Sexual Violence. The data collected is sufficient to answer all the questions on the Bureau of Justice's, Survey of Sexual Violence. The agency's PREA Coordinator completed the previous years Survey of Sexual Violence. The PREA Coordinator completes the report and submits it to the Bureau of Justice Statistics prior to June 30.</p> <p data-bbox="248 2096 1437 2130">The Auditor interviewed the PREA Compliance Manager concerning the collection of sexual</p>

abuse data in agency facilities. All data is derived from investigative reports, Incident Reports, Incident Reviews, and all supporting documents in investigative records. Data is electronically input into the OPUS Incident Reporting System. The data is maintained electronically and accessible to the PREA Office. The PREA Office is responsible for compiling and aggregating the data annually. All investigative records are maintained in the PREA Compliance Manger and Investigators' locked offices.

Conclusion:

The Auditor observed evidence the facility is collecting and aggregating sexual abuse data annually. The reported data utilizes a standardized set of definitions. The Auditor reviewed the agency's policies, procedures, website, annual reports, Survey of Sexual Violence and interviewed staff and determined the facility meets the requirements of this standard.

115.88	Data review for corrective action
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 536 360">Auditor Discussion:</p> <p data-bbox="252 405 1406 562">The North Carolina Department of Public Safety policy requires a review of collected and aggregated data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The data review is conducted in an attempt to:</p> <ul data-bbox="300 629 1449 797" style="list-style-type: none"> • Identify problem areas; • Take corrective action on an ongoing basis; and • Prepare an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. <p data-bbox="252 831 1018 864">Policy requires the data review report include the following:</p> <ul data-bbox="300 931 1361 1099" style="list-style-type: none"> • A comparison of the current year's data and corrective actions with prior years; • Provide an assessment of the agency's progress in addressing sexual abuse; • Must be approved by the agency head; and • Must be readily available to the public through the agency's website. <p data-bbox="252 1133 576 1167">Evidence Relied Upon:</p> <p data-bbox="252 1211 1265 1245">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 32</p> <p data-bbox="252 1279 456 1312">Annual Reports</p> <p data-bbox="252 1357 360 1391">Website</p> <p data-bbox="252 1424 544 1458">Analysis/Reasoning:</p> <p data-bbox="252 1503 1477 1749">The Auditor reviewed the North Carolina Department of Public Safety website. The agency maintains annual reports that include its findings and corrective actions for all agency facilities. The public can access the agency's reports through the "DPS Services" dropdown tab and then by clicking on the "Prison Rape Elimination Act" link. After opening this link the public can view each annual PREA Report that is labeled and hyperlinked. The Auditor observed reports from 2015 to 2019 on the website.</p> <p data-bbox="252 1783 1477 2119">A review of the facility's annual reports reveals the agency attempts to discover problem areas within each agency facility based on a review of data collected. The agency's annual report includes corrective actions taken by the NCDPS. The "Corrective Actions" section of the annual report identified eight (8) corrective actions made at the Lumberton Correctional Institution in 2018. The agency's report included corrective actions made at 28 NCDPS facilities during 2019 and specifies the corrective actions made at each facility. The Auditor did not observe any problem areas noted or corrective actions made at the Lumberton Correctional Institution in the 2019 annual report. The annual report includes a comparison</p>

section that compares data from the current year with data from previous years.

The information for the annual report is derived from information maintained in the OPUS Incident Reporting System. Corrective actions are implemented at facilities when needed as the Post Incident Review Team recommends corrective actions when warranted following the incident review. Any corrective actions taken are documented in the agency's annual report. When problem areas are discovered, the Post Incident Review Team recommends a solution to address the problem area and include the specifics in the Post Incident Review Report. The PREA Office utilizes data from the Post Incident Review Reports to include in the agency's annual report.

The Secretary of the North Carolina Department of Public Safety approves the agency's annual report before publishing on the agency's website. The Secretary signs the annual report. The Auditor did not observe any redacted materials from any of the NCDPS published reports.

Conclusion:

The Auditor concluded the agency completes an annual review of collected and aggregated sexual abuse data from its facilities. The annual report addresses problem areas and corrective actions taken and is approved by the Secretary prior to publishing on the agency's website. The Auditor reviewed the agency's policies, procedures, website, Annual Reports and interviewed staff to determine the agency meets the requirements of this standard.

115.89	Data storage, publication, and destruction
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 536 360">Auditor Discussion:</p> <p data-bbox="252 400 1485 602">The agency's policy requires sexual abuse data at facilities under its direct control is securely retained. Policy requires all aggregated sexual abuse data readily available to the public at least annually on its website. The NCDPS requires sexual abuse data is maintained for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.</p> <p data-bbox="252 645 576 678">Evidence Relied Upon:</p> <p data-bbox="252 719 1310 752">Agency Policy - .3400 Offender Sexual Abuse and Sexual Harassment, pg. 31-32</p> <p data-bbox="252 792 456 826">Annual Reports</p> <p data-bbox="252 866 512 900">Interviews with Staff</p> <p data-bbox="252 940 427 974">Observations</p> <p data-bbox="252 1014 544 1048">Analysis/Reasoning:</p> <p data-bbox="252 1088 1461 1417">The Auditor conducted an interview with the Associate Warden of Operations and PREA Compliance Manager. The facility is responsible for reporting facility data to the PREA Office through the OPUS Incident Reporting System. All facility data gathered by the PCM and investigators is maintained in their locked offices. The Auditor observed the office of the Investigators and PCM. The data reported to the PREA Office is electronically maintained in the agency's PREA Office. Information for the agency's annual report is compiled from investigative files, Incident Reviews and other supporting reports as submitted in the OPUS Incident Reporting System.</p> <p data-bbox="252 1458 1477 1659">The Auditor reviewed the agency's website. The website included annual sexual abuse data collected from 2015 through 2019. There were no personal identifiers included in any agency annual reports. The Auditor was informed sexual abuse and sexual harassment data is maintained by the PREA Office for a minimum of 10 years after collection. A unique username and password are required to gain access to the OPUS Incident Reporting System.</p> <p data-bbox="252 1702 427 1736">Conclusion:</p> <p data-bbox="252 1776 1342 1854">The Auditor reviewed the agency's website, annual reports, made observations and interviewed staff to determine the agency meets the requirements of this standard.</p>

115.401	Frequency and scope of audits
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 536 360">Auditor Discussion:</p> <p data-bbox="252 400 1474 689">Each facility under the direct control of the North Carolina Department of Public Safety had been audited at least once during the previous three-year audit cycle. During the previous three year audit cycle, the North Carolina Department of Public Safety ensured at least one-third of its facilities were audited each year. This is the second year of an audit cycle. During the first year of this cycle the North Carolina Department of Public Safety ensured at least one third of its facilities were audited. The Lumberton Correctional Institution was last audited in May 2017.</p> <p data-bbox="252 730 574 763">Evidence Relied Upon:</p> <p data-bbox="252 804 609 837">Previous PREA audit report</p> <p data-bbox="252 878 411 911">Facility Tour</p> <p data-bbox="252 952 533 985">Interactions with Staff</p> <p data-bbox="252 1025 545 1059">Analysis/Reasoning:</p> <p data-bbox="252 1099 1474 1388">The facility conducted this audit during the second year of the current audit cycle. The Auditor was provided and reviewed the relevant polices, procedures, documents and other applicable reports to assist with rendering a decision on the facility's level of compliance with relevant standards. The Auditor reviewed a relevant sampling of documentation from the previous 12 month period. The facility allowed the Auditor to conduct formal interviews with offenders and staff. Agency personnel provided the Auditor with a detailed tour, allowing the Auditor access to all areas in the facility.</p> <p data-bbox="252 1429 1485 1675">During the audit the facility provided additional documents that were requested by the Auditor to aid in a determination of the facility's level of compliance. The Auditor observed camera placements and observed monitors to ensure offenders were not able to be viewed naked by a staff member of the opposite sex through the facility's video system. The offender population was provided an opportunity to correspond confidentially with the Auditor prior to the Auditor's arrival.</p> <p data-bbox="252 1715 1465 1917">The Auditor reviewed the agency's previous PREA audit report and observed the facility complied with all standards without the requirement of a formal corrective action period. The previous Auditor was allowed access to all areas, conducted interviews with staff and offenders and was provided facility documents during the previous audit. During the previous PREA audit the facility allowed offenders to confidentially correspond with the Auditor.</p> <p data-bbox="252 1957 1394 2080">The Auditor communicated with a victim advocate with the Robeson County Rape Crisis Center and the Sexual Assault Nurse Examiner with the local hospital to gain an understanding of services offered to offender victims of sexual abuse.</p> <p data-bbox="252 2121 1410 2154">A letter was sent to the facility to be posted in all offender housing units in the Lumberton</p>

Correctional Institution. The notice included an address so offenders could send confidential correspondences to the Auditor. The notice was written in English and Spanish. The Auditor received no correspondences from an offender prior to arriving on site for the audit. The Auditor observed the confidential correspondence notice posted in all offender housing units. The notices were posted on December 9, 2020. Offenders were provided 41 days to send confidential correspondence to the Auditor prior to the audit.

The U.S. Department of Justice did not send a recommendation to the North Carolina Department of Public Safety for an expedited audit of the Lumberton Correctional Institution during this audit period.

Conclusion:

The Auditor concluded the Lumberton Correctional Center meets the requirements of this standard.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The agency has published its previous PREA Audit reports on its website.</p> <p>Evidence Relied Upon:</p> <p>Agency Website</p> <p>Previous PREA Audit Reports</p> <p>Analysis/Reasoning:</p> <p>The Auditor reviewed the agency's website which includes a link for its previous PREA Audit reports. The reports are easily accessible through a "DPS Services" dropdown tab. After accessing the tab the public can access reports through the "Prison Rape Elimination Act" hyperlink. This page includes all PREA final reports sorted by audit cycles and years. Each audit report for all NCDPS facilities is accessible on the page. The Lumberton Correctional Institution was last audited in May 2017.</p> <p>Conclusion:</p> <p>The Auditor determined the agency meets the requirements of this standard.</p>

Appendix: Provision Findings		
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.)	na
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.)	na
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for	yes

	adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	
	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
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.)	na
	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.)	na
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

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	
	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	yes

	abuse and sexual harassment, including: inmates who are blind or have low vision?	
	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
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
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
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
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
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
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

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

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
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

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 decree, 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 decree, 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 decree, 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
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?	no
	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

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.	no

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
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

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
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
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

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
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

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
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?	yes
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

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).	na
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
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.)	na
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.)	na
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
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.)	na
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
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

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.)	yes
	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.)	na
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