

# PREA Facility Audit Report: Final

**Name of Facility:** New Hanover Correctional Center

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 03/30/2021

**Date Final Report Submitted:** 06/08/2021

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"/>
<b>Auditor Full Name as Signed:</b> Jack Fitzgerald	<b>Date of Signature:</b> 06/08/2021

AUDITOR INFORMATION	
<b>Auditor name:</b>	Fitzgerald, Jack
<b>Email:</b>	jffitzgerald@snet.net
<b>Start Date of On-Site Audit:</b>	02/03/2021
<b>End Date of On-Site Audit:</b>	02/05/2021

FACILITY INFORMATION	
<b>Facility name:</b>	New Hanover Correctional Center
<b>Facility physical address:</b>	330 Division Dr, Wilmington, North Carolina - 28401
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Lenton Donnell
<b>Email Address:</b>	Lenton.donnell@ncdps.gov
<b>Telephone Number:</b>	910-251-2666

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Edward Basden
<b>Email Address:</b>	Edward.Basden@ncdps.gov
<b>Telephone Number:</b>	910-251-2666 EXT. 25

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Lenton Donnell
<b>Email Address:</b>	lenton.donnell@ncdps.gov
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Susan Anderson
<b>Email Address:</b>	Susan.anderson.ncdps.gov
<b>Telephone Number:</b>	910-251-2666

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	402
<b>Current population of facility:</b>	294
<b>Average daily population for the past 12 months:</b>	350
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	21 and above
<b>Facility security levels/inmate custody levels:</b>	Minimum I, II, and III
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	120
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	0

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

Agency Chief Executive Officer Information:	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Charlotte Williams	<b>Email Address:</b>	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 Prison Rape Elimination Act (PREA) audit of North Carolina Department of Public Safety (NCDPS) facility the New Hanover Correctional Center took place during the week of February 3, 2021. The Audit was conducted by Mr. Jack Fitzgerald, a United States Department of Justice Dual Certified PREA Auditor. Mr. Fitzgerald is working as a representative of DX Consultants LLC. of St. Petersburg, Florida, who has the contract for PREA Auditing Services. The New Hanover Correctional Center (NHCC) is one of 55 adult prisons run by the Adult Corrections Division of DPS. The New Hanover Correctional Center is a minimum-security facility, where in non-COVID-19 the offenders would be allowed to work in the community. The population of NHCC include offenders nearing the end of their sentence. The average length of time for offenders housed at NHCC is under two years. With a capacity of 402 offenders, the facility employs 120 correctional, Medical and Mental Health staff. The Facility is located approximately 140 miles from the Department of Corrections Central Office in Raleigh, NC, in the state's southeastern region.

The DX Consulting and the Department of Public Safety's PREA Office began discussions in December approximately 7 weeks before the site visit. DX Consultants LLC. provided an Audit Notice in two languages to the facility. The Facility PREA Compliance Manager posted the notice in English and Spanish, the two most common languages spoken at NHCC. Photos were uploaded to the OAS. The notice provides offenders with information about the Audit, how to contact the Auditor, and the mail's confidential nature. The Auditor confirmed the notices through visual observation on the tour and discussions with offenders. The notice did not result in confidential communication from offenders, staff, or other interested parties. Throughout the Pre-audit phase, the Auditor had communications in the form of phone calls, video meetings, emails, and text with the state PREA Office, the Warden, senior staff members and the facility's PREA Compliance Manager. The Auditor accessed to the OAS during the second week of January approximately four weeks before the site visit.

Information was exchanged through emails, video, and phone contact to clarify the information provided and where needed additional information to support compliance was requested. The Auditor provided to the NCDPS and the NHCC, during the Pre-Audit phase, a review of information submitted, questions on information provided, and request for additional information to support compliance when onsite. To help expedite the process on-site, the Auditor picked dates of video to show supervisory tours in advance, but the facility does not have cameras so only log book entries could be reviewed. The Auditor also provided a randomization list to use to select offender and staff file samplings. The Auditor provided the agency with a tentative idea of the audit day, including approximate times on-site and the list of targeted populations that would need to be identified. The Auditor encouraged the agency to use the information online about the audit process to work with staff, so they had an increased level of comfort to what the audit process was and what to expect.

The Auditor arrived in southeastern North Carolina on February 1, 2021, in preparation for the audit. The Auditor arrived at the facility at 7:00 am on February 3. Out of an abundance of caution during the COVID-19 crisis, the Auditor was required to complete a daily health screening before entering the facility as part of COVID-19 precautions and all staff and offenders wore masks throughout the visit. After some informal interactions with staff, the Auditor was escorted to a conference room to meet the facility's leadership. An entrance meeting was held with Acting Warden Basden, PREA Compliance Manager Lenton Donnell, the facilities other Lieutenants, Sergeants and PREA Support Person (PSP). PSP are volunteer staff who receive additional trainings on supporting victims of sexual abuse and are used to monitor victims and individuals who cooperate in a PREA investigation. The positions are in NCDPS policy. The Auditor thanked the facility for the work they had done in preparing the Pre-Audit tool and supporting documentation. The Auditor then explained his background and experience in Auditing, the Audit goals, and what to expect throughout the three full-day process. The Auditor reviewed the tentative schedule, tours, interviews, supporting documentation verifications, and that he expected to be on-site for about 30 hours over the three days. The Auditor's actual on-site total of 36 hours in the three days (Day 1 13.5 hours, Day 2 12.5 hours, Day 3 10 hours) allowed for staff observation and offender interactions across the shifts. The Auditor finished the meeting by reviewing the fairness of the process, the reason for the interviewees' random selection, and how the Auditor formulates conclusions in determining compliance. The PREA Compliance Manager, and staff person provided a tour of the complex.

The facility and the NCDPS worked with DX Consultants to identify the key staff who would make up the administrative interviews. The Interviews for the Agency Head, PREA Coordinator and the Contract Manager were completed as part of an agency audit previously. The Auditor did have sufficient notes from those interviews to use information in determining compliance of the various standards. Some standards were already completed in the OAS due to information provided in the agency audit.

The Auditor utilized regional resources identified by the facility to address specialized interview topics that the agency does not employ. This process aimed to ensure enough resources were available to the clients in the event of a sexual assault. The Auditor received information by email or through direct communication with individuals outside NHCC and completed web searches to assist in determining standard compliance. The Auditor also did web-based searches for news stories, state laws related to mandated reporting, state required protocols for sexual assault case handling, and SAFE/SANE Certification process requirements. The Agency does not employ individuals who provide SAFE or SANE services.

The North Carolina Department of Public Safety contracts with one facility for adult offenders. Where appropriate, the Auditor utilized information from random staff interviews to help in the determination of compliance in his review of standards. NHCC employs several individuals who have completed training on Investigating Sexual Abuse in a correctional setting. Since these staff are not law enforcement authorities with arrest powers the facility has entered into a mutual aid agreement with the New Hanover Sheriff's Office. The NHSO Detective spoken with confirmed they are trained in investigating sexual assaults, including in prison a setting, as their agency also runs a county jail.

The Auditor was also able to interview a staff who completes intakes, the initial PREA screening, and the reassessments. The Auditor was walked through the intake process to understand how the tool is completed and the process of asking related questions needed to correctly score the tool. Due to COVID-19 restrictions observation of the intake process was not possible. Specialized Interviews were completed internally with Medical, Mental health, Intake, Human Resources, supervisory staff who complete

unannounced rounds and screening staff. There were no staff who performed first responder duties or performed cross gender searches. Random staff answers to training questions were used to help in the assessment of compliance for these related standards. The New Hanover Correctional Center does not house youthful adult offenders. Since COVID -19 has prevented the use of contractors or volunteers who work with clients the auditor requested phone contact information to discuss the training they had been provided previously at NHCC. The Auditor also made phone and email communication with the local rape crisis agency, the local hospital with SANE services, and the Sheriff's Office to confirm the available resources in the event of a sexual assault.

The Auditor worked with the facility Administration to identify targeted offenders for interviews to be completed. The current population make up did not allow for the identification of offenders in each of the targeted categories for a 251 to 500 bed Prison facility as promulgated by Auditor Handbook. The 12-month average leading up to the site visit was 350 offenders. COVID -19 and the closure of one housing to act as a Quarantine Units for new admissions or for isolation if the facility developed positive cases. As noted, NHCC does not house youthful offenders and has not used segregated housing to protect a victim of sexual assault in the past three years. The Auditor worked with the PREA Compliance Manager and the Mental Health Supervisor to find additional targeted populations. The Auditor ensured the Random offenders selected for interviews were a diverse representation of the population looking at ethnicity, age, gender, and housing locations.

During the tour, the Auditor spoke to offenders who were at work, on dorm floors, and in the Segregation Unit. The Auditor attempted to interact with as many offenders on the tour as possible to further assess through informal conversation, the offenders' perception of safety, their knowledge of PREA, how to report concerns, access to counseling services, and if they knew an audit was occurring. The Auditor also took the time, when practical, during the tour to make announcements to notify individuals that they may be requested for an interview and how their interview would inform the audit process. The Auditor completed 31 offender interviews containing both targeted and random individuals from spread across the housing units and the segregation unit. The PREA Auditor Handbook requires a minimum of 26 individuals for a population of this size. In the sample the Auditor looked to diverse population including targeted offenders. Because there were no allegations of sexual abuse, no youthful offenders, or individuals in segregation for safety from sexual abuse the Auditor had to interview additional individuals in other targeted groups.

The tour took a few hours to cover the numerous buildings and allowed the Auditor to go into all areas of the facility. The Auditor noted lines of sight and spoke with staff in each area about potential risk and how offenders with victimization histories are kept away from individuals with perpetrating histories. In addition to custody staff, the Auditor learned about the therapeutic programs, educational opportunities, recreational outlets, and the work opportunities offenders would have access to in the community during non-COVID-19 periods.

After the completion of the tour, the Auditor began the interview process. The Auditor began seeing offenders from the facility. The Auditor was always provided space to have confidential communication with offenders. The Auditor began each interview with an introduction, the purpose of the audit, that their participation was voluntary, and that the information would be confidential unless there was an individual at risk of harm. Interviews and file reviews continued on days two and three.

The Auditor reviewed the required publicly available data on PREA Investigations on the agency website. The Auditor confirmed this information with agency and facility staff and offenders while on site. The Auditor also confirmed with community agencies (hospitals and local rape crisis agencies) if they were aware of any incident of sexual assaults or had related concerns.

On day two the Auditor completed the offender interviews and began interviewing individuals in custody, supervisory and medical and mental health positions. The Auditor interviewed 14 random staff in addition to medical, mental health, supervisory staff, intake and screening staff.

On day three, the Auditor reviewed current and former offenders' files during the audit process. The Auditor looked to see if mechanisms in place to educate offenders about PREA, complete initial PREA screening and 30-day reassessments of risks. The Auditor also looked for evidence, where appropriate, the information obtained in screening was used to keep individuals safe.

The Auditor provided to the Human Resources Department a random selection of staff names selected out of the 120 employees and contractors at NHCC. The agency provided information on all 15 employees/contractors, providing information on hire, background checks, initial and 5-year background checks, PREA education, and appropriate prior institutional employer checks. The Auditor reviewed training record rosters and used the information to verify the remaining employees' training information. The Auditor reviewed 15 client files for screening, education, and where appropriate referral to medical or mental health services. The Auditor also reviewed the human resources and training materials of 19 employees, contractors, and volunteers.

At the closure of the third day, the Auditor held an exit meeting. The Auditor presented initial impressions to several senior staff, including Warden Basden and PREA Compliance Manager Donnell. The Auditor thanked the members of the team for a supportive audit process by which staff and offenders were easily accessible. The Auditor reviewed some of the staff and offender comments during the audit process which supported a positive environment. Offenders reported the facility is safe especially related to PREA and could approach staff with a problem and felt it would be investigated. Finally, the Auditor described the post-audit process which will require the Auditor to review the sum of all information provided including documents, interviews, and observations. The Auditor went on to state the process must include how all indicators of the PREA standards must be considered in determining compliance. The Auditor acknowledged that some measures appeared to need some additional steps to address concerns identified in the audit process.

The Auditor was provided additional materials to support compliance on several standards. At the time of this interim report the Auditor is awaiting documentation on contractual compliance (115.12) and the screening and 30-day reassessment (115.41). The facility has begun a corrective process until NHDPS can make changes to the OPUS instrument to capture a missing element on screenings done at step down facilities.

## 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 New Hanover Correctional Center is a minimum-security facility in the community of Wilmington, North Carolina. The facility sits on approximately three acres of land across the street from the Regional Airport. It serves as a reentry program for offenders under the supervision of Adult Corrections which is part of the Department of Public Safety. Offenders at NHCC can have employment in the community if there was no pandemic going on. The oldest portion of the complex is a multi-story brick structure that was built in the 1930s. The 1930s building just reopened prior to the audit after a yearlong hazmat abatement project. The facility has not undergone any major renovations in the past three years and the facility does not have a camera system. The facility has six dormitory buildings, a chapel, a dining facility, a trailer for programming and the 1930's structure inside the perimeter fence. The 1930's building houses medical, mental health, laundry, commissary, a library, a segregation unit, and operations administration. The facility has an administration building outside the fence and 8 storage sheds inside and outside the fenced area. Auditor went to all buildings and storage units and toured spaces looking for blind spots and checked that doors to closets, offices, and other spaces were locked when not in use.

The Auditor was provided the current population roster for the facility which included 312 offenders with no female or youthful offenders. The offender population security classification at NHCC includes three levels of minimum security population who have less than 2 years remaining on their commitment. The majority of the facility accessible by offenders is within a secure perimeter. The housing units at NHCC are dormitory units with 2 sides of 32 inmates. Each side is open at the top and bottom so staff can tour between units. Each side has a dayroom and a bathroom with toilets and shower facilities. The toilets have privacy barriers between each but are open in the front. Staff generally do not enter the bathroom area when residents are using the facilities. Though the shower on each side of the unit has multiple heads it is reported by both staff and offenders that showers are done one person at a time. Residents spoke to the Auditor about the shower curtains which were not wide enough to touch each side of the opening. The issue was resolved the next day by the installation of wider shower curtains. The offender spoke about concerns the toilet set up but reported they were not visible to female staff completing rounds. The concern was more peer oriented due to mirrors on the sinks across from the toilets.

The dorms have good lines of sight from the staff desk or from the pod officer who moves about the unit. Staff make routine tours of the dorm spaces and were aware of blind spots and the need to monitor areas where offenders congregate. Staff report they address when residents attempt to tent their bunk as it hampers their lines of site on tours. Management staff also make random tours in the facility which were documented in unit logs. The PCM reports bed assignments done to keep separate those with aggressive histories and those who might be at a greater risk. High Risk Victims (HRV) are put in beds close to or in direct line of site of the officer's desk. During the COVID -19 outbreak the facility has also tried to cohort individuals and the facility grounds have temporary fencing to ensure groups do not mix. COVID-19 has also impacted professional visitors and volunteers who have been prohibited from being on-site. The facility has reassigned staff to provide additional staff during the day as the facility would normally have a third of the population working off grounds per day.

The Auditor made two visits to most housing units in the facility. In each of the units, there was PREA information posted including the audit notice. The facility has PREA posters displayed in English and Spanish. In addition to housing, the posters were in other common areas. The posters have phone numbers or addresses for offenders to report PREA concerns to DOC or an outside agency. The Auditor confirmed the phone numbers listed on the posters were accurate to the agencies listed. The Auditor tried a call to the PREA outside reporting line which was reported to the state PREA Office and then to the facility.

There are work groups of inmates on site providing dietary, laundry, grounds crew and commissary services. Supervisors in each working environment were able to describe how they maintain a sexually safe environment. The supervisors provided the Auditor with tours of their work areas, explaining how many individuals are allowed in each space, their access to cameras to monitor activity, their active supervision of the space, and how they learn information about clients who may be at risk on their crews.

The dining area was not in use due to not being able to allow social distancing of the population. The COVID -19 crisis has the facility transporting meals in heated boxes to the dorms for consumption. The medical suite allows for a full array of services. Medical procedures can be completed on-site but emergency care for significant injuries would have the offender taken to a local hospital. The health services staff who are employed by NCDPS provide supportive services to offenders from a routine sick call, medication management, substance abuse treatment, and therapeutic counseling.

## 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.

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	41
<b>Number of standards not met:</b>	0
<b>Not audited at the facility level:</b> Audited at the agency-level, and not relevant to the facility-level audit because the facility has no independent responsibility for the operation of these standards.	4

The Auditor currently is awaiting documentation to support compliance on two standards. A interim report will be issued until the issues of compliance can be resolved.

## 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	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Questionnaire</p> <p>F3400 Offender Sexual Abuse and Sexual Harassment Policy</p> <p>Letter Appointing PREA Compliance Manager at New Hanover CC</p> <p>Facility Organizational Chart</p> <p><b>Individuals interviewed/ observations.</b></p> <p>Interview with PREA Compliance Manager</p> <p>Interview with Warden</p> <p>Interview with Staff</p> <p>Interview with Offenders</p> <p>Tour Observations</p> <p>Zero Tolerance posters/ notifications</p> <p><b>Summary determination.</b></p> <p>Indicator (a). The North Carolina Department of Public Safety has developed an agency-wide Policy on efforts to ensure compliance with the Prison Rape Elimination Act. Policy F3400 Offender Sexual Abuse and Sexual Harassment Policy was written to address the various requirements of the standards. The 32-page policy sets forth a zero-tolerance expectation for any sexual activity. Page 5 of the policy states. “The North Carolina Department of Public Safety 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 policy goes on (pages 2 to 4) to define prohibited behaviors consistent with the standards. The policy sets forth the requirements of agency administrators and facility administrators to ensure PREA compliance. The policy covers different aspects of the North Carolina DOC’s prevention efforts on pages 5-10, including education of staff, offenders, contractors, and investigators. Policy F3400 Offender Sexual Abuse and Sexual Harassment Policy covers the detection and prevention efforts including:</p>

- screening, and use
- Mechanisms for reporting
- Investigation
- Medical and Mental Health Services
- Post-incident review

The Facility staff showed knowledge consistent with training materials about their role in preventing, detecting, and responding to sexual assault claims. Also, posters throughout the facility remind offenders and staff of the Zero Tolerance expectation. Random offenders reported an environment free from sexual misconduct.

Indicator (b). This indicator was completed in the agency audit

Indicator (c) F3400 Offender Sexual Abuse and Sexual Harassment Policy defines the role of the PREA Compliance Manager (pages 3). "A designated employee, at each facility, with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards." The policy describes the responsibility of the PREA Compliance Manager throughout. The Warden assigns an individual to coordinate the facility's efforts to comply with PREA. Supporting documentation includes the PCM Designation form, which the Warden provides to the state's PREA Coordinator. The PREA Compliance Manager works for the Assistant Warden of Operations, who reports directly to the Warden. Interviews with the PREA Compliance Manager and Warden confirm the PREA Compliance Manager has sufficient access to key correctional administrators, including the Warden, to influence policy and resources to ensure PREA safe environment at New Hanover Correctional Center. Offenders were all aware of the PREA Compliance Manager's role and able to identify him and support that he is accessible to them.

#### **Compliance Determination:**

The North Carolina Department of Correction has policies that define the steps taken to prevent, detect, and respond to sexual abuse and sexual harassment incidents. The policy F3400 Offender Sexual Abuse and Sexual Harassment Policy defines the agency's zero-tolerance expectation toward Sexual abuse or harassment of offenders in the state's custody. The policy defines the roles of the state PREA Coordinator and the facility PREA Compliance Manager as well as prohibited behaviors for all staff, volunteers, contractors, and offenders. The interview with New Hanover PREA Compliance Manager Lt. Lenton Donnell confirmed his role to ensure PREA compliance is maintained. He believes he has the capacity in their jobs to advocate for policy or procedural changes needed to support offender safety. This was confirmed with Warden Edward Basden, who describes his expectations for the role of the PREA Coordinator. The Warden expects that all complaints of sexual misconduct are to be thoroughly investigated. The facility works with the local Sheriff's Office if the allegation is criminal in nature.

Interview with the Warden supported compliance with all standard expectations. Policy reviewed by the Auditor in completing the Audit process not only described in depth the agency's expectation to protect, detect, and respond to sexual misconduct but clearly defines the roles of the state PREA Coordinator and the facility's PREA Compliance Managers. The policy also addresses prohibited behaviors and sanctions for any forms of sexual misconduct. The Auditor's review of the PREA Coordinator and the Agency Head interviews, which were done as part of an agency audit, supported compliance. The Auditor's interactions with these individuals further support a statewide expectation of zero-tolerance toward sexual abuse and resource allocation when needed. Offenders, in random interviews and those spoken to during the tour, confirmed that sexual misconduct is addressed, and they had knowledge of resources available if a concern arises. The facility has been able to maintain a safe environment where offenders supported violent sexual assault is not a concern. Random staff interviews further support a zero-tolerance culture. Individual staff interviewed supported a well-trained compliment who is aware of their duties in promoting a sexually safe environment. The Auditor also took into consideration the responsiveness to concerns identified on the tour.

115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Questionnaire</p> <p>NC DOC Website</p> <p>MOA Center for Community Transition</p> <p><b>Individuals interviewed/ observations.</b></p> <p>Interview with PREA Coordinator (PC)</p> <p>Interview with Contract Manager</p> <p><b>Summary Determination</b></p> <p>Indicator a) The North Carolina Department of Corrections has one contracted facility. The Auditor was provided documentation of the 30-bed contracted female facility in Charlotte North Carolina. Since the contract is for females, it would be unlikely an NHCC offender would be transferred to the Center for Community Transition. The program according to its website is for DOC offender classified as minimum custody level 3. The Auditor had requested the new agreement between the North Carolina Department of Public Safety (NCDPS) and the Center for Community Transitions (CFCT) to confirm the agreement continues to have language requiring the facility to be compliant with DOJ PREA standards. The Agency PREA Coordinator provided documentation that confirmed that state budget has not been approved. This delay has not allowed NCDPS to issue a new contract for CFCT. It is understood that the existing contract which contain requirements for compliance with PREA will remain in force until a new contract can be issued with an approved state budget at which time the contract information will be forwarded to the Auditors records in the Online Audit System..</p> <p>Indicator b) In interviews with the NCDPS PREA office the Auditor was able to confirm the process by which the facility is monitored for compliance. The agency’s PREA office is responsible for monitoring of PREA specific issues that may arise at the facility. The NCDPS also has staff assigned to also make site visits periodically during which safety of the environment and the population can be assessed.</p> <p>Compliance Determination:</p> <p>Through the provided documentation, interviews with the staff of the PREA office and the information obtained from the internet, the Auditor believes the standard is compliant. The North Carolina Department of Public Safety is aware that all subcontracting of bed should</p>

include language requiring compliance with the Prison Rape Elimination Act. The agency has a system in place to ensure communication about PREA allegations are forwarded to the PREA office and a process for ongoing monitoring of the program.

115.13	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Questionnaire</p> <p>Policy F.1600 Management of Security Post</p> <p>NC General Statute 143B-709</p> <p>Staff Duty Rosters</p> <p>New Hanover Staffing plan</p> <p>Annual Review</p> <p>Logs of Supervisor Tours</p> <p>Post Orders for Lieutenants and Sergeants</p> <p><b>Individuals interviewed/ observations.</b></p> <p>Interview with PREA Coordinator</p> <p>Interview with PREA Compliance Manager</p> <p>Interview with Warden.</p> <p>Interview with Supervisory staff</p> <p>Interview with Staff</p> <p>Interviews with Offenders</p> <p><b>Summary Determination</b></p> <p>Indicator a). New Hanover Correctional Center has agency policy (F.1600) and state law (NCGS 143B-709) that defines staffing considerations that must be considered. Policy F.1600 Management of Security Post (page 2) covers the development of staffing compliment at the facility consistent with the language of this indicator. The policy uses the standard language to describe the requirements of the development and on-going reviews of staffing needs at North Carolina’s Department of Corrections facilities. The policy language includes the 11 elements listed in indicator (a). The New Hanover Correctional Center State Prison has provided a copy of the facility's current staffing plan for 2021. The facility has provided documents, including the facility's narrative, schematics, and staffing assignments. The facility does not utilize cameras. The staffing plan was developed to be able to manage the 402-capacity minimum</p>

classification population. The facility population on day one was 286 and the 2020 annual review put the average population at 385. The facility is not under any legal judgment nor has it been sighted by any state or federal oversight body in the past three years. There has not been a significant number of PREA incidents or Investigation reviews recommending additional staff or the reassignment of resources. The narrative document describes the population, including the number of individuals classified as security risk groups with sexual offense histories, who have life sentences, medical or mental health concerns, and those who are identified as LGBTI. The Facility is managed by correctional officers who report to Sergeants. The staffing is broken up over two shifts an A team and a B Team. The facility is minimum-security with a secure perimeter. Offender's support there is adequate staff to address concerns and monitor for safety.

Indicator b). The Indicator is NA as the Warden, and the PREA Compliance Manager confirmed that New Hanover Correctional Center has not gone under its approved minimal staffing in the past year. The facility will offer overtime work from volunteer custody staff or mandated staff to reach institutional minimums. The minimum custody officers on one shift is 8 and on the other shift is 10. The Warden is alerted by email on all overtime or times shifts have to be filled. All callout or duty reassignments are documented in the facility log. The Warden would be notified of any emergency in the facility that would impact staffing. The PREA Compliance Manager also confirmed there are pull post staff who are fully trained correctional officers who can be called on to resolve staffing concerns. The PREA Compliance Manager and the Warden report they have had to add to the minimums during COVID-19. Housing Unit 1 was divided into two separate units by erecting temporary walls between sides of the dorm. This allows for the quarantining of new admissions or offenders who test positive.

Indicator c). The 2020 annual review of the New Hanover CC staffing plan was completed by North Carolina's Department of Public Safety's PREA Office, the PREA Compliance Manager, and the Warden. The report included information on staffing needs, current population make-up, the staffing makeup, and identified areas for considerations of monitoring technology to improve institutional safety. The Auditor confirmed with the Warden and the PREA Coordinator that concerns or requested resources would then be advocated through these individuals for any additional positions or the acquisition of monitoring technology.

Indicator d). NCDPS Post Orders for Lieutenants and Sergeants have in them a requirement to complete daily unannounced rounds of the facility. The Post order states, "Conduct unannounced rounds of the facility to ensure standards are met, taking immediate corrective action concerning and conditions that may reflect on security, safety, sanitation, or welfare of staff or offenders." The Auditor was provided copies of documentation of unannounced rounds from 14 different dates in the institution including all housing units. The facility provided examples of eight dates and different shifts in the OAS. The Auditor requested and received log entries from another 6 dates picked by the Auditor over the previous six months. The Auditor also confirmed the unannounced rounds through visual observation of logs in housing units. The Auditor interviewed housing officers, control officers, and supervisory staff to confirm that tours are unannounced, and it is prohibited to alert another post of the tours.

**Compliance Determination:**

The Auditor determined the New Hannover Correctional Center meets the requirements of this standard. NCDPS policy F .1600 Management of Security Post (page 2) outlines the agency's expectation for staffing plans in language consistent with the standard. The Auditor concluded the facility has an adequate staffing plan to protect offenders from sexual abuse. The Auditor reviewed NCDPS policies, post orders, the facility Staffing Plan, Supervisory Rounds, Duty Rosters, annual staffing plan review. The Auditor confirmed compliance through observations on tour, and interviews conducted with staff and offenders, and the Auditor sampling of additional log entries on supervisory rounds. The facility has been able to hire to fill vacant positions and has maintained its minimums reportedly despite the COVID -19 pandemic. The Auditor's interviews with the Warden, PREA Compliance Manager, and PREA Coordinator confirmed a process is in place to communicate when an identified need is recognized.

115.14	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Questionnaire</p> <p>F3400 Offender Sexual Abuse and Sexual Harassment Policy</p> <p>Facility Population report</p> <p>Individuals interviewed/ observations.</p> <p>Interview with PREA Compliance Manger</p> <p>Interview with Random staff</p> <p>Observation of Population on tour</p> <p><b>Summary Determination</b></p> <p>Indicator a) There are no Youthful offenders housed at New Hanover Correctional Center. There have been no youthful offenders in the past three years.</p> <p>Indicator b) There are no Youthful Offenders housed at New Hanover Correctional Center.</p> <p>Indicator c) There are no Youthful Offenders housed at New Hanover Correctional Center.</p> <p><b>Compliance Determination:</b></p> <p>The North Carolina Department of Corrections has a policy F3400 Offender Sexual Abuse and Sexual Harassment Policy that addresses this standard's requirements. Though Youthful Offenders do not exist at New Hanover CC, the agency has policy language defining sight and sound separation requirements in the housing of Youthful Offenders from adult prisoners. The Policy states, "A youthful offender shall not be placed in a housing unit in which the youthful 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. In areas outside of housing units, the facility shall either maintain sight and sound separation between youthful offenders and adult offenders or provide direct staff supervision when youthful offenders and</p>

adult offenders have sight, sound, or physical contact. The agency shall make the best efforts to avoid placing youthful offenders in isolation to comply with this provision. Absent exigent circumstances, agencies shall not deny youthful offenders daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful offenders shall also have access to other programs and work opportunities to the extent possible” Absent a Youthful Offender the Auditor could only rely on policy language in determining compliance. The Auditor reviewed the population report and observed it on tour to ensure no youthful offenders were in the current population. The Auditor confirmed with custody staff and vocational staff that there are no youthful offenders held at New Hanover.

115.15	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Questionnaire</p> <p>NCDPS Policy F.0100 Searches</p> <p>NCDPS Policy F.1600 Management of Security Post</p> <p>NCDPS Policy E.2700 Evaluation and Management of Transgender Offenders</p> <p>NCDPS Policy AD II-8 Forensic Exam (body cavity searches)</p> <p>New Hanover Operational Policy 8.1200 Searches</p> <p>Cross gender Announcement and Acknowledgment form</p> <p>NCDPS Memo on Cross gender Searches</p> <p>NCDPS PREA Coordinator memo on Campaign of Awareness</p> <p>Transgender Offender file</p> <p><b>Individuals interviewed/ observations.</b></p> <p>Interview with Warden</p> <p>Interview with Random Staff</p> <p>Interview with Random Offenders</p> <p>Interview with Transgender Offenders</p> <p>Cross gender poster</p> <p><b>Summary Determination</b></p> <p>Indicator a). In 2013 the North Carolina PREA Office began a campaign of Awareness on Searches; the agency had all staff sign an acknowledgment on prohibitions of cross genders searches, sets forth the requirements to limit cross gender viewing and searches. A memo was produced by the PREA Office called ‘Cross Gender Announcement’ but addressed several indicators in this standard. The agency training materials on searches also show staff are trained consistently with the standard expectations. The Agency and Facility has a policy in place directing staff on expectations consistent with the standard. New Hanover policy 8.12 Operational Searches states, “searches of offenders will only be completed by officers of the</p>

same gender as the offender except in emergency circumstances as determined by the Shift Supervisor” the Policy goes on to require an incident report justifying the search exception. Page 4 of Policy 8.12 Operational Searches affirms that body cavity searches may only be performed by medical staff with the facility head or designee's approval. NCDPS policy AD II-8 addresses for medical staff when a body cavity search can occur in “life threatening situations.” New Hanover’s Pre-Audit report stated there were no instances of cross gender strip or body cavity searches. Random staff confirms that no cross gender strip or body cavity searches have occurred, and they were aware that they could only happen in emergency circumstances with supervisory approval. Random offenders also confirmed they are not required to be naked in front of the female staff for strip searches.

Indicator b). The New Hanover Correctional Center does not house female offenders as such, the elements considered in this indicator are not applicable. The Auditor did review NCDPS policy which has language in place to meet the indicator if the facility ever became a co-correctional setting.

Indicator c). As noted in indicator (a), a policy in place requires documentation of the exigent circumstance that would require a cross gender strip or body cavity search. Supporting this indicator is the fact that random staff interviewed knew of the prohibition and the requirement to document the reason for the policy deviation. There are no female offenders at NHCC so the second factor in this indicator does not apply. Medical staff confirm they do not perform a body cavity search except in exigent circumstances.

Indicator d). The Auditor confirmed, through the random interviews with staff and offenders, the practices of cross gender announcements. Offenders say they may not always hear the notice because of the volume at times in the unit. During the tour, the Auditor saw a staff announcement made by the officer in the unit, or the female staff persons entering the space. The offenders raised questions on the bathroom situation conditions, including showering and toileting. The Offenders confirmed the female staff do not enter the bathroom area which has saloon style doors while in use. The Auditor agreed the current shower curtains were not wide enough for the opening. The PREA Compliance Manager had them all replaced with wider versions. The Shower curtains were clear on top and bottom with an opaque middle to allow privacy while allowing the resident to be seen. The Showers have multiple heads, but by practice, the offenders at NHCC reportedly shower one at a time. Offenders raised questions about toileting privacy from each other but did not report it as a concern from the point of cross gender observation. Consistent with 115.42 (f) transgender offenders report they shower at times when other offenders are prohibited from entering the bathroom.

Indicator e) Page 2 of Policy 8.12 Searches addresses the requirements of this indicator. The policy requires that Transgender individuals will not be strip-searched to determine one's genital status. The policy requires that if unknown, the determination is made through interviews with the offender or as part of a physical exam conducted by a medical practitioner. As a minimum-security facility, the New Hanover Correctional Center questions of the offender's genital status would have been determined as part of a medical exam in the NCDPS assessment facility. The transgender offenders denied perceiving any strip search as having been done to determine genital status. Random staff interviews confirm the training on searches included the use of the back or edge of the hand when completing a cross gender pat search. They were able to describe the search process including respectful communication and awareness of potential trauma histories.

**Compliance Determination:**

The Auditor confirmed through the interview process that staff had been appropriately trained to conduct cross gender searches, respectful searches of transgender individuals, and make opposite gender announcements when entering offender living units. Offender interviews confirmed the ability to shower, change clothing, and use the restroom without a nonmedical staff of the opposite gender seeing them do so. The Auditor reviewed the agency's policies and procedures, training documents, made observations during the tour, and interviewed staff and offenders in determining compliance with this standard. The Auditor also was able to speak with and review a transgender individual's records to confirm the process for individualized determination of search preferences. Finally, the Auditor considered the modifications to the shower stalls curtains, completed within days of the tour, to be indicative of the leadership's efforts to comply with standard expectations. Indicator b) does not apply at NHCC

115.16	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Questionnaire</p> <p>PREA Brochure in English and Spanish</p> <p>Interpretive Service Contracts (Linguistica International Inc.)</p> <p>Policy F .3400 Offender Sexual Abuse and Sexual Harassment Policy</p> <p>Policy E.2600 Reasonable Accommodations for individuals with Disabilities</p> <p>HS Policy TX VII -1 Care and Treatment of Patients with Disabilities (developmental)</p> <p>HS Policy TX VII-2 Care and Treatment of Patients with Disabilities (Physical mental or cognitive)</p> <p>Policy AD IV-6 Access to Foreign Language Translation</p> <p>Policy E.1800 Non-English-Speaking Offender Program</p> <p>Offender Intake and PREA education acknowledgment (English and Spanish)</p> <p><b>Individuals interviewed/ observations made.</b></p> <p>Interviews with Staff</p> <p>Interviews with Offenders</p> <p>Observations of PREA Information posted in multiple languages</p> <p><b>Summary Determination</b></p> <p>Indicator a). New Hanover Correctional Center has services in place to ensure disabled and Limited English Proficient Offenders have the appropriate understanding and access to services described in this standard. Policy F. 3400 requires in education of offenders that, “Appropriate provisions shall be made as necessary for offenders not fluent in English, persons with disabilities and those with low literacy levels.” The policy ensures equal access to the facility’s efforts to protect, detect, and respond to incidents of sexual abuse and sexual harassment. The NCDPS has additional policies in place to acknowledge the protections afforded under the American’s with Disabilities Act. Policy E .2600 supports the federal law on offender rights under the Americans with Disabilities Act. As a minimum-security facility designed for work release, there were no reported or observed individuals with severe impairments. The intake case manager interviewed was able to discuss how they would work with offenders on an individual basis to ensure a full understanding of how to protect</p>

themselves at NHCC and how to report any concerns. Offenders with disabilities would have been identified at assessment facilities within NCDPS prior to transfer to NHCC. Interviews with targeted offenders and staff support there are services in place to ensure residents understand PREA and how to report a concern.

Indicator b). Policy E .1800 Non-English-Speaking Offender Program states, "Prisons recognize the special needs that all non-English speaking offenders encounter during their period of confinement. It is the purpose of this policy that each offender is given the opportunity to receive services based on these needs and to help offenders understand requirements and expectations while they are in prison." The NCDPS provided contracts with an agency Linguistica International Inc. that can provide interpretive services in over two hundred fifty languages available 24 hours per day every day of the year. The Auditor was provided a copy of the contract documentation showing the contract is active over the next three years. The Auditor was able to speak with bilingual individuals as no individual lacked English speaking capabilities. The Auditor confirmed the documentation on PREA was available in Spanish the second most used language in the facility. The Auditor was also provided copies of the offender orientation acknowledgment form and the PREA brochure in Spanish. The Auditor also observed PREA information in Spanish posted in each housing unit. Intake, medical, and mental health staff were aware of the access to interpretive services. Random Correctional Officers were less familiar with the interpretive services, but most knew a supervisor could access the service. Case Management, Medical and Mental Health staff were all aware of translation services. The issue is covered in Health Service Policy AD IV-6 Access to Translation services.

Indicator c). Random staff interviewed knew it was inappropriate to use one offender to interpret for another. Staff knew it could only be done in the most extreme situations. The agency policy E .1800 describes the NCDPS has units for non-English speaking offenders within its system and will provide specialized case managers in situations where offenders are ESL. New Hanover CC had no offenders who could not speak English. There has been no incident in which an offender interpreter has been used to address any PREA related concern in this Audit cycle.

#### **Compliance Determination:**

The State PREA Coordinator oversees all documents provided to offenders in NCDS correctional facilities regarding PREA. The Auditor was able to see the documentation in English and Spanish the two most common languages in the North Carolina DOC population. The Auditor was also able to confirm steps to be taken by intake staff to ensure comprehension of the offender's rights regarding PREA and how to report a concern. This included steps to individually work with offenders with disabilities that might impair understanding or those who would need the aid of translation services. The Auditor was informed that there were no occasions in which interpretive services were needed. The Auditor spoke with individuals in the population who were able to speak English but did not find any individuals with whom an interpretive service was needed. The Auditor also confirmed with individuals, with a variety of disabilities, on their ability to receive support if they did not understand PREA or the agency's efforts. Offender's support there is staff available to assist individuals who have comprehension or language barriers. Given the policy provided, the contracts in place, the staff and offender knowledge of accessing services, and the statewide

support, the Auditor finds the standard expectations are being met.

115.17	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Questionnaire</p> <p>Policy 3.0300 NHCC Conditions of employment</p> <p>Policy 3.0600 NHCC Employment Procedures</p> <p>Form F-5A Application for certification</p> <p>NCDPS applications forms/screens from DPS website</p> <p>Policy 16.05 NHCC Custodial Agents</p> <p>Policy 16.65 NHCC Community Volunteers</p> <p>HR 004 Criminal History/Background checks</p> <p>HR 013 DPS Employment Statements</p> <p>HR 005 Application Verification</p> <p>HR 015 Prior Service</p> <p>19 files of current staff, contractors and volunteers</p> <p>NCDPS New Employee Manual</p> <p><b>Individuals interviewed/ observations made.</b></p> <p>Interview with Human Resource Staff</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Warden</p> <p>Review of files with HR staff</p> <p><b>Summary Determination</b></p> <p>Indicator (a). NCDPS strictly prohibits employment or contracting the services of individuals who have engaged in or have been convicted of engaging in or attempting to engage in or administratively be adjudicated for sexual assault. The agency utilizes the same language requirements for contracted employees. Interviews with HR staff support the process of screening all applicants for employment, or contracted and volunteer services at the New</p>

Hanover. Any approved volunteer undergoes the same screening process and the same acknowledgment form. The Auditor reviewed the online employment application process which requires potential candidates to confirm that they have not engaged in any form of the sexual misconduct described in indicator (a). The application includes inquiries into prior sexual assault in a prison or jail, any attempt to engage in sexual activity by force in the community or through coercion or engagement with an individual who could not consent. The Auditor confirmed the questions are asked at the time of hire and promotional periods. In determining compliance, the Auditor reviewed 15 files, including 6 hired in the last year. The NCDPS has had the PREA questions as part of the employment applications since 2013. The Auditor was able to see in the HR files reviewed where the questions were asked of employees at hire, promotion, or annual reviews. Discussions with facility and agency leadership confirms individuals with prior histories described in this indicator would be prohibited from employment or contact with the offender population at a NCDPS facility.

Indicator (b). The New Hanover Correctional Center prohibits the employment or contracting of individuals who may have engaged in behaviors described in indicator (a). The Auditor confirmed with the HR staff person that the NCDPS does perform the criminal background checks and prior employment checks on all staff, contractors, and volunteers. The HR staff persons confirmed that there are measures in place to review current employee's prior disciplinary history before promotional opportunities would be offered. The Auditor reviewed contracted employees as part of this standards review process. NHCC has a policy (16.15 Custodial Agents) that covers expectation of contractors who take offenders into the community to work. This policy defines the requirement that individuals must have a criminal background check completed. Policy 16.64 Community Volunteers also addresses the requirement of criminal background checks (page 3).

The Human Resource staff confirmed that all individuals who are recommended for hire or promotion who have potential concerning issues in their work or personal history would be brought to the Warden's attention before any offer of a position in the institution. Because potential promotional appointments may come from other NCDPS facilities, this process would include reviews at both the agency and facility level. The NCDPS prescreening process for its employees and contractors seeks to find information on criminal offenses. The agency reaches out to former employers to review if to determine if they disciplined or investigated for sexual misconduct. Employees and contractors spoken with both support they are subjected to both criminal and prior employment inquiries.

Indicator (c). The North Carolina Department of Public Safety completes criminal background checks on all employees. Pre-Employment background investigations are required by North Carolina law prior to hiring. This includes the following: employment history checks, criminal history checks, driver's license and the National Sex Offender Registry screenings. These checks are completed prior to hiring new employees who may have contact with Offenders. In discussions with the Human Resources staff, these are consistently done during pre-employment and at the required 5-year intervals in indicator (e). The check includes a criminal background check and prior institutional checks. The Human Resources staff confirmed the background checks are initially completed before an application is forwarded for consideration, at which time the background check is again completed. NHCC Policy 0300 sets forth the requirement consistent with DPS agency procedures that all employees undergo a criminal background check. The Human Resources staff confirmed the process and was able to show the Auditor examples of criminal background documents. The Auditor randomly selected 15

files of the current and existing employees to confirm that background information had been obtained.

Indicator (d). NCDPS as stated in Indicator (a) completes criminal background checks on all contracted employees and any approved volunteers. Due in part to the COVID-19 pandemic New Hanover currently does not have any contracted employees or volunteers allowed on site in the past year. Phone interviews with contracted staff and volunteers support they were required to pass a background check before being allowed into the facility. The Auditor reviewed documentation that supports criminal background checks are completed. Documents authorized the completion of checks, the requirements on the contractor's code of conduct which is documented in "Custodial Agent Guidelines," and education of contractors on their responsibility to report. One contracted employee reports the federal government requires his agency to complete checks annually in addition to the checks completed by NCDPS.

Indicator (e). Discussions with the Human resources staff support that staff have criminal background checks at the time of hire and at least every 5 years thereafter. The Auditor received verification on the 15 sample checks consistent that at least one check had occurred in the last 5 years on all sampled employees. The Human Resources staff confirmed the process is done and how if new charges were found, the steps taken to notify the Warden. The Auditor also found on the NCDPS Employee Statement form that all employees are notified at the time of hire that the "Department has the right to conduct random criminal background checks to ensure compliance with these federal standards."

Indicator (f). As noted in Indicator (a), all NHCC employees are asked to complete the Employee Application, including questions required in indicator a). The employees, after hire, also complete a series of forms, including a DPS Employment Verification and a DPS Employment Statement. In both documents the NCDPS has required the individual to confirm they have not engaged in any of the described activities listed in indicator (a). Staff is asked the aforementioned questions as well as create a continuing responsibility to disclose such misconduct. The form sets forth a continuing affirmative duty to disclose any such misconduct. All employees confirm by signature the requirement to report any violation of the prohibited acts described in indicator (a) within 24 hours of occurrence. Policy 3.0300 sets forth an obligation for staff to report all felony behaviors and 95 statutory defined misdemeanor offenses.

Indicator (g). All New Hanover Correctional Center employees must disclose all misconduct allegations, and any material omission or false information regarding misconduct will be grounds for termination. The agency Employee Applicant form explains the failure to report criminal charges and convictions may be subject to termination. The Auditor reviewed information from background checks and confirmed that no individuals had been disciplined or terminated in the past year for falsification of information related to past sexual misconduct or criminal behaviors. Form F-5A Application for Certification has the employee sign the following statement at the time of hire, the statement tells the employee that the condition exists throughout their employment with NCDPS. "I acknowledge that any omission, falsification, or misrepresentation of information or procedures, by either the candidate or this Agency, throughout the employment and/or certification process may result in certification being denied, suspended or revoked by the Commission at any time, now or later, and may result in sanctions against this Agency.

Indicator (h). The NCDPS allows for the agency, with proper releases of information, to

disclose to other institutions any PREA related concerns. Interviews with Human Resources staff confirm they make requests of both internal and outside employers when hiring, The Auditor was provided with recent examples of the request made or received and the facility's response. There were no instances where the facility received a request for information on a prior NHCC employee in the past year.

**Compliance Determination:**

The North Carolina Department of Public Safety has a policy in place to address the requirements of the standard, including the completion of background checks and pre-employment screening that supports the agency's efforts to screen out predatory candidates from employment. The Auditor interviewed the Human Resources staff and reviewed staff, contractor, and volunteer records. The agency has all staff and contractors undergo criminal background checks. The Human Resource staff reports she works closely with facility management to ensure the line of communication is maintained. The NCDPS has implemented forms in place to document staff understand the requirements related to the various indicators in this standard. The Auditor was able to go online to see the employment application process.

The Auditor was also able to review information from a total of 19 files of current and former staff, contractors, and volunteers. Interviews with the Human Resource staff and PREA Coordinator further confirmed the process in place to ensure individuals who have engaged in sexual misconduct are not employed at New Hanover Correctional Center. They will share information on sexual misconduct by a former employee to prevent their ability to get a job at another correctional institution if that facility requests information. As outlined above, there were several factors used by the Auditor in determining compliance.

115.18	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Questionnaire</p> <p><b>Individuals interviewed/ observations made.</b></p> <p>Interview with PREA Compliance Manger</p> <p>Interview with Warden</p> <p><b>Summary Determination</b></p> <p>Indicator a). There has been no construction or modifications to the New Hanover Correctional Center areas in the past three years. Policy F.1600 Management of Security Post commits the agency to ensure the safety and humane environment for staff and offenders. The Auditor was able to discuss with the Warden and The PREA Compliance Manager how PREA safety concerns are addressed. The Warden described how if safety issues arise, those issues are tackled and the communication between the facility level and the North Carolina DPS central office will occur on needs. All PREA incidents reviews are sent to the Regional Director of DOC</p> <p>Indicator b). The NHCC has not reportedly added or improved any video or monitoring technology since the last PREA Audit. The facility currently does not have any video surveillance or monitoring technology equipment.</p> <p><b>Compliance Determination:</b></p> <p>Agency policy and interviews support the Department of Public Safety in placing a system to consider offender sexual safety in designing new spaces, modifying existing spaces, or adding monitoring technology. Interviews with a representative for the Agency Head were completed as part of the agency Audit. The interview further supports the agency considers how physical plant modifications and the addition of monitoring technology can improve safety in North Carolina DPS facilities. The Auditor considered the interviews with the Warden, PREA Coordinator, and PREA Compliance Manager in determining compliance. The interviews supported that there are avenues of communication between facility and agency administration to ensure appropriate resources can be applied to resolve identified concerns.</p>

115.21	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Questionnaire</p> <p>NCDPS Policy F .3400, Offender Sexual Abuse and Sexual Harassment</p> <p>NHCC Policy 13.0300 Sexual Abuse and harassment</p> <p>NCDPS Memorandum to Local Law Enforcement Agencies and Sheriff's, PREA Investigations and Compliance,</p> <p>Best Practices in the Criminal Justice Response to Domestic Violence and Sexual Assault: Guidance for CCR/SART Response Protocols</p> <p>NC General Statutes 114-12 State Bureau of Investigations Powers and Duties</p> <p>MOU with local agencies for Support during Sexual Abuse incidents (Sheriff, Hospital and Rape Crisis Agency)</p> <p>Policy OPA-I21, PREA Evidence Chain of Custody form</p> <p>NCDPS, PREA Support Person Role and Responsibilities Document</p> <p>NCDPS, Form OPA-A18, Designation of PREA Support Person Memo</p> <p><b>Individuals interviewed/ observations made.</b></p> <p>Interview with PREA Compliance Manger</p> <p>Interview with Random staff</p> <p>Interview with SANE/SAFE</p> <p>Interviews with Medical and Mental Health staff</p> <p>Interview with Rape Crisis agency staff</p> <p>Interview with local New Hanover Police Detective</p> <p><b>Summary Determination</b></p> <p>Indicator a). NCDPS and Policy F .3400, Offender Sexual Abuse and Sexual Harassment set forth the requirement that all allegations of sexual abuse be investigated and that the investigation will be completed using a uniform practice. The New Hanover Correctional Center does not complete criminal investigations at NHCC but has a relationship with the New</p>

Hanover Sheriffs Office who confirm the coordination of investigations. Administrative investigations at NHCC will utilize trained staff (Lieutenants and 1 Sergeant ). The PREA Compliance Manager confirms the training provided so all DOC investigators ensure a consistent approach to ensure the likelihood of obtaining physical evidence. Random staff were able to describe in a first responder situation the steps to protect evidence until it can be properly obtained by the investigator be it criminal or administrative. The Auditor reviewed the NC Department of Administration's Sexual Assault Program and other state website and spoke with Hospital staff. In addition, the police confirmed the efforts to ensure proper collection of evidence.

Indicator b). NHCC will only complete administrative investigations but has trained all staff in ways to preserve evidence until trained investigators arrive. The Auditor confirmed with the NHSO Detective and New Hanover Medical Center nurse on the protocol used for Sexual Assault Examinations. The Hospital staff confirm they use the protocols consistent with the National Protocol Medical Forensic Exams. The Auditor also spoke with a representative of the state's Board of Nursing who oversees the certification of SANE nurses. The representative confirmed the availability of SANE Nurses at New Hanover Medical Center. The Facility also provided a document signed by the members of the local sexual assault response team (SART) supporting an existing relationship between the facility and the surrounding community. There are no youthful adults held at NHCC. The NCDP has a juvenile facility in the area responsible for holding this population. The Auditor also reviewed Best Practices in the Criminal Justice Response to Domestic Violence and Sexual Assault: Guidance for CCR/SART Response Protocols and a well as reports from the state crime lab of evidence kit collection.

The Best Practices in the Criminal Justice Response to Domestic Violence and Sexual Assault: Guidance for CCR/SART Response Protocols was developed with funding from US DOJ Violence Against Women Act. The undated protocol the auditor reviewed references the 2013 A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents: 2nd edition. A review of the document show support for a victim-based approach. The document provides guidance on communication with victims, evidence for law enforcement to consider at the crime scene, and it provides direction to medical staff on considerations and promotes the use of forensically trained nurses.

Indicator c). All victims of sexual abuse at New Hanover Correctional Center would be taken to New Hanover Medical Center in Wilmington approximately 3 miles away. Interview with hospital staff confirmed the staff includes trained nurses in completing forensic examinations of sexual abuse victims. The Auditor confirmed that there is no cost for sexual assault exams. State statutes show the state's obligation to paid for examinations since 2009. Funds are provided through the North Carolina Crime Victims Compensation Fund. As noted in indicator b) the state's Nursing Board confirmed the availability of Sexual Assault Nurse Examiners.

Indicator d). New Hanover Correctional Center has access to rape crisis agency staff through a Memorandum of Understanding with Coastal Horizon. The Auditor was provided the original agreement and spoke with a Supervisor at Coastal Horizon on the services provided. The Auditor suggested ways to continue to build resources with the local rape crisis provider. Visitation by outside organizations has been limited due to the COVID-19 crisis.

Indicator e). NC DPS policy F .3400 addresses the requirements of this indicator. Interview with SANE nurses at NHMC, the Coastal Horizon Supervisor, and the facility PREA Compliance Manager confirms the ability to support the offender during an exam, a criminal

investigation interview, or to provide ongoing support to victims. Interview with the Investigator confirms that a rape crisis support advocate is routinely offered to victims. NCDPS has also created a position called a PREA Support Person (PSP). The PSP is a voluntary position that staff, with an interest working with victims, can provide various levels of support to victim. The PSP will monitor offenders from retaliation and as one of their duties is to encourage the client to become involved with the local rape crisis agency. The Auditor confirmed the ability of Coastal Horizon staff supporting victims at forensic exams or investigative interviews. The representative of Coastal Horizon confirmed that services would include a referral if the victim was leaving NHCC to another part of the state.

Indicator f). New Hanover Correctional Center has mutual support agreements with the local Sheriff's Office as well as the Wilmington Police Department. Both agencies have trained individuals who would be responsible for completing criminal investigations at NHCC. The Sheriff's Office staff also run the County Jail so investigative staff are familiar with PREA requirements. There was one case of possible criminal sexual misconduct that is under active investigation. Discussions with the Detective and a review of the administrative Investigator's initial report support's communications between entities is ongoing.

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

Indicator h). The indicator is NA. The New Hanover Correctional Center has entered into an MOU with Coastal Horizon to provide support to victims of sexual misconduct at NHCC. The facility trains PREA Support Persons to act as go to individuals for victims of sexual violence. They are provided specific training on support and monitoring but are not trained to accompany victims through the forensic exam.

**Compliance Determination:**

The Auditor finds that the standard is compliant. The facility allows offenders access to victim advocates from a rape crisis center through a current MOU with Action Alliance. The facility provides offender victims access to Sexual Assault Nurse Examiner at no cost at the New Hanover Medical Center. The Auditor reviewed the agency's policies and procedures, Memorandum of Understanding, investigative reports, SANE examination report. The Auditor interviewed the NHCC Investigator, hospital staff, state agency representatives and Coastal Horizon staff, to determine if the facility meets the requirements of this standard. The Auditor also considered the NCDPS memo to sheriffs and police departments that provided guidance on investigation requirements to include those 'promulgated by the US DOJ in the PREA Final Rule Document'.

115.22	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Questionnaire</p> <p>Policy – F .3400 Offender Sexual Abuse and Sexual Harassment Policy</p> <p>NCDPS Agency Website</p> <p>Investigative Reports of Sexual Abuse and Sexual Harassment Allegations</p> <p>New Hanover Sheriff’s Office Website</p> <p><b>Individuals interviewed/ observations.</b></p> <p>Interview with Warden</p> <p>Interview with Investigators</p> <p><b>Summary determination.</b></p> <p>Indicator a). The Auditor was provided with information on all sexual assault and sexual harassment claims made in the past year. Policy F .3400 Offender Sexual Abuse and Sexual Harassment Policy (page 25) requires ‘Investigations into allegations of sexual abuse and sexual harassment, shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.’ The New Hanover Correctional Center has investigated 2 allegations in the past year. The investigations reviewed by the Auditor included cases reported by offenders to staff, through the state’s PREA Hotline. Interviews with the PREA Compliance Manager and the Warden confirmed the expectation that all allegations be thoroughly investigated. The Warden discussed how he expects his staff to support the criminal investigation by the local authorities.</p> <p>Indicator b). Page 25-26 of Policy F .3400 Offender Sexual Abuse and Sexual Harassment Policy sets forth the obligation that all cases of sexual assault and sexual harassment be investigated. The New Hanover County Sheriff’s Office shall be responsible for criminal investigations in matters relating to sexual abuse. The County Sheriff’s Office staff are both Law enforcement and familiar with PREA as they have their own adult detention center. The Auditor contacted the County Sheriff’s Office to confirm the powers of arrest and authority to investigate crime in the facility including the ability to continue the investigation even if the alleged perpetrator or victim has left employment or custody of the institution.</p> <p>Indicator c). The New Hanover Correctional Center would only be responsible for administrative investigations. Policy F.3400 outlines the expectation of correctional staff to protect evidence and states “When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the</p>

progress of the investigation.” The policy goes on to state the need to collaborate to ensure administrative investigations do not hinder the criminal case.

The New Hanover Sheriff’s Office or the Wilmington NC Police Department would be responsible for Criminal Investigations at NHCC. As noted in standard 115.21 the NCDPS commissioner provided guidance in 2016 on the expectation of criminal investigators at any adult or juvenile facility under their control. All DPS policies for adult corrections are readily available online.

Indicator d). N/A - The Auditor is not required to review this provision.

Indicator e). N/A - The Auditor is not required to review this provision.

**Compliance Determination:**

The documents reviewed by the Auditor confirm the relationship with local law enforcement authorities to investigate sexual abuse and sexual harassment allegations. The Commissioner of DPS has provided guidance that investigations at NCDPS Adult and Juvenile facilities should be done consistent with the federal guidelines for the Prison Rape Elimination Act. The Auditor was unable able to confirm with offenders that allegations are investigated even if they were not in agreement with the outcome as both individuals had been released. The facility was able to document cases for the Auditor to review including both a sexual harassment and a sexual abuse case. The results included one cases unfounded and one that has been substantiated administratively but the criminal case is still open. The Auditor also took into consideration interviews with the investigator and the Warden to confirm all allegations of sexual assault and sexual harassment are investigated.

<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Report</p> <p>NCDPS Policy F. 3400 Offender Sexual Abuse and Sexual Harassment Policy</p> <p>NCDPS Policy A .0900 Employee Training</p> <p>PREA Sexual Abuse / Harassment 101 training materials</p> <p>NHCC Staff training rosters 2020-2021</p> <p>NCDPS PREA Office website</p> <p><b>Individuals interviewed/ observations made.</b></p> <p>Interview with PREA Compliance Manager</p> <p>Random Staff records</p> <p>Informal interaction with staff on tour</p> <p><b>Summary Determination</b></p> <p>Indicator (a) North Carolina Department of Public Safety PREA policy F.3400 includes the zero tolerance toward sexual abuse and sexual harassment policy relating to staff training. This policy includes training requirements on how to fulfill their responsibilities for prevention, detection, reporting, and response. This policy states the required content consistent with the indicator. "Sexual Abuse and Harassment 101 training that addresses the following:</p> <p>(A) The agencies standard of zero-tolerance of sexual abuse and sexual harassment toward offenders, either by staff, contractors, volunteers, or by offenders.</p> <p>(B) Employees' responsibilities when responding to sexual abuse and harassment;</p> <p>(C) Offenders' right to be free from sexual abuse and sexual harassment;</p> <p>(D) Offenders' and employees' right to be free from retaliation for reporting sexual abuse and harassment;</p> <p>(E) The dynamics of sexual abuse and sexual harassment in confinement;</p> <p>(F) Common reactions of sexual abuse and sexual harassment victims;</p> <p>(G) Detect and respond to signs of threatened and actual sexual abuse;</p> <p>(H) How to avoid inappropriate relationships with offenders;</p> <p>(I) How to communicate effectively and professionally with offenders, including lesbian, gay,</p>

bisexual, transgender, intersex, or gender nonconforming offenders;

(J) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;

(K) Relevant laws regarding age of consent;

(L) Unique attributes of working with males and/or females in confinement/supervision”

The Auditor conducted random staff interviews during which the staff described the training elements and items they learned. All staff were able to describe some aspects of how they promote a zero-tolerance and PREA safe environment. Staff described in their day-to-day job how they prevent, detect, and are prepared to respond to incidents of sexual misconduct. The Auditor reviewed the PREA Lesson Plan provided by the PREA Compliance Manager and the materials indicate the discussion

regarding the zero-tolerance standard. The Agency wide policy A .0900 Employee Training, also sets forth the requirement of training on the Prison Rape Elimination Act. The PREA Compliance Manager supplied training rosters to the Auditor as evidence all staff have been trained. The Auditor confirmed these through a review of individual file documentations.

Indicator (b) The training materials are developed for statewide use, as such its curriculum addresses working with male and female victims of abuse. New Hanover Correctional Center which is a all male environment has not had a transfer of any employee who had worked in a female-only environment in this audit cycle. Policy F.3400 (page 6) language reinforces the DOC’s expectation of gender-specific training when it requires “Unique attributes of working with males and/or females in confinement/supervision.”

Indicator c). The NCDPS trains individuals on an annual basis in PREA. Training records confirm information received through random staff interviews and informal questions the Auditor asked of staff during the tour. As noted, COVID-19 has resulted in more online education, but staff report they receive additional materials in staff meeting and roll calls. The NCDPS PREA Office has produced different handouts that are meant to keep staff focused on key aspects of PREA and protect against undo familiarity. Documents like the Daily Dozen, Red Flags, PREA Bulletin Board, Watch your Step, and the PREA Awareness brochure provide supplemental materials for NHCC staff to review between formal training periods. New employees still receive classroom training at the academy.

Indicator d). The training records reviewed by the Auditor confirmed that staff signs an acknowledgment form that they understand the content of the training. The Auditor also was provided with each employee’s test. The PREA Compliance Manager reports that all employees must receive a 100% score or must retake the questions the employee got wrong. This is done to ensure a full understanding of the staff expectations in promoting a zero-tolerance culture and knowing how to prevent, detect, and respond to sexual harassment and sexual abuse claims. The Facility reports 278 staff completed PREA refreshers in the last year and 78 new employees have undergone PREA training.

**Compliance Determination:**

The Auditor has determined the facility has appropriately trained its staff in the areas required in this standard. Facility staff were well educated in the training topics mandated in the

standard by being able to give examples to the Auditor's questions related to the 10 required training elements. The Auditor reviewed facility policies and procedures, training curriculums, materials, training rosters, and staff record. The Auditor reviewed 15 current employee training records when onsite. The facility reinforces training more often than the requirements of this standard as it fully trains staff annually plus provided updates and reminders developed by the NCDPS PREA Office. The Auditor determined compliance based on NHCC staff's ability to retain the knowledge received from training, training materials, and staff training records.

115.32	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Report</p> <p>Policy F. 3400 Offender Sexual Abuse and Sexual Harassment Policy</p> <p>Volunteer Training/ Orientation Booklet</p> <p>PREA Acknowledgement</p> <p>New Hanover Correctional Center Guidance on Entrance/Exit SOP</p> <p>Volunteer and Contractor training records</p> <p><b>Individuals interviewed/ observations made.</b></p> <p>Interview with PREA Compliance Manager</p> <p>Interview with Volunteers</p> <p>Interview with Contractors</p> <p><b>Summary Determination</b></p> <p>Indicator (a) NCDPS PREA policy 3400 explains the zero-tolerance standard toward all forms of sexual abuse, sexual assault, and sexual harassment. This Auditor reviewed the volunteer and contractor handout, which includes the zero-tolerance policy, requirements for preventing, reporting, detection, response, and the discipline imposed for violations of this policy. The documentation provided by the facility indicates the volunteer and contractors must sign they understood the training received. The Auditor reviewed the Acknowledgment of Volunteer Training and Orientation form and the agency's PREA Acknowledgement form indicating they understand the training received. The training content and frequency is defined in policy F.3400 Sexual Abuse and Sexual Harassment (pages 6-8). All new contractors/ volunteers must complete the training to get their 'blue card' (an Identification card for those authorized to enter the facility.) The Auditor confirmed the content of the training in phone interviews with contractors and volunteers. Interviews could not be completed on site due to current COVID-19 restrictions. In these discussions the individuals expressed the thoroughness of the training including zero tolerance, signs of abuse, how to report a concern and how to avoid inappropriate situations with offenders. The individuals spoken to know the PREA Compliance Manager and reported they would notify him or the senior staff on duty immediately of any concerns. Volunteers spoken with stated they notify offenders, at the inception of their program, about their duty to report as volunteers.</p> <p>Indicator (b) The past 12 months no contractor or volunteers have been approved to enter the facility. Volunteers provide accent services such as religious support and family support services to the offender population. There are no volunteers or contractors providing</p>

professional clinical services to the population. The Contractor spoken with provides transportation and employment opportunity outside the facility. These contractors are called 'custodial agents' as they provide employment services or aids to getting to employment outside the perimeter. In a non-COVID 19 period educational opportunities would be available to offender at the facility from a local college. The level of training received is based on the services they provide and the level of contact they have with Offenders. Each contractor and volunteer must complete an application and a background check is completed. The application information allows the facility to complete a thorough investigation into the individual's background. Once approved through NCDPS, as noted in indicator (a) they complete a preservice orientation training. They are required to do annual follow up training. Individuals confirmed they had completed the training remotely in 2020 due to COVID-19 crisis.

Indicator (c) The Auditor spoke with 2 contract staff and 2 volunteers to determine information relating to the training they received and if they were subjected to criminal checks. The facility volunteer coordinator provided documentation for two random selected contractors and volunteers.

**Compliance Determination:**

The Auditor finds New Hanover Correctional Center has provided all volunteers and contractors training on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The sample of volunteers and contractors interviewed indicated knowledge regarding the zero-tolerance policy and how to report any incidents. The agency maintains documentation confirming that all volunteers and contractors understand the training they have received. Compliance is based on records provided, training documents reviewed, and interviews completed. The Auditor made suggestions on providing the PREA Brochure to all one-time visitors/contractors entering the facility.

115.33	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Report</p> <p>Policy F. 3400 Offender Sexual Abuse and Sexual Harassment Policy</p> <p>Sexual Abuse Awareness for the Offender Intake Brochure</p> <p>Offender Orientation Booklet</p> <p>Zero Tolerance Postings</p> <p>Offender PREA Orientation acknowledgement form in two Languages</p> <p>PREA Coordinator Memo on education upon transfer.</p> <p>Ways to Report posters</p> <p><b>Individuals interviewed/ observations made.</b></p> <p>Interview with Intake Staff Persons</p> <p>Interview with case managers</p> <p>Interview with random Offenders</p> <p>Observation on tour of PREA Signage in two languages</p> <p><b>Summary Determination</b></p> <p>Indicator (a) All offenders are provided information about PREA upon admission to New Hanover Correctional Center. The clients have often been exposed to PREA through the county jail system or other NCDPS facilities before their admission at NHCC. At intake, offenders report being provided a description of PREA, and how to protect themselves, how to report a concern, and what services are available if someone has been a victim. The facility admitted 537 offenders in the last year The admission process was explained to the Auditor during the tour including the information the intake officer goes over routinely related to PREA., the information provided in documents, and the video. The Auditor was not able to observe an intake due to COVID-19 restrictions on admissions but was able to confirm with an offender's they were provided information about PREA. Since all admissions have had PREA orientation at prior NCDPS facilities they are provided a brochure on PREA to keep and have an orientation book that they review at intake and have continued access to in the dorms. The materials do include the facilities zero-tolerance stance toward sexual abuse or sexual</p>

harassment.

Indicator (b) All offenders at NHCC are provided with a review of the facility specific PREA information with their caseworker in the first hours in the facility. This process can be done individually or in a group orientation based on the number of admissions in the week and the individual needs of the new offender. This is then reviewed with the caseworker in the days after the admission. The education includes the New Hanover Correctional Center's zero-tolerance toward sexual abuse or sexual harassment. The training curriculum tells offenders how to protect themselves from sexual assault/sexual harassment, how to and why it's important to report a concern, the offenders' rights related to PREA, and their right to be free from retaliation if they make a report. They are given an understanding of steps the facility will take to investigate and support individuals if an incident occurs. Random offenders confirmed education into PREA. Offenders confirm verbally in the interviews they have received education about PREA and how to report a concern. Of the 537 admissions admitted in the past year 402 were held 30 days. The pre-audit tool reported a 100% compliance with the indicator. Random sampling of offender's files and interview with random offender's support compliance. A review of 15 provided and spot-checked files, training documents, and offender interviews support compliance with the indicator.

Indicator (c) All offenders at the New Hanover have received an education on PREA and how to report any concern. Offender education is documented in the agency's electronic case management system OPUS. All offenders confirmed that PREA was addressed immediately upon transfer from their prior prison. The offenders also confirmed they received PREA education at other NCDPS facilities including their assessment facilities where they also report seeing a PREA Video. There are no offenders who were in the New Hanover Correctional Center before the PREA law implementation. Many random offenders pointed to signage in the units that educate offenders about PREA and others mentioned the PREA Brochure. Agency Policy F .3400 Transferred Offenders and Receiving Operations (page 4) requires "An offender received from another institution via transfer will be provided a copy of the appropriate Zero Tolerance for Sexual Abuse and Sexual Harassment brochure that includes the Sexual Assault Hotline number". The Intake Officer spoken with confirmed the process for educating all offenders upon transfer, the changes made during COVID-19, and that all residents sign they have been educated. The Auditor also confirmed the education on PREA with the offenders and reviewed the offender records.

Indicator (d) Education materials are available in English and Spanish the most common languages spoken at NHCC. The minimum-security facility has not experienced a Limited English Proficient offender who needed the use of bilingual educator or interpretive services in the past year. The Auditor identified bilingual offender and offenders with disabilities who supported there are they can go to staff if they need assistance in the comprehension of written or oral PREA education. The assistance is available to any individual who needs assistance including those with physical disabilities, cognitive limitations, or those who cannot read. Many offenders stated that PREA was not a concern, but they knew the information was available. They report they could obtain help from line officers, case managers, the PREA Compliance Manager, or dial one of several posted numbers. The Auditor saw PREA Information in two languages during the tour.

Indicator (e) As noted in indicator (b), The Auditor reviewed 15 files supporting compliance with the documentation of PREA education. Records were reviewed for a random sampling of

offenders supporting they have received PREA education. The documentation is recorded in OPUS the NCDPS electronic case management system and in documents the agency has all clients sign at orientation.

Indicator (f) Agency Policy 201 Orientation Procedure and Policy F .3400 define the content area all offenders receive upon admission to a NCDPS facility including PREA. The PREA Office has clarified by memo the expectation of PREA Education upon transfer within NCDPS facilities. Observations throughout the tour support there are materials available to offenders continuously. The information viewed included handbooks, posters, and other signage about PREA or resources such as the local rape crisis agency. The Auditor suggested periodic video refreshers be made available to offenders given the long-term nature of the institution and signage be posted on the ability to request a copy of the facility handbook which is currently available at the staff desk in each unit.

### **Compliance Determination**

PREA is a term the offenders are familiar with at NHCC. The North Carolina Department of Public Safety policy F.3400 Offender Sexual Abuse and Sexual Harassment sets forth (on pages 9-10) the expectation of the timeliness of offender education, manners in which education is delivered, and the requirement for materials for LEP and disabled offender education. Offenders at NHCC confirm they are educated on PREA and the zero-tolerance expectations as soon as they get to the facility. PREA information is reviewed with the offender by the Intake Officer and they are provided a PREA brochure, and have access in the dorm to the offender handbook that contains PREA information. The information reviewed is signed by the offender and placed in their case record. The facility has PREA educational materials available to offenders in the form of brochures and posters. On the tour, the Auditor saw posters informing offenders how to report PREA events or how to access advocate services. Offenders report they are given facility specific PREA information within one day of admission. Offenders sign at admission acknowledging their PREA education. Interviews with offenders confirm they know how to report incidents if they were to occur.

Offenders reported comfort using a hotline number, telling a staff or filing a grievance if they were to experience or be witness to an incident of sexual abuse or harassment. During interviews with offenders, they expressed several ways to contact the administration or outside individuals if they did not have comfort in telling the line staff. Many of the offenders stated that PREA was not a concern at the NHCC. They also reported they believed any complaint would be taken seriously and investigated. Offenders with disabilities confirm that if they had a need staff would assist in the understanding of materials.

Compliance determination considered the supporting educational documents, the offenders' answers about training, and their knowledge about facility specific steps for reporting a concern. Further supporting compliance is the Auditor's review of client records that showed their education, the offender education training materials, and the videos used to educate.

115.34	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Report</p> <p>Policy F. 3400 Offender Sexual Abuse and Sexual Harassment Policy</p> <p>Training materials for Institutional Investigators</p> <p>NHCC Investigator Training records</p> <p><b>Individuals interviewed/ observations made.</b></p> <p>Interview with Investigative Staff</p> <p><b>Summary Determination</b></p> <p>Indicator (a) The North Carolina Department of Public Safety does not employ criminal investigators at its correctional centers. The Department trains senior staff to complete initial investigations into allegations by offenders. If the allegation appears to be criminal in nature the case is handed over to the New Hanover Sherriff’s Department. At New Hanover Correctional Center the Lieutenants and one Sergeant have been trained as investigators. The PREA Compliance Manager is also a trained investigator but to keep his role in the facility separated the Warden does not have him complete any PREA investigations.</p> <p>The training is defined in the PREA policy F.3400, it states the Investigator training will include:</p> <p>“(A) Shall complete appropriate employee training defined in section .3406(a)</p> <p>(B) Shall receive training on conducting sexual abuse and harassment investigations in a confinement setting. Such training shall include:</p> <p>(i) Techniques for interviewing sexual abuse victims;</p> <p>(ii) Proper use of Miranda and Garrity Warnings;</p> <p>(iii) Sexual abuse evidence collection in a confinement setting; and</p> <p>(iv) Criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>(C) Completion of training shall be documented on form OSDT-1 and in appropriate agency training tracking system.”</p>

Indicator (b) The North Carolina Department of Public Safety provided the Auditor with the training materials used in the training of facility investigators of potential sexual assault and Sexual Harassment. The agency curriculum outlines the class expectations utilizes both the National Institute of Corrections online course PREA: Investigating Sexual Assault in a Confinement Setting and agency developed course. The Agency course, reviewed by the Auditor, contained mock interviews and the topics required in this standard. The training materials support a victim centered approach. The Investigator knew both Garrity and Miranda, but only the local law enforcement would issue Miranda.

Indicator (c) Training records were provided by the PREA Compliance Manager for the staff who complete investigator training. The PREA Compliance Manager confirmed that the NHCC investigative team understands the requirements for determining the outcome of administrative investigations. The PREA Compliance Manager confirmed that once a case is turned over to the local police the investigative team will continue to assess the case administratively including the assessment of staff actions or inactions. Evidence of this ongoing communication was found in the administrative investigation report and in discussions with the investigative staff member.

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

**Compliance Determination:**

The North Carolina Department of Public Safety ensures that staff who complete investigations have received appropriate specialized training on investigating sexual assault in a correctional setting. The Investigators at NHCC have been trained in completing investigations. Though they will not complete criminal investigations the staff have been trained on how to protect evidence and have developed a working relationship with the local Sheriff's Office. Documents and interviews support that the facility's investigators are trained in the requirements of a PREA related investigation. Samples of investigations were completed, and the training documents supported the Auditor's findings.

115.35	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Report</p> <p>Policy F .3400 Sexual Abuse and Sexual Harassment</p> <p>Medical and Mental health specific training materials</p> <p>PREA Response Plan</p> <p><b>Individuals interviewed/ observations made.</b></p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p><b>Summary Determination</b></p> <p>Indicator (a) The New Hanover Correctional Center employs both Medical and Mental Health services. The agency trains staff with a course entitled Sexual Abuse and Sexual Harassment Medical and Mental Health Response. The courses covers PREA specific considerations from the medical and behavioral health staff perspective. To take this course the employee must have successfully completed the agency’s basic PREA course (PREA Sexual Abuse/Harassment 101).</p> <p>The thorough course, “Sexual Abuse and Sexual Harassment Medical and Mental Health Response” covers appropriate topics on working with victims of abuse across 100 slides. Included in the training materials for Medical and Mental Health staff was information addressing signs and symptoms of abuse, communication with a victim, how to report an allegation, and how to preserve evidence. Interviews with nursing staff support awareness that they should not clean any injuries and only treat critical health concerns before transport to the hospital for a rape kit. Both medical and mental health staff knew who to report PREA concerns to in the facility and within their supervision chain. Supporting documentation considered included the facility’s PREA response plan.</p> <p>Indicator (b) The staff do not complete a forensic exam. Discussions with the New Hanover Medical Center confirmed the availability to have trained nurses perform sexual assault exams.</p> <p>Indicator (c) Documentation was provided to the Auditor for the Medical and Mental Health staff confirming the specialized training was completed. The Auditor reviewed the training materials and considered the staff’s knowledge of the materials. The Auditor also confirmed the specialized training in formal and informal interactions with the staff who were able to give</p>

examples of the information provided to them in the specialized training.

Indicator (d) A review of the training record and the interview with staff confirms that all Medical and Mental Health staff received the same training as the DOC employees annually as well as the training described in 115.32. DOC training records further support compliance.

As noted in indicator (a) the completion of the Sexual Abuse and Harassment 101 is required before staff can take the specialized training. Policy F.3400 requires medical and mental health care practitioners to also receive the general PREA training mandated for employees. NHCC does not contract for Medical or Mental Health Services.

#### Compliance Determination:

Medical and Mental Health Staff at NHCC have taken the required specialized course and can attest to the information they learned. The Auditor reviewed the course content to ensure it covered the related topics for Medical and Mental health staff. The training materials and interviewed staff support they were trained in how to respond appropriately to sexual assault victims. The Auditor met formally with medical and mental health staff and asked questions of others on the tour. Medical and Mental Health staff knew to whom to report allegations and suspicions of sexual abuse or sexual harassment. They were able to explain the reporting would be up to their agency chain of command while also notifying the chain of command of the prison. Medical and Mental Health Staff knew to also report any concerns to the corrections investigators or PREA Compliance Manager. The contracted staff reported they also take the same PREA classes as custody employees. Medical staff will not do forensic medical examinations but are aware of how to protect evidence and what facilities they would refer offenders to for an exam by a SAFE or SANE if needed. Policies reviewed by the Auditor to determine compliance along with interviews, a review of the training program for Medical and Mental Health Staff, and training records for the medical and mental health staff figured into the compliance determination. The Auditor also took into consideration the coordinated response plan and the availability of SAFE nurses in the local hospital.

115.41	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Report</p> <p>NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p>NCDPS Screening questions (OPUS)</p> <p>offender Classification Screenings</p> <p>Offender discipline codes (Offender Booklet)</p> <p>New screening guidelines</p> <p>Additional screening examples</p> <p><b>Individuals interviewed/ observations made.</b></p> <p>Interview with Agency PREA Coordinator</p> <p>Interviews with Medical and Mental Health staff.</p> <p>Interview with Intake and Screening staff</p> <p>Interview with Warden</p> <p>Observations on tour</p> <p><b>Summary Determination</b></p> <p>Indicator (a) All offenders who are transferred to New Hanover Correctional Center will be assessed with an objective screening. All offenders entering the NCDPS are placed at an assessment facility where they are screened for being a potential victim or perpetrator of sexual misconduct. This requirement is outlined in policy F .3400 (pages 10) it states, "All offenders and safekeepers shall receive a mental health screening (MHSI), administered via the web-based OPUS intake system, within 72 hours after</p> <p>admission to Prisons. Diagnostic Services staff shall conduct the screening to determine an offender's risk of being sexually abused by other offenders or their risk of being sexually abusive towards other offenders. The screening shall use an objective screening instrument". The NHCC facility will also assess offenders upon admission to the facility. A review of records supports that screenings are occurring upon admission to NHCC and are being documented in OPUS (Offender Population Unified System) the NCDPS electronic case management system.</p> <p>Indicator (b) The Policy stated in indicator (a) sets forth an obligation for the screening to be completed consistent with the standard provisions. The review of the screening reports</p>

supports this practice standard is met. The Auditor requested a random sample of 13 offender files to timing of the screenings in relation to the offender's admission. This sampling was an improvement over the facility's self-report for 2020 in which 25% of the screening occurred outside 72 hours reportedly. Of the 13 files selected 10 were completed on the date of admission and 3 were completed the next day. Interviews confirm that Offender who arrive late on one day are screened on the next day. The intake officer confirmed that there are transfers that may take several hours to cross the state so there is a possibility the admission and screening days may be different.

Indicator (c) The tool developed for screening offenders for potential sexual violence or sexual victimization is an objective tool utilizing information from the offender's criminal records, information from other correctional settings, and the client's self-reported information. The Auditor was provided with the materials on how to administer and score the tool to ensure that the application is objective. The screening information has been put into OPUS an electronic case management system. The Auditor also asked the Intake officer to show the process by which the questions were asked at New Hanover. NCDPS procedures utilizes information throughout the offenders stay and applies the new information at intake with existing historical information. The Intake officer opinion is removed from the process as the tool is scored automatically by OPUS. The State PREA Coordinator provided the Auditor with information on the weighted values built in OPUS that would cause an individual to be scored at High Risk for Victimization (HRV) or High Risk for Aggression (HRA)

Indicator (d) A review of the objective tool used in North Carolina DOC facilities shows that it accounts for all 10 elements required in this indicator. The Agency PREA Coordinator explained to the auditor the process by which all elements are weighted for the scoring process as a High Risk for Victimization or a High-Risk Aggressor. Files were reviewed in advance of the audit and the Auditor requested a random sampling of files on-site. During the site visit the Auditor discussed that one element was not being asked as required on transfer. The offender perception of safety was not being asked upon transfer so there was no ability for it to impact the admission screening at the new facility. The NCDPS PREA office worked with the agency's Information Technology unit to make required adjustment to the screening. Documentation of the new screens staff are required to complete, along with a updates manual on screening process, were provided to the Auditor during the Corrective Action Period. The facility was able to implement the new screening and provided documentation from the OPUS system of the corrected process for 9 additional offenders.

Indicator (e) The tool does consider the offender's history of violence or sexual abusiveness in the community and prior institutional settings. The PREA Compliance Manager and the Mental Health Supervisor report if offender has an incident in the current institution, they would be reassessed which would change their scoring. The agency screening guidelines reminds staff that Offenders can be both a high risk to be a victim of sexual abuse (HRV) and a high risk to be a sexual aggressor (HRA). The agency practice is to follow the guideline of HRA when the offender scores positive for both status measures.

Indicator (f) The NC DPPS policy F.3400 requires assessment within 30 days of admission. The policy states "Within a set time period, not to exceed 30 days from the offender's arrival at the facility, the facility will reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening".

Another document requires reassessment every 6 month while in custody at a facility. The Auditor believes there was some confusion on the reassessment requirements for offenders transferred in the system. This was evident in inconsistent documentation and in the offender interviews. The Auditor worked with the NCDPS PREA Office to come to a resolution of this indicator. NHCC had immediately begun to correct the process to come into compliance. The NCDPS PREA Office worked with the IT department to make change the OPUS system to reflect the screening and reassessment occurring. The Auditor was provided documentation related to 9 individuals admitted since the screening questions were changed. The reassessments occurred on average 18 days after the initial screenings which occur in the first 24 hours of the offender's admission.

Indicator (g) The Auditor was able to ask staff in formal interviews and review documentation to support PREA reassessments occur for several reasons. The offender would be reassessed if they were either the victim or the perpetrator of sexual violence, if they engaged in consensual sex in violation of facility rules if additional information becomes known that would affect the scoring. As noted in indicator (a) policy requires reassessment for a variety of reasons including new or additional information, change in status that would impact scoring and in response to behavioral incident or PREA sexual misconduct incidents. Both the mental health supervisor and the PREA Compliance Manager confirmed the situations in which a rescreening would occur.

Indicator (h) The Auditor confirmed that offenders are not disciplined for refusing to answer questions or not disclosing information as part of the screening process. The Auditor spoke with intake staff who complete the initial screening, case managers who complete the re-assessment, and the random sampling of offenders who also confirmed you cannot get in trouble for not answering these questions. The PREA Compliance Manager also confirmed that a resident will not be disciplined for failing to answer screening questions. The Auditor also reviewed the Offender Booklet for disciplinary codes, the only time an offender can be disciplined for lying is for lies during an investigation.

Indicator (i) The North Carolina Department of Public Safety completes the screening information in its electronic case management system called OPUS. The system limits who may have access to the screening information, especially the client's more sensitive information. Disclosures made in the Medical or Mental health record are completely siloed from the custody staff. Limited information is shared through the OPUS systems structure to ensure safety and prevent critical information that might be used to exploit an offender is kept to a limited few individuals. The Warden and PREA Compliance Manager can run a report in OPUS that provides a Dashboard listing of HRA and HRV clients.

### **Compliance Determination:**

Compliance Determination:

The New Hanover Correctional Center ensures all offenders are screened for sexual victimization and abusiveness using an objective tool. The policy requires that all offenders be screened initially within 72 hours and reassessed within 30 days. The Agency also requires periodic rescreening at least twice a year if the Offender is to remain at a location for a period of time. The staff understand screening should be done when warranted due to a referral,

request, incident of sexual misconduct, or receipt of additional information that bears on the prisoner's risk of sexual vulnerability or sexual violence. OPUS is the NCDPS electronic case file system that links their records as the offender moves between facilities. All offenders receive a complete screening upon admission to a NCDPS assessment facility.

OPUS is designed so not all questions are asked upon each admission when an offender is moved from facility to facility. New Hanover is a minimum custody facility, as such all offenders are transfers into the facility. The OPUS system takes static information such as the client criminal history, combines it with information such as discipline from prior institutions and uses new information from the NHCC intake staff to calculate a score. As noted in Indicators (d) and (f) not all aspects were initially in compliance with the standard's requirements. The NCDPS PREA Office worked to make the required adjustments to the screening content and frequency for those individuals transferred or reassessed at NHCC. The facility leadership made the required adjustments and provided sufficient examples of the new process in use. Given the new documentation provided, initial documents provided, policy, interviews with facility and agency leadership the Auditor believes the standard expectations are now being met.

115.42	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Report</p> <p>NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p>NCDPS Policy E .2700 Evaluation and Treatment of Transgender Offenders</p> <p>NCDPS Policy C .2800 Offender Assignment</p> <p>NCDPS Offender Booklet</p> <p>Client Classification Screenings</p> <p><b>Individuals interviewed/ observations made.</b></p> <p>Interview with PREA Compliance Manager</p> <p>Interview with PREA Coordinator</p> <p>Interview with Intake Officer</p> <p>Interviews with work crew Supervisors</p> <p>Interview with Random Staff</p> <p>Interview with Random Offenders</p> <p>Interview with transgender offender</p> <p>Population report</p> <p>Observation on tour</p> <p><b>Summary Determination</b></p> <p>Indicator (a) The DOC PREA policy F .3400 addresses prevention efforts and covers the 5 elements of this standard indicator (Pages 12-14). The PREA screen used at NCDPS provides immediate assistance in determining the appropriate housing unit and bed placement for any new Offender. If an individual is a known perpetrator of sexual offenses, they would be prohibited from being placed in the same portion of the barracks as an individual with a known victim history. Individuals who would be likely victims in the institutions can be considered for being bunked in direct vision of the Housing officer's desk. Facility management determines when an offender is ready to transition to either work or educational programming. During these meetings, the PCM or other individual with approved access review the OPUS PREA Dashboard screens for HRA and HRV. This allow for the identification of potential conflicts</p>

between the known individuals on each side. The PCM reports he reviews the screening histories of offenders before they are admitted to help him to anticipate bed assignment needs. It was through this process he had identified a transgender individual who had been listed as bisexual in OPUS.

Intake staff report they will notify Mental health about any individual who screens as HRA or HRV. Mental Health programming is not mandatory at NHCC and those with offending histories may have already completed the NC DPS program for Offender with sexual violence charges. Staff in vocational settings confirmed they are provided enough information to 'keep separate' offenders with victimizations histories and those potential perpetrators of sexual violence. The Education environments have been shut down during COVID-19 but the PCM said the process is similar. All individuals enrolled in education are reviewed for potential HRA/HRV conflicts. Policy C.2800 requires that work assignments "shall address the treatment and rehabilitative needs of the offenders while maintaining the safety and security of staff and the facility."

Indicator (b) Safety of the offenders is considered throughout the offender's stay. NHCC management provides for regular review of the population of the minimum-security environment. Because the variety of individuals in the environment and the ability of the offenders to work outside the facility in non-COVID-19 times the facility must individualize each decision. Since staff stay on post for periods of time they become familiar with the offenders. Random staff interviewed identified the importance of being able to identify when the behaviors change and knew the importance of identifying concerns. The random offenders report they could reach out to the PREA Compliance Manager if they had any individual needs/concerns Interviews with staff also confirm they would act if the offenders voiced concerns. All offenders who score HRA or HRV are referred to Mental health for follow up. Offenders also have an opportunity to discuss concerns with mental health and with case management staff. The majority of offenders report accessing mental health is not difficult. Transgender individuals are provided twice a year multi-disciplinary TARC meeting (Transgender Accommodation Review Committee) to discuss accommodations their progress and needs while at NHCC.

Indicator (c) Currently the New Hanover Correctional Center has two transgender or intersex individuals. The NHCC is a male correctional facility and these individuals are housed in general population beds closer to the officers desk. Agency policy F .3400 states, " In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems.." The transgender case files reviewed by the Auditor supported the process for making decisions is on a case by case basis. Files show both structured reasoning around supporting or denying an offender's request based on factual information, behavioral actions, and clinical observations. The documentation supported the considerations of the offender's personal safety and emotional well-being. In addition to the facility based TARC meetings there is a DPS Divisional TARC meeting also held twice a year. According to policy E .2700 it is "A multidisciplinary committee that includes, at a minimum, the Health Services Medical Director, Chief of Psychiatry, Behavioral Health Director, Deputy Director of Auxiliary Services and the PREA Director." This group will determine requests around placement of offenders by their preferred gender and any request for gender affirming surgery.

Indicator (d) Records show that these meetings have occurred twice a year. The meeting notes support wide participation of facility administration, custody staff, and medical and mental health professionals. Meeting notes discuss various aspects of the offender's life and any change or new request. The reports document a variety of decisions on programming, housing, personal items approvals, search procedures, and medication approvals. Interviews by the Auditor with Transgender offenders confirm these meetings occur. Policy E .2700 requires that accommodations afforded in one facility be reviewed at the next facility. The Auditor discussed with the PCM and the Mental Health Supervisor on a newly admitted transgender individual. The agency had reportedly approved medication at the previous institution but it failed to start before the client was transferred. The administrators confirmed the medication was previously approved and had the facility Doctor authorize the medication which he received within 3 days of our discussion.

Indicator (e) Transgender offenders interviewed confirm there is a meeting that occurs shortly after admission (or when they begin identifying as transgender) with a multidisciplinary team to discuss the supports and considerations the offender wishes to request. Transgender individuals support the process allowed them to make requests as to housing, programming, searches, medication, and personal items to improve their overall comfort in the facility. Transgender individuals reported positive access to both the health services team and to the PREA Compliance Manager.

Indicator (f) NCDPS Policy F .3400 requires that transgender offenders can shower separate from other offenders. In plans reviewed the transgender offender showers while other offenders are asleep in the early morning or late evening. In the unit showers, privacy is maintained through shower curtains that allow only the feet and the tops of the offenders' head to be seen. The Auditor required the implementation of wider curtains which were installed in 24 hours of the request. The Auditor confirmed that Transgender offenders shower separately from the rest of the population. Housing officers report even with a full house of 32 offender per side, all offenders shower one at a time. When the transgender individuals shower, they will have other offender use the toilets on the opposite side of the unit. Transgender offenders confirmed their ability to shower separate from other residents.

Indicator (g) The North Carolina Department of Public Safety does not by policy, practice, or legal requirement house all LGBTI offenders in one housing unit. There is no legal judgment requiring such a condition to exist. The policy prohibits this action "The agency shall not place lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities, units, or wings solely on the basis of such

identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such offenders." This was confirmed with interviews with the PREA Compliance Manager, random staff, and gay and transgender offenders. The Auditor reviewed the overall population of the facility to ensure the identified populations were disbursed throughout the prison.

### **Compliance Determination**

NCDS Policy F .3400 Offender Sexual Abuse and Sexual Harassment describes the use of the PREA Screening tool in Indicators (a) and (b). The remaining Indicators are covered in E .2700 Evaluation and Treatment of Transgender Offenders. The Auditor confirmed with the

PREA Coordinator and the Warden multidisciplinary teams meet to discuss each transgender offender's needs and preferences. He also confirmed with the PCM that screening results are utilized to ensure potential HRA and HRVs are kept apart. During the tour work team supervisors confirmed they are provided enough information to ensure 'keep separate' offenders do not work in the same location at the same time. Documentation and interviews support that LGBTI offenders are not all housed together or denied programming or work. Interviews with transgender offenders and other LGBTQI offenders support the NHCC has systems in place to ensure their safety.

The standard is determined to be compliant based on policy, supporting documents, and interviews with offenders and staff. The Auditor finds that practices are in place to use screening information and there is good communication about those at risk. The Auditor also took into consideration the responsive efforts of the NHCC administration to respond to the transgender individuals medication needs.

115.43	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Report</p> <p>NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p><b>Individuals interviewed/ observations made.</b></p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Warden</p> <p>Interview with Staff in Segregation Unit</p> <p>Interview with the PREA Compliance Manager</p> <p>Observation on tour</p> <p><b>Summary Determination</b></p> <p>Indicator (a) The New Hanover Correctional Center refrains from placing offenders at high risk for sexual victimization in involuntary segregated housing. Policy F .3400 states, "Offenders at high risk for sexual victimization shall not be placed 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. If a facility cannot conduct such an assessment immediately, the facility may hold the offender in involuntary segregated housing for less than 24 hours while completing the assessment." NHCC administration reports that there have been no cases of protective custody for individuals at risk of sexual abuse in the past three years. The Auditor also confirmed this practice with the Officer working the segregation unit.</p> <p>Indicator (b) Since it is not the practice of New Hanover Correctional Center to place individuals in involuntary segregation as a means of providing protection from sexual abuse, the elements of indicator (b) are difficult to assess. The DOC policy states "Offenders placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:</p> <ul style="list-style-type: none"> <li>(i) The opportunities that have been limited;</li> <li>(ii) The duration of the limitation; and</li> <li>(iii) The reasons for such limitations."</li> </ul> <p>As a minimum security facility with open dormitory setting if for any reason the facility feels</p>

they can not keep an offender safe for sexual violence the Warden may request a transfer to an equal classification facility. Sexual aggressors would likely be transferred to higher levels of custody.

Indicator (c) The policy F .3400 Offender Sexual Abuse and Sexual Harassment addresses the requirements of this standard in protecting offenders and staff who report PREA incidents from retaliation. The policy requires NHCC not to house the victims or those at risk in segregation as a manner of protection unless there are no other means and that the situation is reassessed every 30 days. The policy states “The facility shall assign such offenders to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.” As noted in Indicator (a) there were no cases requiring a victim of sexual aggression to be placed in segregated housing.

Indicator (d) Since NHCC has not used segregated housing to achieve protective custody of individuals at risk of sexual misconduct in the past three years there is no documentation to review. Agency policy states the required documentation on the reasoning behind the use of restrictive housing. “If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document: (i) The basis for the facility’s concern for the offender’s safety; and (ii) The reason why no alternative means of separation can be arranged.”

Indicator (e) The Department of Correction has a policy F .3400 addresses the requirements of this standard in protecting offenders and staff who report PREA incidents from retaliation. The policy requires NHCC to reassess every 30 days the need for segregated housing. Policy requires regular review by medical and Mental Health professionals if residents are housed in segregated housing.

### **Compliance Determination**

Interviews with the Warden and the facility PREA Compliance Monitor confirm that the facility has not had to use involuntary segregation to ensure the safety of any victims of sexual assault. The Warden confirms that the aggressor would be the individual moved to segregation or a higher level of custody. Investigative reports support there is no practice of segregation of victims and is consistent with the Warden’s interview. In addition to discussions with staff, and administration, during the tour, the disciplinary segregation staff confirmed that no individual was in the unit for protection from sexual assault. The standard is compliant based on the information provided, the tour, the interviews, and the policy and practice of the New Hanover Correctional Center.

115.51	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Questionnaire</p> <p>Policy F 3400 Offender Sexual Abuse and Sexual Harassment Policy</p> <p>Policy 13.03 New Hanover Sexual Abuse and Sexual Harassment Policy</p> <p>Telephone Services</p> <p>PREA Brochure</p> <p>Offender rule book</p> <p>PREA Posters</p> <p><b>Individuals interviewed/ observations made.</b></p> <p>Interview with Random Staff</p> <p>Interview with Contracted staff</p> <p>Interview with Random Offenders</p> <p>Observation on tour of Reporting information</p> <p><b>Summary Determination</b></p> <p>Indicator (a) The North Carolina DOC and the New Hanover CC have multiple avenues staff and offender to report a concern. The policy directs staff and offenders on the ability to report sexual harassment, sexual abuse, or staff neglect that contributed to abuse. Policy F .3400 pages 16-18 provide direction on how offender, staff or third-party individuals can report a sexual misconduct concern. The policy states the following requirement, "Multiple internal ways shall be provided for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents." Staff interviewed knew they had to report all allegations of abuse or harassment and any coworker's action or inaction that led to sexual misconduct against an offender. Random offender interviews confirmed that the offenders know there are multiple ways to report a concern within the facility or to the Department of Corrections Central Office. Offenders knew of the postings and options to report a concern including directly to a staff they trust, to any case manager or medical or mental health staff, by writing the Warden or by calling the "PREA" number on the poster. Offenders spoken with were able to give examples of options on how to report a concern at NHCC.</p> <p>Indicator (b) In addition to internal ways to report a PREA concern, the North Carolina Department of Corrections has set up a way offenders can report a PREA concern to an</p>

outside agency. The phone numbers to access the Forgiven Ministries are on the facility's 'PREA Reporting Posters.' The PREA Poster encourages offenders if they do not feel comfortable reporting to DOC staff they can use other options including the outside agency reporting mechanism. Offenders were aware of these options and stated they could call attorneys or family members to report a concern. The offenders were also confident if a family member called to report a concern, the staff would take it seriously and it would be investigated. The Auditor tried the outside reporting line ( 1-972-535- 3499) from a housing unit. The Agency's PREA Office was notified the same day and the information relayed to the New Hanover's PREA Compliance Manager. The Auditor confirmed with the local rape crisis agency that they can only disclose abuse with written consent. The New Hanover Correctional Center does not house offenders solely for immigration violations. Most offender did not know specifics about who on the other end but of the various posted number but believe they are a viable option for them reporting a concern. Policy F.3400 states "At least one way shall be provided for offenders to report abuse or sexual harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to agency officials, allowing the offender to remain anonymous upon request." In addition to the Forgiven Ministries number the facility has posted the rape crisis agency, the DPS PREA Office hotline and NCDPS "Fraud, Waste, Abuse, or Misconduct Hotline".

Indicator (c) Interviews confirm consistent with agency policy (F.3400 Sexual Abuse and Sexual Harassment Policy page 17) that all staff take any report of a PREA related incident seriously and report the concern to a superior or the facility investigator. The Policy states "All staff are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency." Random staff knew that they had to report the claim no matter the source of information including anonymous notes. The staff reported that any claim, even if they thought it did not occur, needed to be reported and documented in writing. The staff also confirmed that after giving notice to a supervisor they were required to file a written report on the claim. Finally, the staff also confirmed they had to report on the actions or failure to act of a fellow employee that leads to a sexual assault. The Auditor also tested the agency's third party reporting system and received a call back from the agency's regional PREA Coordinator.

Indicator (d) The North Carolina Department of Correction provides several avenues for staff to report a concern of sexual assault or sexual harassment. Beyond reporting an incident to their immediate supervisor, if the staff had a concern about the supervisor or another staff being involved with a client they report to another supervisor or a higher-ranking individual, they can make a report using either the posted phone numbers, Human Resources, the Warden or the North Carolina DOC PREA Coordinator. Staff interviews confirmed they were aware of multiple avenues to report a concern. The staff knew they could report out of the chain of command without consequences. The agency's "PREA Reporting Posters" seen throughout the facility has information for staff on options for reporting.

#### **Compliance Determination:**

North Carolina Department of Corrections has several options for staff and offenders to report concerns of sexual misconduct. Interviews with staff were consistent in their understanding of their duties of accepting and responding to all reports of sexual assault or sexual harassment whether it was done verbally, in writing, anonymously, or by a third party (indicator (c)).

Offenders interviewed were aware of multiple ways in which they could report including telling staff, calling the hotline, mailing administration or calling the outside numbers, Posters seen on all the housing units during the tour direct offenders and staff on these options. Offenders spoken to formally and on tour reported comfort in speaking with staff especially the facility PREA Compliance Manager if they had a concern. Custody staff reported knowing how to privately report PREA concerns to the administration and that there is no problem reporting out of the chain of command. The Auditor finds compliance with standard provisions, based on the policy, documentation provided and viewed on the tour, and the interview findings of random staff and offenders as well as the PREA Compliance Manager, and PREA Coordinator. The Auditor also took into consideration successful testing of third party and outside reporting mechanisms.

115.52	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Questionnaire Responses</p> <p>DPS Policy G .0300, Administrative Remedy Procedure</p> <p>DPS Policy F 3400, Offender Sexual Abuse and Sexual Harassment Policy,</p> <p>Offender Grievance Forms</p> <p>Intake PREA Pamphlet</p> <p>Offender Handbook</p> <p><b>Individual Interviewed/ observations made</b></p> <p>PREA Compliance Manager</p> <p>Random Staff</p> <p>Random Offenders</p> <p>Grievance Policy Posted in each dorm.</p> <p><b>Summary Determination</b></p> <p>Indicator (a) The New Hanover Correctional Center is not exempt from the standard; offenders can file a grievance on conditions that violate their rights or prison rules. Sexual misconduct is a reason for which an offender can file a grievance. North Carolina DPS policy states “The Administrative Remedy Procedure shall afford a successful grievant a meaningful remedy to include but not be limited to, an order requiring that specific action be taken, modification of Prisons policy, restoration or restitution for personal property, and such other remedies that will meaningfully resolve the grievance presented.” The Policy goes on to clarify “No offender grievance alleging sexual abuse or harassment shall be rejected.” There were no grievance forms filed for sexual assault allegations. The Auditor was able to review a harassment complaint.</p> <p>Indicator (b) Agency policy support the offender can file a grievance without a time limitation, to a person who is not the subject of the grievance, and there is not a requirement to resolve the situation through an informal process. Agency policy G .0300 Administrative Remedy Procedure sets forth language consistent with the standard. The policy denotes when there is a deviation from standard grievance to conditions that need to be met specifically in PREA related grievances. A review of the policy (page 4) shows there are no time restraints on the individual's right to file. The standard grievance at NHCC are required to be filed within 90 days of the incident. The Auditor suggest the agency consider making adjustments to the</p>

Offender handbook which is outdated compared to the current policy. Since the policy is posted and offenders referenced the posting as where they would go to understand the grievance policy the Auditor support compliance. Discussions with the PCM confirmed that all PREA related grievances will be treated as an emergency grievance.

Indicator (c) The facility has large mailboxes on the outside of the administrative building that offenders can submit confidential letters to the grievance officer, PREA Coordinator, or the Warden. Grievances can be filed in a sealed envelope. Offenders can direct the mail to the appropriate administrator who will forward it to investigators and the grievance officer. Offenders interviewed report inhouse mail or grievances would be options they could use to report a concern in addition to the PREA Hotline numbers or telling a staff directly. The PREA Compliance Manager confirmed there is no requirement for an informal resolution process or a problem for the grievance to be addressed to someone other than the grievance officer.

Indicator (d) Policy G .0300 Administrative Remedy Procedure sets forth the requirements for response and appeal consistent with the standard. The Grievance response times are spelled out in the policy. The NHCC is able to track the complaints to ensure timeliness of responses. Sexual abuse grievances would be handled as emergency grievances and requires an initial response within 48 hours, and appeal response within 5 days. Copies of all grievances are immediately forwarded to the North Carolina DPS PREA Office. There was one case where an offender's grievance claims did not meet PREA guidelines for either sexual assault or sexual harassment.

Indicator (e) The grievance policy states offenders may be assisted in filing the grievance by any staff person or by any other person with whom the prisoner is permitted to have contact. The policy states "Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates shall be permitted to assist offenders in submitting a grievance relating to allegations of sexual abuse and shall be permitted to submit such a grievance on behalf of an offender. If a third party submits a grievance on behalf of an offender, the facility may require, as a condition of processing the grievance, that the alleged victim agree to have the grievance submitted on his or her behalf and also may require the alleged victim personally to pursue any subsequent steps in the grievance process. If the offender declines to have the grievance processed on his or her behalf, the facility shall document the offender's decision. If the offender declines to have the grievance processed on his or her behalf, the facility shall document the offender's decision." Offenders spoken to by the Auditor confirmed that there is no prohibition on assisting or filing a grievance for another offender. Staff were also aware they need to accept all complaints or grievances from third party individuals.

Indicator (f) Policy G.0300 describes the provisions for an emergency grievance. "If an emergency grievance alleges an offender is subject to a substantial risk for imminent sexual abuse, the facility shall:

- (1) immediately forward the grievance (or any portion thereof that alleges such substantial risk) to a level of review at which immediate corrective action can be taken,
- (2) provide an initial response with 48 hours, and
- (3) issue a final agency decision with 5 calendar days.

The initial response and final agency decision shall document the agency's determination that

the offender is at substantial risk of imminent sexual abuse about and the action taken in response to the emergency grievance.” There were no incidents in which an emergency grievance was filed in the last 12 months at New Hanover Correctional Center.

Indicator (g) Offenders can only be disciplined if, through an investigative process, it is substantiated that the grievance was filed in bad faith. This is the same standard for all PREA complaints filed even if they are not through the grievance process. An investigation by the Intelligence Unit would occur to determine the bad faith filing. Policy G .0300 states “False Reporting: Offenders will be held accountable for knowingly making false reports of unfounded incidents of sexual abuse against staff or another offender. If it is clearly established that a false accusation has been made, the offender may be subject to disciplinary action.” The facility has not disciplined an individual in the past 12 months for filing a false PREA Complaint.

### **Compliance Determination**

New Hanover Correctional Center is not exempt from the exhaustion of administrative remedies. The NCDPS has a policy in place that covers the offenders' rights to seek administrative resolutions. There were no instances in which an emergency grievance was filed related to sexual abuse. Offenders interviewed knew they could file a PREA related concern through the grievance process but acknowledge it would not be as quick in resolving as telling a staff person directly or calling the PREA Hotline. Offenders report they can get assistance from other offenders in completing forms if needed. Offenders reported comfort in telling staff directly about concerns and if they felt it was not addressed, they would go send a request to the Warden or the PREA Compliance Manager to discuss concerns. Compliance determination relied on the policy, postings visible in the facility and interviews with the the Warden, the PREA Compliance Manager, and random offenders who were aware the grievance process was a possible avenue to report a Sexual Misconduct concern.

115.53	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Questionnaire</p> <p>Policy F.3400 Sexual Abuse and Sexual Harassment</p> <p>MOU with Coastal Horizon</p> <p><b>Individuals interviewed/ observations made.</b></p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Warden</p> <p>Interview with Coastal Horizon staff</p> <p>Interviews with Random Offenders</p> <p>Interviews with Random Staff</p> <p>Observation on tour</p> <p><b>Summary Determination</b></p> <p>Indicator (a) North Carolina Department of Corrections policy F.3400 Sexual Abuse and Sexual Harassment Policy requires, “Offender victim shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving the offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible.” The New Hanover Correctional Center provides access to the local rape crisis agency, but on-site access has been curtailed during the COVID-19 crisis. Coastal Horizon Center will provide phone support and will assign staff or work with other local providers if the offender requests face to face support. The Agency’s employees are considered professional visitor status which allows for confidential communication. Offenders can communicate by phone to Coastal Horizon Center 24-hour hotline or for ongoing support. The Auditor confirmed that the number to the rape crisis agency is recorded. NHCC does not house offenders on immigration violations.</p> <p>Indicator (b) All offenders interviewed understood the limits of confidentiality when reporting concerns about sexual abuse. The rape crisis agency cannot disclose back to the facility without a written release. All NHCC offenders spoken with confirmed they understood communication with medical or mental health would be confidential unless there was a danger to themselves or another person. Offenders were aware the phone calls are recorded if they called the rape crisis agency. The Auditor confirmed with offenders and advocacy</p>

organizations that professional visit opportunities outside of the COVID restrictions would allow for a more open dialog.

Indicator (c) The Department of Correction has a Memorandum of Understanding with Coastal Horizon which covers New Hanover CC. The agreement is renewable. The Auditor confirmed the existence of the MOU with the representative of the Coastal Horizon. The same document documents the mutual support of other local resources including the Sherriff's Office.

**Compliance Determination:**

Offender victims at NHCC can access victim advocates for emotional support. The agency has entered into a Memorandum of Understanding with the Coastal Horizon's Center to provide support to victims (Indicator (c)). Coastal Horizon is part of the North Carolina Coalition Against Sexual Assault (NCCASA). As part of the audit process, the Auditor spoke by phone to a Coastal Horizon representative who confirms their ability to provide service at DOC facilities. COVID-19 has impacted any onsite visits at the DOC facilities or local hospitals. The representative was able to describe the process they have in place to provide virtual support. The Investigator knew about the importance of offering the support of a rape crisis agency and its affiliates during the investigation and after its conclusion. The PREA Brochure and signage at the facility had a toll-free number for offenders to access from the unit phone in the facility.

In determining compliance, the Auditor also considered interviews with the Rape Crisis agencies and the Offenders accessing services. Offenders could identify how confidential the communication is within the facility including mail and telephone contacts. Offenders knew that outside counseling staff could normally be spoken to in a professional visitor setting. The Auditor could see on the tour posters for Action Alliance. The Auditor suggested that line staff be refreshed on the services of Coastal Horizon so there is a more uniform understanding so they can advise offenders accordingly.

115.54	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Questionnaire</p> <p>Policy F .3400 Sexual Abuse and Sexual Harassment</p> <p>NCDPS agency Website</p> <p>PREA Posters on Housing units</p> <p>information of the PREA report Hotline</p> <p><b>Individuals interviewed/ observations</b></p> <p>Interview with Agency PREA Coordinator</p> <p>Random Staff Interviews</p> <p>Calls to outside reporting services.</p> <p>Observation on tour</p> <p><b>Summary Determination</b></p> <p>Indicator (a) North Carolina Department of Public Safety has developed several mechanisms for individuals who want to report PREA concerns as a third party: be they fellow offenders, family, or friends. According to policy F.3400 (p17) information can be given in person, by phone, by e-mail, by US mail, or by contacting the agency PREA Coordinator through the agency website <a href="http://www.ncdps.gov/Adult-Corrections/Prison-Rape-Elimination-Act">www.ncdps.gov/Adult-Corrections/Prison-Rape-Elimination-Act</a>. There is information directing offenders in the PREA brochure, PREA poster, and on the website noted above. NCDPS also has a second complaint line for “fraud, waste and abuse hotline” Any PREA Compliant filed through this line would be forwarded to the PREA Coordinators office.</p> <p>Staff were aware that they must take all reported concerns about PREA potential violations including from third parties. The facility phones allow for offenders to dial out to the advocates free of charge. Offenders confirmed there are no prohibitions on aiding or reporting on behalf of another offender. Offenders report they are aware of the phone numbers posted in the facility if they had concerns in telling staff.</p> <p><b>Compliance Determination:</b></p> <p>North Carolina Department of Public Safety has put in place multiple resources for offenders and families to report a PREA related concern. The PREA Coordinator office can field all calls and emails that come in including third-party sources. As part of the audit process, the PREA Auditor tested the unit phones to ensure the phone numbers on the poster could be accessed. Compliance was based on policy and the systems NCDPS has put in place to sations</p>

made support the offenders and that offenders were aware they could make a complaint on behalf of another offender. Random staff interviews further supported compliance as they knew that they needed to report all third-party complaints no matter the source. Finally, the Auditor took into consideration the several options listed on the state's website for filing a PREA Complaint.

115.61	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/ electronic documentation reviewed</p> <p>New Hanover Pre-Audit Questionnaire</p> <p>Policy F .3400 Sexual Abuse and Sexual Harassment</p> <p>North Carolina Department of Public Safety Employee Manual</p> <p>Policy AD IV-3 Health Services – Client Rights</p> <p>North Carolina Department of Health and Human Services Website</p> <p>NC Laws on vulnerable adults</p> <p>Investigation files</p> <p><b>Individuals interviewed/ observations.</b></p> <p>Random Offenders</p> <p>Random Staff</p> <p>Warden</p> <p>NHCC Investigators</p> <p>Medical and Mental Health Staff</p> <p>PREA Compliance Manager</p> <p><b>Summary determination.</b></p> <p>Indicator a). The New Hanover Correctional Center has trained its staff, contractors, and volunteers on the importance of reporting all allegations of sexual abuse, sexual harassment, and any forms of retaliation against individuals who reported or cooperated in an investigation of such misconduct. NCDPS PREA policy F .3400 (page 16-18) utilizes the language of the standard to set forth this expectation. It reads “All staff are required to report immediately to their supervisor or the officer in charge 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” It goes on to require “Any retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation”. Interviews with random staff supported an understanding of this expectation. They knew that they had to forward all allegations no matter the source or their personal beliefs as to the validity of the claim. The Auditor was provided with the NCDPS employee handbook which covers the requirements of this indicator including the immediate notification of all claims of sexual abuse, sexual harassment, or retaliation of those who cooperate in an investigation. The Auditor confirmed with random staff the</p>

responsibility to report on a coworker's actions or inaction that may have contributed to a sexual misconduct incident. The Auditor was able to test how the reporting hotline prompts investigations.

Indicator b). The NCDPS policy F .3400, page 17 indicates apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions. The Auditor interviewed random staff who were able to voice the expectation of keeping the information confidential. They verbalized the need to involve only the key management and investigative staff necessary to obtain help and contain any evidence.

Indicator c). Medical and mental health services providers in NCDPS have a duty to report incidents of sexual abuse, sexual harassment, or information that would prevent such actions. Policy AD IV-3 speaks to the limitations of confidentiality. It states, "Confidential information shall be disclosed without the offender's written authorization to the extent that the clinician reasonably determines that such disclosure is necessary to protect against clear and substantial risk of imminent serious injury, disease, or death being inflicted by the offender on himself/herself, or others, or a threat to the security of the unit." The Auditor confirmed with medical and mental Health staff that offenders are made aware of the limits of confidentiality. Random offenders were also asked if they understood limits to confidentiality when speaking to medical or mental health staff. The offenders acknowledge they understood if the information was related to the potential risk to them or another individual the information would be disclosed to facility investigators.

Indicator d). The facility does not serve individuals under the age of 18. Agency and Facility management and investigators were aware that abuse of individuals who are considered vulnerable adults must be reported to the North Carolina Department of Health and Human Services Adult Protective Services. The Auditor confirmed with investigators that abuse toward these targeted populations would be reported to the appropriate state agency and that there are additional charges that may be applied in cases where the victim met the definition of a vulnerable adult. The Auditor reviewed various North Carolina websites that define the expectation of reporting abuse and the legal ramifications for the perpetrators of such misconduct. The Warden confirmed that no case in the last 12 months had to be reported to such agencies.

Indicator e). The Warden, PREA Compliance Manager, and facility Investigators confirmed that all allegations of sexual misconduct are reported to the facility's intelligence unit to initiate an investigation of the claim. If information supports a criminal act has occurred, the agency will notify the New Hanover Sheriff's Office who will perform a criminal investigation. PREA policy F .3400 supports that all allegations are referred for investigations.

#### **Compliance Determination:**

The North Carolina Department of Public Safety has put into place policies that support the expectations of the standards. The language is reiterated in several policies that further support the commitment to investigate all claims of sexual abuse, sexual harassment, and/or retaliation. The staff and offenders of the New Hanover Correctional Center have been educated on the expectations of reporting, that all claims no matter the source should be

investigated. Offenders and staff interviewed supported an understanding of confidentiality, its importance in the investigative process, and the limitations of confidentiality in a medical or mental health setting. The supporting documents provided to the Auditor support that all claims including third party and anonymous claims are forwarded for investigations. The Auditor finds the facility to be compliant with all aspects of this standard. The Auditor's interviews supported a staff that was well trained in the expectations of the standard. The interview answers coincided with the documents reviewed that all claims are forwarded to the investigative teams. A review of investigations provided support the NHCC has investigated claims no matter the source. The Auditor also found they investigate all claims, including ones that may not meet the definitions found in the law. The Auditor also found the investigative staff and facility administration understood its obligation to inform other organizations responsible for the rights of vulnerable adults.

115.62	<b>Agency protection duties</b>
	<p data-bbox="248 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="248 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="248 327 1043 360"><b>Policies and written/electronic documentation reviewed.</b></p> <p data-bbox="248 400 751 434">New Hanover Pre-Audit Questionnaire</p> <p data-bbox="248 474 1062 508">Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p data-bbox="248 548 900 582">Policy G.0300 Administrative Remedy Procedures</p> <p data-bbox="248 694 874 728"><b>Individuals interviewed/ observations made.</b></p> <p data-bbox="248 768 788 801">Director of VA Department of Corrections</p> <p data-bbox="248 842 355 875">Warden</p> <p data-bbox="248 916 432 949">Random Staff</p> <p data-bbox="248 1061 593 1095"><b>Summary determination.</b></p> <p data-bbox="248 1135 1481 2024">Indicator a). The North Carolina Department of Public Safety has at its resources several options to ensure the safety of an offender who is at imminent risk of sexual abuse. Policy F .3400, (page 18) explains that when Department staff learn that an Offender is subject to a substantial risk of imminent sexual abuse, appropriate and immediate action shall be taken to protect the Offender. Alleged offender victims of sexual abuse shall 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. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, first responders shall take preliminary steps to protect the alleged victim consistent with set expectations. Interviews with random staff support a clear understanding of the steps to be taken to ensure the offender’s immediate safety. There have been no reported incidents in the past 12 months where an individual was believed to be at imminent risk of abuse. The facility Warden indicated segregation may be ordered immediately to protect the offender or others, but the action must be reviewed within 24 hours by the housing committee. The Warden interview determined the agency takes all allegations serious and any offender subject to imminent sexual abuse will receive immediate action. The Auditor spoke with the PREA Compliance Manager who discussed, how in an open dormitory setting, bed placement is used to ensure increased observation of the most at risk persons in the population. As noted above, there were no instances in which protective custody procedures were used for an individual at imminent risk of abuse. Transgender offenders feel the facility is providing for their safety in the open setting.</p> <p data-bbox="248 2065 635 2098"><b>Compliance Determination:</b></p>

The North Carolina Department of Public Safety has in place both policy and appropriate resources to 'keep safe' individuals at imminent risk of sexual abuse. The Director and the Warden support the expectation that the response will be immediate upon learning of any offender at imminent risk. The Warden reports that given the size of the facility most situations of potential conflict can be resolved by moving one of the parties to another unit within the institution. They have been able to manage offender conflicts without having to remove an individual from the general population unit to a special management unit. The Warden also confirmed the ability to move either party to another institution if an intersystem move was determined to be in the offender's best interest. Though NHCC has not had to use this process for imminent risk individuals the Warden is confident in his ability to maintain the safety of an offender. The policies and Interviews completed support the ability of NHCC to respond to imminent risk claims of sexual abuse. The Auditor finds the standard has been met based on these factors.

115.63	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Questionnaire</p> <p>Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p><b>Individuals interviewed/ observations.</b></p> <p>Interview with PREA Compliance Manager</p> <p>Interview with Warden</p> <p><b>Summary determination.</b></p> <p>Indicator a). The Warden of New Hanover Correctional Center and the PREA Compliance Manager are aware that offenders who report abuse at prior institutions will have the complaint forwarded by the Warden to the previous facility’s head. NCDPS PREA Policy F .3400 (page 17) states the following:</p> <p>“Upon receiving an allegation that an offender was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.” The Auditor confirmed through interviews with the above individuals that if current NHCC offenders claims abuse occurring in another facility (including ones outside the control of the NCDPS) the facility will be notified to allow an appropriate investigation to occur. The PREA Coordinator also confirmed the NCDPS PREA Office would also be notified. The Auditor was provided information that in the past 12 months there were no such cases.</p> <p>Indicator b). The North Carolina Department of Public Safety Policy requires notification within 72 hours after the facility became aware of the alleged crime. Policy F.3400 (page 17) covers the required language when it states. “Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The Facility Head shall document such notification by completing a memorandum to file, and uploading into the correspondence tracking system (CTS).” The Warden of NHCC was aware of the timeframe and the expectation required of him to notify the leadership of the facility where the crime is alleged to have occurred.</p> <p>Indicator c). As noted in indicator (b) the Warden is responsible for notification and documentation of his actions in the state’s correspondence tracking system (CTS). Since there have been no reported allegations the Auditor could only assess the indication on the Warden’s knowledge.</p> <p>Indicator d). In policy F.3400 Offender Sexual Abuse and Sexual Harassment (page 9) the NCDPS sets forth the requirement of the initiation of an investigation if the Warden receives an allegation from another institution. “Upon receiving notification from another facility or agency that an allegation of sexual abuse or sexual harassment has been reported, the Facility Head</p>

shall ensure that the allegation is investigated in accordance with these standards." The Warden of NHCC is aware of this requirement and the facility has had no such notifications in the prior 12 months.

**Compliance Determination:**

The Auditor finds the facility is compliant with the standard's expectations. The Warden and the NCDPS Director were clear on their commitment to ensuring each offender victim are offered a thorough investigation. The Warden and PREA Compliance Manager were aware of the timeliness of notifications and the need to immediately referred for investigation. Absent an offender in the population who reported having told staff about abuse at another institution or an investigation of a claim reported to another facility the Auditor had to make his determination based on policy and Interviews.

<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Questionnaire</p> <p>Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p>PREA Training Materials</p> <p><b>Individuals interviewed/ observations.</b></p> <p>Random Staff</p> <p>Medical Staff</p> <p><b>Summary Determination</b></p> <p>Indicator a). The PREA policy of the North Carolina Department of Public Safety sets forth the expectations for staff who are first on the scene of a reported sexual assault. The policy F .3400 (page 18-19) states First Responder will,</p> <p>“(A) Upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall be required to:</p> <p>(i) Take necessary steps to separate the alleged victim and abuser. If the Facility Head, in consultation with the PREA Support Person, determines that the safety of the offender victim requires placement</p> <p>in administrative segregation, then:</p> <p>(I) Such segregation shall be administered in accordance with the applicable policies and procedures for administrative segregation.</p> <p>(II) The Region Director and the NCDPS PREA Office shall be notified in writing of the use of segregation and the reasons therefore.</p> <p>(III) To the maximum extent possible, the offender victim while in administrative segregation shall have the same privileges of access to the canteen, telephone, visitation and property as they were afforded prior to reporting.</p> <p>(IV) Within three business days of the offender victim’s release from administrative segregation, the Facility Head or designee will return the offender victim to the gain time job assignment the offender victim had prior to period of administrative segregation, if available. If, for operational reasons, the offender victim’s prior job assignment is unavailable, the Facility Head or designee will place the offender victim in another gain time job assignment that is at least equal to the prior gain time job assignment.</p> <p>(V) The Facility Head or designee will notify the Region Director in writing, that the offender</p>

victim has either been returned to prior job assignment or placed in equivalent one.

(VI) Within three business days of the receipt of the written notification from the Facility Head or designee, the Region Director, Female Command Manager or their designee will request in writing to the Assistant Chief of Program Services that the offender victim's gain time be restored.

(VII) When offender victim is released from segregation, whenever possible shall be allowed to return to previously assigned housing unit unless, in the discretion of the Facility Head, doing so exposes the offender to an increased risk to the offender victim's safety and security or the orderly

operation of the facility.

(ii) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;

(iii) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and

(iv) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence,

including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating."

In interviews with the Auditor random staff were able to describe the steps they would take as first responders consistent with their training and the agency policy. The NHCC has had no incidents of sexual abuse that required custody staff to act in the role of first responder. The two allegations investigated in the past year were not for sexual assault.

Indicator b). Interviews with Dietary staff, Medical, and Mental Health staff confirm they were aware of how to protect evidence and act as a first responder. NCDPS trains all staff in the facility on the expectation of the first responder. Non-security staff and contracted staff are provided the same training that the custody staff go to annually. Training records and their ability to state the first responder duties support an understanding of how to protect the offender and the evidence. Medical and mental health staff are aware of the steps required to help an offender through the crisis of a sexual offense while protecting evidence including giving instructions to the individuals involved not to wash, eat, drink, or use the bathroom if it can be avoided.

**Compliance Determination:**

New Hanover Correctional Center did not have any custody staff available who had acted as a first responder to an incident of a sexual abuse case in the past 12 months. The random staff

interviewed support they have an understanding of the facility's efforts to protect offenders who allege sexual abuse, protect evidence, and provide quick access to medical and mental health care. The medical staff was aware of the protocol to protect evidence on offenders until they can be seen by a Sexual Assault Nurse Examiner. All Staff also knew the importance of thorough documentation of the incidents and the importance of maintaining confidentiality about the incident except to those staff needed to ensure care and support the investigative process. The Auditor based the determination of compliance on the policy in place, the documents supporting the process, and the interviews with staff.

115.65	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Questionnaire</p> <p>Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p>NHCC Policy 13.3 Sexual abuse and Sexual Harassment</p> <p>PREA Training Materials</p> <p><b>Individuals interviewed/ observations made.</b></p> <p>Warden</p> <p>PREA Coordinator</p> <p><b>Summary determination.</b></p> <p>Indicator a). The North Carolina Department of Public Safety has put language into both the agency's Emergency Plan policy and it's PREA policy. The New Hanover Correctional Center has similarly documented into their policy 13.3 an operational plan that defines the role of individuals in the institution in responding to a sexual assault incident. The Auditor reviewed the plan which discusses the roles of the first responder, the responding supervisor, the medical staff, the mental health staff, agency, and external investigators, and the PREA Compliance Manager. The document also addresses the notification and collaboration of facility administration and the DPS PREA Office. The step-by-step plan provides staff with direction during the crisis and when accompanied by the response checklist allows for a thorough and consistent response to a sexual assault incident.</p> <p><b>Compliance Determination:</b></p> <p>The Auditor has reviewed the policies, and the NHCC PREA Response Plan in determining compliance. The plan provides direction for a consistent multi-discipline response to the sexual assault which provides for the offender victim's medical and emotional health while ensuring the effort protects evidence that could lead to a criminal conviction. The plan is available to supervisory staff and interviews with the Warden and PREA Compliance Manager support swift communication occurs between all levels of the facility leadership and quick notification and support from the agency's PREA office. Interviews, observations, and the documents presented to support the facility is compliant with standard expectations. The Auditor's only recommendation would be adding specific contact information on local partners New Hanover Sherriff's Office, New Hanover Regional Medical Center for forensic exams and the local Rape Crisis Agency Coastal Horizons.</p>

115.66	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>NHCC Pre Audit Questionnaire</p> <p>NCDPS Employee Handbook</p> <p>Web information on public employment in NC</p> <p><b>Individuals interviewed/ observations.</b></p> <p>Interview with Warden</p> <p>Interview with PREA Coordinator</p> <p><b>Summary Determination:</b></p> <p>Indicator a). The Auditor was provided information from the PREA Compliance Manager supporting that there is no collective bargaining at New Hanover. The Auditor learned from research that North Carolina is a right to work state and has had a prohibition on public sector unions. The Warden confirmed he has the ability to place employees in non-contact positions or out of work during an investigation of employee misconduct. The Auditor reviewed the employee handbook to further support compliance. Pages 83 and 84 address the rights of the DPS to place employees out on administrative leave during an investigation. The employee handbook also allows the agency to make temporary reassignment of staff to other locations to “ensure a fair and objective investigative process.” The handbook goes on to confirm these actions are not subjected to grievance.</p> <p>Indicator b). The Auditor is not required to review this provision.</p> <p><b>Compliance Determination:</b></p> <p>The Auditor has confirmed the New Hanover Correctional Center does not have any collective bargaining elements that would prevent the removal of a staff person from contact with an alleged victim of sexual abuse. The Auditor has determined the facility is compliant with the standard’s expectations. This conclusion was based on the NC. State laws, NCDPS Policy, and interview with facility leadership.</p>

115.67	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Questionnaire</p> <p>Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p>Warden Memo on PREA Support Persons</p> <p>Investigative Reports</p> <p>PREA Monitoring and Status reports</p> <p><b>Individuals interviewed/ observations.</b></p> <p>PREA Compliance Manager</p> <p>Investigator</p> <p>PREA Support Person</p> <p><b>Summary determination.</b></p> <p>Indicator a). The NCDPS policy has put in place measures to ensure all staff and offenders who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will be protected from retaliation by other offenders or staff. In Policy F .3400 (page 21) the agency describes the monitoring process in place and the steps to be taken. The NCDPS has facility heads appoint PREA Support Persons (PSP) who act as internal advocates for the offender while going through the investigation and ensuring connections to outside advocacy groups are maintained if it is the offender’s wishes. The PSPs are the individuals responsible for monitoring victims and those who cooperate in an investigation. The Auditor confirmed with the PREA Compliance Manager and the Warden the individuals responsible for monitoring offenders and staff at New Hanover Correctional Center. The Auditor interviewed one of the individuals approved by the Warden to serve as a PREA Support Person.</p> <p>Indicator b). Policy F .3400 defines the different steps that should be implemented to ensure the safety of victims or individuals who cooperate in the investigation. “Upon notification of a Sexual Abuse or Sexual Harassment allegation the PSP will initiate monitoring the alleged victim and offender who reported the allegation or cooperated with officials during the investigation. In the case of offenders, such monitoring shall also include periodic status checks. Continue monitoring for a minimum of 90 days or beyond 90 days if the initial monitoring indicates a continuing need.” Interview with agency and facility leadership confirms the agency’s commitment to ensure client safety who file a PREA complaint. The Auditor confirmed with offenders that the PREA Compliance Manager and Case Workers of who some</p>

are PSP are routinely available. Neither individuals who were subjects of a PREA complaint were in the current population, as such the Auditor could only review monitoring documentation. The PSP must complete regular check-in on victims and document findings and if need be concerns on a state approved monitoring form.

Indicator c). Consistent with the standard expectation the NCDPS policy (F.3400 p 21) requires monitoring to be for at least 90 days. The Policy states at least 90 days following a report of sexual abuse, the PREA Support Person staff will monitor the conduct and treatment of offenders and staff who reported sexual abuse or cooperated with a sexual abuse investigation. The PSP will continue to monitor the case unless the investigation determines the case was unfounded. The Auditor confirmed the areas monitored through interviews and the review of the state approved monitoring forms. The PSP is supposed to complete check-ins with the offender, address any concerns of retaliation, monitor offender disciplinary reports, housing, or program changes. The PREA Compliance Manager confirmed monitoring will go beyond 90 days if the initial monitoring indicates a continuing need. According to the Warden the PCM would be responsible for monitoring any staff who cooperated in an investigation for retaliation. All monitoring reports are forwarded to the Warden who must sign off on the review.

Indicator d). As noted in indicator c) the monitoring will include periodic status checks. Absent an individual currently at NHCC who filed a PREA Complaint the Auditor relied on policy and forms in place and the knowledge of the facility's PSP and PCM.

Indicator e). As noted in indicator c), the protection measures would include steps taken to protect staff who cooperate in an investigation on PREA. The Auditor confirmed with the Warden and the PCM that protections are offered to any individual (staff or offender) who expresses concerns of retaliation for cooperating in a PREA Investigation.

Indicator f). The Auditor is not required to consider this indicator.

**Compliance Determination:**

The Auditor was provided with a policy that matches the standard expectations. The documentation provided showed the process described in the policy has been operationalized. The Agency Interview with the Director and the Auditors interview with the Warden support the expectation of protecting individuals from retaliation. The NCDPS has developed identified individuals at each facility to actively support and monitor victims. The two cases had minimal monitoring as one individual denied the alleged incident occurred and the second case the offender admitted his claim was fabricated. The Auditor also took into consideration that most offenders spoken to confirm they have routine access to the PREA Compliance Manager and support he routinely tours the facility. The PREA Compliance Manager was aware of the expectations in monitoring for retaliation. The Auditor took into consideration policies, supporting documentation, interviews with agency and facility administration, with PREA Compliance Manager, and with Offenders. The culmination of these factors supports compliance with the standards expectations.

The Auditor was provided with a policy that matches the standard expectations. The documentation provided showed the process described in the policy has been operationalized. The Agency Interview with the Director and the Auditors interview with the Warden support the expectation of protecting individuals from retaliation. The NCDPS has developed identified

individuals at each facility to actively support and monitor victims. The two cases had minimal monitoring as one individual denied the alleged incident occurred and the second case the offender admitted his claim was fabricated. The Auditor also took into consideration that most offenders spoken to confirm they have routine access to the PREA Compliance Manager and support he routinely tours the facility. The PREA Compliance Manager was aware of the expectations in monitoring for retaliation. The Auditor took into consideration policies, supporting documentation, interviews with agency and facility administration, with PREA Compliance Manager, and with Offenders. The culmination of these factors supports compliance with the standards expectations.

<b>115.68</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Questionnaire</p> <p>Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p><b>Individuals interviewed/ observations made.</b></p> <p>Warden</p> <p>PREA Compliance Manage</p> <p>Staff on Segregation Unit</p> <p><b>Summary determination.</b></p> <p>Indicator a). In interviews with the Warden, he reported it is not the practice of the facility to place victims of sexual abuse in protective custody against their will. Policy F .3400 (Page 14) states, "Offenders at high risk for sexual victimization shall not be placed 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. If a facility cannot conduct such an assessment immediately, the facility may hold the offender in involuntary segregated housing for less than 24 hours while completing the assessment." Policy F.3400 goes on to further address the requirements of this indicator. "Offenders placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:</p> <ul style="list-style-type: none"> <li>(i) The opportunities that have been limited;</li> <li>(ii) The duration of the limitation; and</li> <li>(iii) The reasons for such limitations.</li> </ul> <p>(C) The facility shall assign such offenders to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.</p> <p>(D) If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document:</p> <ul style="list-style-type: none"> <li>(i) The basis for the facility's concern for the offender's safety; and</li> </ul>

(ii) The reason why no alternative means of separation can be arranged.

(E) Every 30 days, the facility shall afford each such offender a review to determine whether there is a continuing need for separation from the general population.”

**Compliance Determination:**

The New Hanover Correctional Center has not utilized segregated housing units to protect offenders from sexual abuse. The Auditor confirmed this has not occurred with the Warden and the staff working on the unit. Though the DOC has a policy in place consistent with the standard requirements it shows at both the facility and state level that it is the last solution. The agency’s PREA office is kept aware of any individual placed in involuntary segregation for risk of sexual victimization. Given the custody level of NHCC it would be likely that an aggressor would be removed to higher custody. Victims could also be assigned to another comparable level facility instead of utilizing protective custody measures.. Based on the review of the agency policy, observations, and information obtained through staff interviews and review of documentation, the Auditor has determined the facility is compliant with standard expectations.

115.71	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b>  New Hanover Pre-Audit Questionnaire  Policy F.3400 Offender Sexual Abuse and Sexual Harassment  2016 NCDPS Commissioners Memo to Law enforcement agencies of PREA Investigations  Mutual Aid agreements with local police and the Sheriff's Office.</p> <p><b>Individuals interviewed/ observations made.</b>  Interview with Agency PREA Coordinator  Interview with PREA Compliance Manager  Interview with Warden  Interview with an Investigative Staff</p> <p><b>Summary Determination</b>  Indicator (a) North Carolina Department of Public Safety has trained staff at NHCC to be responsible for administrative investigations. In policy F .3400, the agency set forth the responsibilities of the investigative team including the need for a prompt thorough investigation of the facts and a complete report outlining the processes undertook, the reasoning behind the findings. Policy states "Investigations into allegations of sexual abuse and sexual harassment, shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports." The facility investigator will make an initial assessment of the situation. "if an alleged act of sexual abuse or sexual harassment is reported or discovered, an immediate preliminary review shall be conducted to determine if the incident meets the standards of PREA." Random staff interviewed supported they must report all claims no matter the source or if they believe the incident to have occurred and described the expectation that a facility Investigator will be called to the incident.</p> <p>Indicator (b) Policy F .3400 defines an investigator for DPS Corrections as "A staff member who has been assigned or designated to administratively investigate a report of alleged offender sexual abuse and/or sexual harassment; and has received specialized training in conducting such investigations in confinement settings." As noted in 115.34 the New Hanover has some 5 approved investigators. Criminal Investigator will come from the local sheriff's office. NCDPS trains their staff in completing preliminary investigations to determine if an apparent crime has occurred before calling the local law enforcement authorities. NCDPS has several divisions including the state police that can support the development of investigator training.</p> <p>Indicator (c) Investigative staff interviewed and investigative files reviewed supported the requirements of this indicator. The NHCC Investigator described they have learned how to collect evidence from a crime scene to ensure the preservation of evidence including DNA. Line staff are also trained on trying to preserve evidence including locking of potential crime scenes and encouraging the victim to not do anything that would potentially degrade the quality of the DNA evidence. As noted in 115.21 forensic exams of the victim would not occur</p>

at NHCC but at a local hospital with SANE trained nurses. The investigation file also confirms the interview of the victim, alleged perpetrator, and witness are done routinely as part of the investigation. The PREA policy F .3400 states “Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data including video and/or audio recordings; shall interview alleged victims, suspected perpetrators, and witnesses.”

Indicator (d) Compelled interviews would not be part of the administrative investigations or the preliminary steps taken by NHCC Investigators. The agency policy ensures that the facility investigator keep in communication to ensure the criminal investigation is not compromised. Policy says, “When the quality of evidence appears to support criminal prosecution, the Department of Public Safety sexual abuse and harassment investigators shall only be permitted to continue interviews after consulting with local law enforcement agency as to whether interviews may be an obstacle for subsequent criminal prosecution.”

Indicator (e) The investigator and the local law enforcement representative confirmed that there is no requirement for a victim to undergo any polygraph or other truth-telling process to proceed with an investigation. The NHCC Investigator confirmed in the discussions with the Auditor what policy requires F .3400). “An offender that alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.”

Indicator (f). Administrative investigations into sexual harassment claims or other staff actions in sexual misconduct investigations can result in a discipline outside of termination. All administrative investigations that are completed are required to have a related investigation file which includes written or oral statements, video or other physical evidence, and the reasoning behind the conclusions reached. One case in the past year of staff ‘undo familiarity’ resulted in a referral for criminal investigation. Though the criminal case is not completed the administrative case was substantiated against the former staff who quit once she was under investigation

Indicator (g). All administrative investigations completed by the NHCC investigators result in a written report as required in the agency’s related policies. The investigative files reviewed by the Auditor included documentation of interviews, physical evidence, and videos or other documents reviewed as part of the investigatory process. All investigations are reviewed with the Warden, the Regional Director and the NCDPS PREA Office.

Indicator (h) Agency policy requires all criminal acts to be referred for criminal prosecution. Policy F .3400 (page 26) states “ Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.. “ This expectation was confirmed in the interviews with investigative staff.

Indicator (i) The NCDPS record retention requires all investigations are documented in a written report and maintained for as long as the alleged abuser is incarcerated or employed by the agency, and then five years thereafter. This was confirmed through the investigator's interview.

Indicator (j) Agency policy and the Investigators interviewed confirmed individuals’ departure from the institution would not result in the case being closed. The investigation policy states, “The departure of the alleged abuser or victim from the employment or control of the facility or

agency shall not provide a basis for terminating an investigation. The NHSO Detective confirmed the case is still ongoing though both the staff person and the offender have both left NHCC. The NHCC administrative investigation was not terminated upon either the staff persons resignation or the offender's release.

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

Indicator (l) The New Hanover Correctional Center has developed a relationship with the New Hanover Sheriff's Office to complete criminal investigations of sexual abuse at NHCC. The NHSO has its own jail and so they are familiar with PREA obligations. If for any reason the NHSO was not available, the Wilmington Police Department would be called, this department serves a city of over 123,000 people.

**Compliance Determination.**

The NCDPS requires all incidents are investigated promptly upon notification to staff. The agency's PREA policy, requires prompt investigations of sexual abuse and sexual harassment in NCDPS facilities. In determining compliance, the Auditor took into consideration many factors. The NHCC has sufficient and appropriately trained individuals who can complete sexual assault preliminary investigations and administrative Investigations. NCDPS investigates all potential sexual related incidents as possible PREA events even if the offenders report the actions were consensual. In doing so they ensure all incidents are investigated, evidence collected, which provides an opportunity for a reluctant victim to come forward later.

In the Auditor's interview, the investigative staff person was able to identify the steps taken to gather evidence, how the credibility of the various persons involved is determined on an individual basis, and that polygraph exams would not be required for the initiation of an investigation. Consistent with policy, it was stated investigative reports will be completed on all administrative investigations. The Auditor reviewed the completed reports for content and reasoning for the findings.

In determining compliance, the Auditor considered the stated information found in policy and actual investigative files as well as interviews with the investigative staff supportive of compliance. The Auditor also took into consideration the relationship with the local law enforcement authorities and the phone interview about the criminal case pending.

115.72	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Questionnaire</p> <p>Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p><b>Individuals interviewed/ observations made.</b></p> <p>Interview with Investigator</p> <p><b>Summary determination.</b></p> <p>Indicator (a) New Hanover and NCDPS policy F.3400 Offender Sexual Abuse and Sexual Harassment states, “PREPONDERANCE OF EVIDENCE: Is the evidentiary standard for administrative investigations. (1) 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; (2) This standard is satisfied if the evidence shows that it is more probable than not that an event occurred; (3) Preponderance of the evidence is a lesser standard of proof than “beyond a reasonable doubt,” which is required to convict in a criminal trial; (4) 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.” This standard was confirmed by one of the trained facility investigators.</p> <p><b>Compliance Determination</b></p> <p>The Department of Corrections has several staff trained in the investigation of Sexual Assaults at NHCC, as noted in 115.34. The Investigator reviewed PREA case files with the Auditor and described the process for working with the local police in a criminal case and the process for an administrative investigation. Compliance was based on the policy and the interview with the trained investigative staff.</p>

115.73	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Questionnaire</p> <p>Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p>OPA-130A PREA Support Services Status Notification Form</p> <p>OPA-130 PREA Support Services Status</p> <p>Investigation files</p> <p><b>Individuals interviewed/ observations.</b></p> <p>Interview with the Criminal Investigator</p> <p>Interview with the PREA Compliance Manager</p> <p>Interview with offenders</p> <p><b>Summary determination.</b></p> <p>Indicator (a) North Carolina Department of Public Safety provides notification to all offenders on the outcome of their investigations into sexual misconduct. The agency policy OP 030.4 Special Investigations Unit page 11 requires “Following an investigation into an offender’s allegation that he or she suffered sexual abuse in a facility, the PSP shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Notification shall be documented on Form OPA-130 PREA Support Person Services. Interview with the PREA Compliance Manager supports that the offender is informed of one of these three conclusions in all sexual abuse or sexual harassment cases.</p> <p>Indicator (b) This indicator does apply as NCDPS completes administrative investigations at all DOC facilities but relies on local law enforcement for criminal investigations. The Auditor reviewed documentation and spoke with the New Hanover Sheriff’s Detective on the one potential criminal case.</p> <p>Indicator (c) The policy F.3400 Offender Sexual Abuse and Sexual Harassment uses language consistent with this standard indicator to define the information that must be notified to the offender victim. The policy states. “Following an offender’s allegation that a staff member has committed sexual abuse against the offender, the PSP shall subsequently inform the offender (unless the allegation is unfounded) whenever:</p> <p>(I)           The staff member is no longer posted within the offender’s unit;</p>

- (II) The staff member is no longer employed at the facility;
- (III) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- (IV) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Notification shall be documented on Form OPA-I30A PREA Support Person Services.”

The Auditor reviewed the forms in place that documents notification to victims of staff sexual abuse.

Indicator (d) The policy language covers the required notification for an offender-on-offender sexual abuse cases, “Following an offender’s allegation that he or she has been sexually abused by another offender, the agency shall subsequently inform the alleged victim whenever:

- (I) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- (II) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
- (III) All such notifications or attempted notifications shall be documented.
- (IV) Obligation to report shall terminate if the offender is released from NC Department of Public Safety custody

The same notification form for staff abuse has a section to document notification of offender abuse victims.

Indicator e). The New Hanover Correctional Center provides each offender a written document on the outcome of their investigation (OPA-130 PREA Support Services Status). The letter explains what the words substantiated, unsubstantiated and unfounded mean. Each offender is asked to sign for the letter so there is documentation of the offender being made aware of the findings.

**Compliance Determination:**

The Auditor was able to review documents provided to confirm the ability to provide proper notification. In the two investigation files one was unfounded which would not require notification. In the criminal case against a former NHCC staff, the offender victim denied he was a victim or engaged in any activity with the staff. The New Hanover Sheriff’s Office reported the case is open. The document supports the ability to notify them also when staff or offender perpetrators are no longer at the facility and when there are inditement and convictions. The Auditor finds the facility in compliance with the standard, based on policy, the documentation, and interviews with the Criminal investigator and the PREA Compliance Manager.

115.76	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Questionnaire</p> <p>NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p>NCDPS Policy A .0200 Conduct of employees</p> <p>Warden Memos</p> <p>New Employee Manual</p> <p>Sexual Abuse and Sexual Harassment 101 (training)</p> <p>Sexual Abuse and Sexual Harassment 201 (training)</p> <p>Employee PREA Acknowledgement Form</p> <p><b>Individuals interviewed/ observations made.</b></p> <p>Interview with Human Resources</p> <p>Interview with Warden</p> <p>Interview with PREA Compliance Manager</p> <p><b>Summary determination.</b></p> <p>Indicator a). The North Carolina Department of Corrections has policies that govern staff conduct and sanctions for violation. The agency provides staff several notification on disciplinary sanctions for those who engage in sexual misconduct. PREA Policy F .3400 and policy A .0200 Conduct of employees both address the language of this indicator. All NCDPS employees sign PREA acknowledgement forms as described in 115.17 that individuals can be terminated for engaging in sexual misconduct. The Employee handbook informs violator they will be subjected to both discipline and criminal prosecution for a felony charge under NC laws. Policy F. 3400 Sexual abuse and Sexual Harassment states, “Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.”</p> <p>Indicator b). New Hanover Correctional Center had one case of potential staff sexual abuse in the past year. The case is still open as both a criminal and administrative investigation. The offender denied any sexual abuse and the employee immediately quit the facility upon the</p>

allegation and has refused to cooperate with the administrative investigation. The PREA Compliance Manager and the Auditor reviewed the file and evidence of undo supported the investigation and referral for criminal investigation. When the Detective of the Sheriff's Office investigating the case reaches a point of finding he will notify several individuals including the facility administration. The PREA Coordinator confirmed the outcome of the report will be reflected in the staff persons administrative file even though the employee resigned.

Indicator c). The NCDPS Policy F .3400 states, "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." The Warden reports there have been no incidents of staff who have been disciplined for sexual harassment of offenders.

Indicator d). All terminations for violations of NCDPS sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies. As noted in Indicator (b) the NHCC referred the case of a former staff person after concerns arose about undo familiarity between a staff who resigned during an initial inquiry and an offender. As described in 115.71 the NHCC has access to criminal investigators through the local Sheriff's Office with full powers of arrest and can pursue cases involving individuals who have left to other jurisdictions. The facility administration confirmed that staff or contractors who have licenses will have the misconduct reported to the governing body responsible for their licenses.

**Compliance Determination:**

The North Carolina Department of Public Safety has in place the appropriate resources to fully investigate staff sexual misconduct and apply discipline when deemed warranted. The agency has in place the ability to terminate staff for first offenses of sexual abuse of offenders. Policies in place and interviews with the Human Resource staff, the Criminal Investigator, and the Warden were used to determine compliance. Since the case had not been completed the Auditor only saw the investigative documents and not the final ruling for the staff person employment file.

115.77	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Questionnaire</p> <p>NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p>NCDPS Policy F .0604 Community Volunteer Program</p> <p>Contractor and Volunteer Orientation Materials</p> <p><b>Individuals interviewed/ observations.</b></p> <p>Interview with Investigator</p> <p>Interviews with Contractors/Volunteers</p> <p><b>Summary determination.</b></p> <p>Indicator a). The North Carolina Department of Public Safety has trained contractors and volunteers on the consequences of engaging in sexual abuse or sexual harassment of an offender. Interviews completed with both contractors and volunteers support they were aware of the standard of conduct including that individuals who engage in such misconduct can be immediately barred from access to the institution and may be referred for criminal prosecution based on the type of misconduct. Agency policy F .3400 states “Any contractor or volunteer who engages in sexual abuse shall be immediately prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.” There have been no cases of staff or contractor sexual abuse in the past 12 months.</p> <p>Indicator b). As noted in indicator a) non-criminal violations of the agency’s standard of conduct would have to be reviewed by facility management before allowing the individual to regain access to the facility. Policy on volunteer and interns OP 027.1 (page 12) stated “Appropriate remedial measures shall be considered whether to prohibit further contact with offenders in the case of any other violation of sexual abuse or sexual harassment policies. (C) If an allegation of sexual abuse in which a volunteer or contracting agent is the alleged abuser is substantiated the volunteer or contracting agent shall be terminated from the relationship with NCDPS.” There have been no allegations against any contractor or volunteer in the past 12 months that would require retraining or administrative review before they were allowed to continue.</p> <p><b>Compliance Determination:</b></p> <p>The Auditor finds the standard has been met. The North Carolina Department of Public Safety</p>

has sufficient policies to ensure if a victim or contractor engages in sexual misconduct the case will be investigated, the offender will be protected by halting the alleged perpetrator access to the facility, and notifications would be made to the appropriate licensing bodies. The facility staff is aware of the importance of removing alleged abusers from access to the victim. Supporting the information provided, the Auditor took into consideration the training and interviews with volunteers who were aware of the consequence of engaging in sexual harassment or sexual abuse of offenders. The individuals spoke with understood that individuals could be banned from access and risk prosecution based on the type of misconduct engaged in.

115.78	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Questionnaire</p> <p>NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p>Offender Booklet</p> <p><b>Individuals interviewed/ observations made.</b></p> <p>Interview with the Warden</p> <p>Interview with the PREA Compliance Manager</p> <p><b>Summary determination.</b></p> <p>Indicator a). Policy F.3400 Offender Sexual Abuse and Sexual Harassment states “Offenders shall be subject to disciplinary sanctions pursuant to formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse.” A review of the Offender booklet confirms that offenders who engage in sexual abuse will have violated a Class A behavioral violation, the most serious condition. There are no such disciplinary cases in the past year.</p> <p>Indicator b). Sanctions for offender in the institution are required to be similar to other offenders with similar histories. Policy F .3400 states “Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender’s disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories..” The Agency Discipline code states a class A incident can have a maximum discipline to include being moved to a higher custody facility, up to 60 days of disciplinary segregation, and up to 40 lost days of earn good time.</p> <p>Indicator c). In policy F .3400 it defines steps required to be taken if the offender who is the potential subject of discipline had a mental disability or illness. “The disciplinary process shall consider whether an offender’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. “ The PREA Compliance Manager, Warden and Mental Health Supervisor all report mental health is a consideration in the discipline process.</p> <p>Indicator d). Client’s at NHCC can receive individualized counseling toward the underlying causes of their sexual misconduct. The facility does not have a specific program for sexual offenders, those service reportedly are more available in a higher custody facility. NCDPS</p>

website describes a program for sexual offenders called the SOAR program (Sexual Offender Accountability and Responsibility). As noted previously after an incident of sexual abuse at NHCC the aggressor would likely be transferred to a higher level of custody where a mental health clinician would reportedly engage with them.

Indicator e) Agency policy does not allow for the discipline of offenders who engage in sexual contact with a staff member unless it is proven the staff did not consent.

Indicator f) Policy F .3400 defines when an offender can and cannot be disciplined for filing a PREA complaint in bad faith. The policy states, "Offenders will be held accountable for knowingly making false reports of unfounded incidents of sexual abuse against staff or another offender. If it is clearly established that a false accusation has been made, the offender may be subject to disciplinary action. The one case where the offender later recanted could have been pursued through this process because the evidence supported an unfounded claim. The PREA Coordinator and Warden report they are cautious on these cases as sometimes it may be a perception issue for the offender than an intentional act of falsification.

Indicator g) New Hanover Correctional Center does not allow consensual sexual contact between offenders. Offenders spoken with understood that such behavior may result in disciplinary actions. A review of the Offender booklet shows that sexual contact between offenders for sexual gratification is a Class B behavioral violation.

**Compliance Determination:**

The North Carolina Department of Public Safety and the New Hanover Correctional Center have in place systems for holding individuals accountable for sexual misconduct. The policies require the disciplinary committee to consider factors on the offender's mental health and cognitive capacities. The facility has had no sexual misconduct incidents in the last year that resulted in a formal discipline for the Auditor to review. The agency staff interview and policy language support the use of discipline around false reporting of PREA incidents is done in a cautious manner to not impact the overall population's willingness to report incidents. Compliance determination was based on interviews, policies, and supporting documents reviewed.

115.81	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Questionnaire</p> <p>NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p>NCDPS Policy A-12 Intra-system Behavioral Health Services Screening, Appraisal, Referral and Assessment</p> <p>NCDPS Policy A-1 Receiving Screening</p> <p>NCDPS Policy AD-IV-3 Confidentiality</p> <p>Classification Records</p> <p>Medical and Mental Health Records</p> <p><b>Individuals interviewed/ observations.</b></p> <p>Interviews with Medical Professionals</p> <p>Interview with Mental Health Professional</p> <p>Interviews with Random Offenders</p> <p>Interview with the PREA Compliance Manager</p> <p><b>Summary Determination</b></p> <p>Indicator (a) Offenders who identified through the screening process or who admit a history of sexual trauma can be referred to either Mental Health Services at NHCC or the local rape crisis agency. The Auditor confirmed this practice through the review of documented cases in offender files and interviews with offenders and Mental health and Intake staff. NCDPS policy F.3400 sets forth the requirement to refer all individuals who are admitted with past histories of sexual assault or Sexual victimization to mental health who will follow up within 14 days. Policy states “If the screening for risk of victimization and abusiveness indicates that a prison offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.” The Auditor confirmed three different offenders with prior abuse history were seen within the time frame required.</p> <p>Indicator (b) As show in indicator (a), offenders who engage in sexual assault or have a</p>

history of sexual offenses are automatically referred to Mental Health for an assessment. NHCC has mental health professionals who can provide individual services to individuals with sexual offense histories. The NCDPS tool, as discussed in standard 115.41, identifies individuals with high risk for perpetrating behaviors. The Department has a dedicated treatment program for individuals with sexual offense histories in other higher custody facilities offenders transitions through before placement at NHCC.

Indicator (c) NHCC is not a Jail.

Indicator (d) The Auditor confirmed through interviews with intake staff, case management staff, medical staff, mental health staff, and the PREA Coordinator that sensitive information is protected. Custody staff does not have access to information in the medical or mental health records which are separated from OPUS. Information obtained and documented in OPUS related to an individual PREA screening is also limited in access to those individuals who need to know. The Mental Health and Medical staff provided information on efforts to ensure the confidentiality of information that could be used against an offender. Offenders interviewed supported that information given to counseling staff is kept confidential. Policy F .3400 states, "Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law."

Indicator (e) Policy F .3400 states "Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18." All offenders sign for and have an understanding of the limits of confidentiality as it relates to criminal behaviors. Offenders interviewed confirmed they verbally understood the reasons why a medical or mental health staff must disclose actual sexual abuse or imminent risk situations. NCDPS Policy addresses the limits of confidentiality, it states, "Confidential information shall be disclosed without the offender's written authorization to the extent that the clinician reasonably determines that such disclosure is necessary to protect against clear and substantial risk of imminent serious injury, disease, or death being inflicted by the offender on himself/herself, or others, or a threat to the security of the unit. Material contained in the offender files may be released to approve federal and state law enforcement agencies when their representatives present proper credentials. Such agencies must agree to maintain the confidential nature of the material or information."

#### **Compliance Determination:**

All offenders are screened when they arrive at the New Hanover Correctional Center by intake and medical staff. If there is a concern noted on sexual abuse or sexual offenses, they will be referred to Mental Health. All offenders are screened by Mental Health within 14 days of admission. Offenders with sexual assault histories and sexual victimization histories are offered treatment. In addition to the NCDPS PREA screening, the medical staff have several intake questions that are PREA related and are looking for signs of abuse. The secondary questioning allows offenders who did not disclose concerns at admission a second opportunity to disclose in a medical environment. Offender medical and mental health records are not

accessible to the custody staff. Opus, the NCDPS electronic case management system, has access controls and similarly, the Electronic Medical Records (EMR) limits access to the most vulnerable information protecting the offender from having information exploited. Compliance was based on policy, the documentation provided showing referrals for treatment follow-up, within 14 days, the security of records, interviews, and information provided on tours by the Medical and Mental Health staff.

115.82	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Questionnaire</p> <p>NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p><b>Individuals interviewed/ observations made.</b></p> <p>Interviews with Medical professionals</p> <p>Interview with Sexual Assault Nurse Examiner</p> <p>Interviews with staff on First Responder duties</p> <p><b>Summary Determination</b></p> <p>Indicator (a) The New Hanover Correctional Center has a full-service medical clinic that operates around the clock. Registered Nurses are always available and there is after-hours availability of on-call medical and mental health practitioners. The services are diverse and consistent with community health clinics. Offenders report access to these services if they are in crisis. Medical staff report having medical autonomy if the offender must go out of the building for emergency services to facilitate that trip. Policy F .3400 “Medical Services will follow medical protocol, which includes provisions for examination, documentation and transport to the local emergency department when appropriate, where the following will occur: collection of forensic evidence, testing for sexually transmitted diseases, counseling, and prophylactic treatment. Medical Services will ensure that the offender receives medical follow-up and is offered a referral for mental health services.” In the event of a sexual assault, offenders at NHCC would go to New Hanover Medical Center which has SANE trained nurses and availability of support from both in-house trained advocates or local rape crisis agencies.</p> <p>Indicator (b) Medical services are available 24 hours per day at the New Hanover Medical Center. Random staff knew as part of their first responder duties, that immediate notification to medical was required. This is also stated in the facility's Sexual Assault Response plan. NCDPS policy F.3400 states, “Medical Services will follow medical protocol, which includes provisions for examination, documentation and transport to the local emergency department when appropriate, where the following will occur: collection of forensic evidence, testing for sexually transmitted diseases, counseling, and prophylactic treatment. Medical Services will ensure that the offender receives medical follow-up and is offered a referral for mental health services.” An interview with the medical administrator confirms that if a practitioner is not on site they will be contacted by the medical team.</p> <p>Indicator (c) Discussions with both Hospital staff and facility medical staff confirmed that sexual assault victims would be offered prophylaxis medications, HIV and STD testing. The Auditor confirmed the same medications would be offered to the offender again upon return from a</p>

forensic exam even if they initially denied it. Medical staff confirmed they would educate the offender on the importance of such medications for continued health.

Indicator (d) The Auditor confirmed that medical services related to sexual assault victims are provided without cost. Payment for the medical forensic examination is done through the Rape Victim Assistance Program (RVAP), a state of NC funded entity through the NC Dept of Public Safety. "Payment is made directly to the medical facility or medical professional. An itemized copy of the bill must specify the categories of expenses under which the services fall and be submitted with the RVAP Form-2019." The clinic at NHCC would function as the aftercare by providing follow up care medically and ensuring mental health services are offered.

**Compliance Determination:**

North Carolina Department of Public Safety can quickly respond to and provide emergency care and referral to a local hospital for forensic services. NCDPS facility's response plan for PREA incidents outlines the steps taken to ensure access to care. The NHCC has on-site medical nursing staff 24 hours per day. The facility also has on-call providers that can help to facilitate the referral to an outside medical provider. Health Service will follow the requirements as outlined in several policies. The confirmed SAFE or SANE capabilities are available at the New Hanover Medical Center. As part of the audit process, the Auditor spoke to a hospital representative to confirm the access to SANEs and the services provided to victims of sexual assault. There is no financial cost to any offenders in NCDPS this was confirmed not only with hospital staff but with an offender who was taken out for a forensic exam. The hospital staff confirmed they follow the national Protocol for Sexual Assault Forensic Examinations and support they offer victims HIV testing, prophylaxis treatments for STD, and in the case of female victims, emergency contraception. Compliance determination took into consideration the access to services, Health Services, and NCDPS policies, and information from the interviews completed. Absent a victim there was no file information to review.

115.83	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Questionnaire</p> <p>NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p><b>Individuals interviewed/ observations made.</b></p> <p>Interviews with Medical Professionals</p> <p>Interviews with Mental Health Professional</p> <p>Interview with SANE (local Hospital)</p> <p><b>Summary Determination</b></p> <p>Indicator (a) The North Carolina Department of Public Safety ensures that all offenders are provided with the appropriate level of medical and mental health services for any issues of sexual abuse. Health Services staff will provide the appropriate level of care depending on how long ago the abuse occurred. If the incident has occurred recently the offender will be offered a forensic exam at the New Hanover Medical Center. If the incident is a prior life event that occurred in another institution or in the community the medical and mental health teams will complete a health assessment and mental health referral for services. If the offender is more comfortable discussing the abuse with a rape crisis agency staff person a mental health referral can be made to Coastal Horizon to provide appropriate level of supportive counseling.</p> <p>Indicator (b) Offenders who are victims of sexual assault in a North Carolina correctional institution are immediately referred to mental health services as well as medical services. Even if the assault occurred in the community or at a county jail; the offender, once identified, is referred to mental health staff for follow-up services. If the offender prefers, they can be referred to Coastal Horizon for support services post an incident of sexual misconduct. The Medical and Mental Health staff spoken to confirmed, as did the Coastal Horizon representative, that they would make referrals to ensure continuity of care if the offender were released home or transferred to another facility.</p> <p>Indicator (c) As noted in indicator (a) the medical clinic at the New Hanover Correctional Center is equivalent to an urban community medical clinic. The facility offers a full array of medical and mental health services including dental and vision. As a minimum security environment, where clients in a non-COVID period would go into the community to work clients with significant physical or mental impairment are infrequent. There were no cases of sexual abuse at NHCC but random interview support compliance with the indicator.</p>

Indicator (d) The Indicator does not apply as New Hanover Correctional Center is an all-male institution.

Indicator (e) The Indicator does not apply as New Hanover Correctional Center is an all-male institution.

Indicator (f) The Auditor confirmed with both, the medical staff at NHCC and the representatives of the New Hanover Medical Center used by NHCC, that victims of sexual assault are offered testing for sexually transmitted diseases. This testing is provided free of charge consistent with agency policy. The Auditor was provided information that no offenders required any follow up services for possible sexually transmitted diseases.

Indicator (g) Treatment services are provided to victims of sexual abuse without cost to the offender including if the offender must go out for a forensic exam. As noted in 115.82 the state's Rape Crisis Assistance Program covers the medical costs associated with sexual abuse investigation.

Indicator (h) All individuals involved in a sexual assault, both the victim and perpetrator, are referred for mental health assessments. If the individual chooses not to speak to staff they can also be referred to the local rape crisis agency, Coastal Horizon. Coastal Horizon can coordinate phone support for victims and work with the facility and the nearest rape crisis organization to be able to provide on-site support in a non-pandemic period. COVID-19 has limited some outside services from being able to come to the facility.

**Compliance Determination:**

The NCDPS ensures offenders have ongoing access to services. The agency has policies that address the healthcare needs of offenders including services available to victims of sexual abuse. Health services staff confirm they would provide follow up medical and mental health services for victims of sexual assault or perpetrators of sexual offenses. NHCC would ensure that all medical needs and follow up treatment was provided after an initial referral to New Hanover Medical Center. Medical staff confirmed that they could educate offenders about the importance of testing and prophylactic treatment if they initially refused these treatments at the hospital. Compliance, absent a case of sexual abuse, is based on policy consistent with the standard, the resources available on-site and at the identified hospital, the interviews with medical and mental health staff as well as interviews with representatives of Coastal Horizon.

115.86	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre-Audit Questionnaire</p> <p>NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p>Investigation Files</p> <p><b>Individuals interviewed/ observations.</b></p> <p>Interviews with Incident Review Member</p> <p>Interview with PREA Compliance Manger</p> <p>Interviews with DOC Director (agency Audit)</p> <p>Interview with facility Warden</p> <p><b>Summary Determination</b></p> <p>Indicator (a) Policy F.3400 Offender Sexual Abuse and Sexual Harassment (pages 30) sets forth the requirement of an incident review (called Post Incident Review) on all cases of sexual misconduct unless the investigation has determined the allegation was unfounded. The policy states “A PIR shall be completed for all substantiated and unsubstantiated allegations of sexual abuse and documented on Form OPA-I10 Post Incident Review. The New Hanover reported 0 cases in the 12 previous months for sexual abuse. The agency policy requires that sexual abuse and sexual harassment claims to go through the multi-disciplinary review process. Various members of the facility management team knew there was a requirement for a multi-disciplinary post incident review.</p> <p>Indicator (b) The policy F .3400 states the review should occur within 30 days of the investigation conclusion. The Warden and the PREA Compliance Manager were aware of the timeliness of PREA incident reviews. The one case of sexual abuse in the last year is still open in both the criminal and administrative investigative process. All reviews are completed with an agency developed form and are forwarded to both the Regional DOC Director and to the DPS PREA Office.</p> <p>Indicator (c) DOC policy language addresses the multi-discipline nature of the team. It states “The PIR is completed with input from upper-level management officials, investigators, and medical or mental health practitioners.” Absent an actual incident to review the Auditor relied on the policy and the management staff knowledge of a review requirement.</p> <p>Indicator (d) The elements described in this indicator are all covered in policy F.3400 (page 23-24) which states “The review team shall consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race; ethnicity; gender</p>

identity; lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status; or gang affiliation; or motivated or otherwise caused by other group dynamics in 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 the different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and prepare a report of its findings pursuant to standards, and any recommendations for improvement. Submit such reports to the facility head and PREA compliance manager.” Form OP A-110 reportedly has the documented elements.

Indicator (e) Interviews with the Warden, The PREA Coordinator, and the PREA Compliance Manager support that there are systems in place to ensure the information obtained in the review can be used to make changes in the facility. The Warden shared, absent a PREA incident, the facility takes into consideration all critical incidents to ensure the facility’s safety. Both the Warden and the PREA Compliance Manager supported they have the ability to request additional resources or make adjustments to provide the safest environment possible. An example of this process was the splitting up of Dorm 1 to two separate Units doubling the staff needed for the building. The need to effectively quarantine new admission was identified by the management team and a response plan enacted. Absent a PREA Incident Review the Auditor took this and other examples of COVID response as an indicator of the commitment to use information to make operational changes.

### **Compliance Determination**

The North Carolina DPS policy requires the completion of the steps outlined in this standard. The policy outlines the steps to provide for a critical incident review on all PREA sexual assault cases. The policy requires what information needs to be part of the incident review with language directly from the standard. Absent an actual review the Auditor considered that the Warden, PREA Coordinator and Mental Health Supervisor new the review team should included a multi-disciplinary team of management, custody, and medical and mental health services staff. Compliance, absent a review panel, was determined based on policy language, the documentation provided, staff understanding of the requirements, and examples from the Warden of the routine review of other critical events.

<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Audited at Agency Level
	<b>Auditor Discussion</b>

<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Audited at Agency Level
	<b>Auditor Discussion</b>

<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Audited at Agency Level
	<b>Auditor Discussion</b>

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policies and written/electronic documentation reviewed.</b></p> <p>New Hanover Pre Audit Questionnaire</p> <p>Policy – F .3400</p> <p>NC DPS DOC Website</p> <p><b>Individuals interviewed/ observations.</b></p> <p>Interviews with PREA Coordinator</p> <p>Interviews with PREA Compliance Manager</p> <p>Tour of NHCC</p> <p><b>Summary Determination</b></p> <p>Indicator (h) The Auditor did have open access to all parts of the facility during the tour and on later movement in the facility. Despite COVID-19 social distancing measures the Auditor was able to move freely about the housing units on the tour to be able to speak informally with offenders and staff to ensure they were aware of the Audit, the agency’s efforts to educate offenders, and how to seek assistance if the need arises. The Auditor checked on the security of doors that are supposed to be locked at all times.</p> <p>Indicator (i) The North Carolina Department of Public Safety provided the Auditor with access in advance to the OAS to review electronic PREA auditing files. The Auditor, Facility Leadership, the DPS PREA Office, and the PREA Compliance Manager had zoom meetings and phone calls to review material and set up information the Auditor would like to review on site. The Auditor was also able to get copies of other documentation as requested on site. The Agency provided materials in an organized manner.</p> <p>Indicator (m) The Auditor was able to interview offenders in a private office in the operations administration building. The space provided was appropriate to allow the Auditor and the offender to speak freely without others being able to hear our conversations. The Auditor was able to socially distance and use a mask during the audit, but it did not appear to impact the interview process.</p> <p>Indicator (n) The Auditor did not receive confidential mailings from offenders, staff, or other interested parties. The Auditor’s information was posted, and the facility PREA Compliance Manager was informed the posting should remain up until the final report is issued. During the</p>

onsite visit the Auditor made it clear that individuals who request to be seen would add to the random sampling of staff and clients to be interviewed. The Auditor did confirm with the offenders and staff that the notice was up for several weeks in advance of the site visit.

**Compliance Determination:**

The NCDPS has had PREA audits of each of its facilities since 2014 with every previous PREA report available on the state website. The DOC has spread its facility audits over the three-year PREA cycle the COVID 19 has caused delay in the current audit cycle. This site visit was originally planned for the early fall. The Auditor was given full access to the prison and was not prohibited from returning to areas of the facility if requested. The Auditor was provided ample space and privacy to conduct confidential interviews with staff and offenders. The facility did post the Audit notice, it was visible on the tour and offenders were aware of the posting and the audit. Compliance is based on the above-mentioned facts which support a culture in which PREA is monitored daily.

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Audited at Agency Level
	<b>Auditor Discussion</b>

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes

	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	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.)	na

<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	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
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	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

<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	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
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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)?	na

<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.16 (a)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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

<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to 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
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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

<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect 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.)	na
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	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
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	na
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	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

<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.31 (a)</b>	<b>Employee training</b>	
	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

<b>115.31 (b)</b>	<b>Employee training</b>	
	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
<b>115.31 (c)</b>	<b>Employee training</b>	
	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
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.33 (a)</b>	<b>Inmate education</b>	
	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
<b>115.33 (b)</b>	<b>Inmate education</b>	
	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
<b>115.33 (c)</b>	<b>Inmate education</b>	
	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
<b>115.33 (d)</b>	<b>Inmate education</b>	
	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

<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	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
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	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

<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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

<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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.)	na
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.42 (a)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	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

<b>115.42 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	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

<b>115.43 (a)</b>	<b>Protective Custody</b>	
	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
<b>115.43 (b)</b>	<b>Protective Custody</b>	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes

<b>115.43 (c)</b>	<b>Protective Custody</b>	
	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
<b>115.43 (d)</b>	<b>Protective Custody</b>	
	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
<b>115.43 (e)</b>	<b>Protective Custody</b>	
	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
<b>115.51 (a)</b>	<b>Inmate reporting</b>	
	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

<b>115.51 (b)</b>	<b>Inmate reporting</b>	
	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
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	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
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	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
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	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
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	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
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	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

<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	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

<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes

<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	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

<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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

<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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