

# PREA Facility Audit Report: Final

**Name of Facility:** Cabarrus Youth Development Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 06/25/2023

**Date Final Report Submitted:** 10/30/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Jack Fitzgerald	<b>Date of Signature:</b> 10/30/2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Fitzgerald, Jack
<b>Email:</b>	jffitzgerald@snet.net
<b>Start Date of On-Site Audit:</b>	05/01/2023
<b>End Date of On-Site Audit:</b>	05/02/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Cabarrus Youth Development Center
<b>Facility physical address:</b>	850 Holshouser Road , Concord, North Carolina - 28027
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	Peter Brown
<b>Email Address:</b>	peter.a.brown@ncdps.gov
<b>Telephone Number:</b>	704-652-4306

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Peter Brown
<b>Email Address:</b>	peter.a.brown@ncdps.gov
<b>Telephone Number:</b>	704-652-4306

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Sonya Pierce
<b>Email Address:</b>	sonya.pierce@ncdps.gov
<b>Telephone Number:</b>	
<b>Name:</b>	Jeremy McSwain
<b>Email Address:</b>	jeremy.mcswain@ncdps.gov
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Stephanie Scott-McDonald
<b>Email Address:</b>	stephanie.scott-mcdonald@ncdps.gov
<b>Telephone Number:</b>	704-652-4320

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	160
<b>Current population of facility:</b>	133
<b>Average daily population for the past 12 months:</b>	125

<b>Has the facility been over capacity at any point in the past 12 months?</b>	Yes
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	14-21
<b>Facility security levels/resident custody levels:</b>	min-max
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	100
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	21
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	25

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	North Carolina Department of Public Safety, Division of Juvenile Justice and Delinquency Prevention
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	3010 Hammond Business Place , Raleigh , North Carolina - 27603
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

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

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Erin Hickey	<b>Email Address:</b>	erin.hickey@ncdps.gov

## Facility AUDIT FINDINGS

### Summary of Audit Findings

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

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

<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
43	
<b>Number of standards not met:</b>	
0	

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-05-01
2. End date of the onsite portion of the audit:	2023-05-02

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Auditor spoke with local and statewide rape crisis agencies. The Auditor also spoke with child welfare agencies and reviewed reports of other concerned entities about concerns. The Auditor also reviewed news stories about the facility that would relate to conditions in the facility or impact the service structure in the community as a whole.

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	160
15. Average daily population for the past 12 months:	125
16. Number of inmate/resident/detainee housing units:	16
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	130
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	3
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	1

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>The Auditor was able to speak with an LEP resident during the follow-up site visit, which was part of the Corrective Action activities.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>100</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>

<b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	<p>4</p>
<b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	<p>No text provided.</p>
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	<p>18</p>
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Age</li> <li><input checked="" type="checkbox"/> Race</li> <li><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</li> <li><input checked="" type="checkbox"/> Length of time in the facility</li> <li><input checked="" type="checkbox"/> Housing assignment</li> <li><input checked="" type="checkbox"/> Gender</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> None</li> </ul>



<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The Auditor interviewed individuals from both the male and female JDC units and each YDC unit. Individuals who with identified as target population interviews were documented on a copy of the population report that was provided by housing units. The Auditor then took a random sample of the remaining population to ensure a diverse population would be represented. Female percentages were higher than males interviewed in the population and the random population was more than required as there were less than necessary identified target population individuals to interview.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>4</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	

<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor reviewed the population makeup with the facility's Director and PREA Compliance Manager. The Auditor also looked at the population, discussed individuals with the nurse and teacher and had informal conversations with residents.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor reviewed the population makeup with the facility's Director and PREA Compliance Manager. The Auditor also looked at the population, discussed individuals with the nurse and teacher and had informal conversations with residents.</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor reviewed the population makeup with the facility's Director and PREA Compliance Manager. The Auditor also looked at the population, discussed individuals with the nurse and teacher and had informal conversations with residents.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor reviewed the population makeup with the facility's Director and PREA Compliance Manager. The Auditor also looked at the population, discussed individuals with the nurse and teacher and had informal conversations with residents.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor was able to speak with only the second LEP resident identified in a two-year period during a follow-up visit during the corrective action period.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There was one LGB resident who, during the audit staff thought had made comments that day about being transgender. The resident did not choose to disclose that identity with the Auditor, instead continuing to identify as LGB. The Auditor reviewed the population makeup with the facility's Director and PREA Compliance Manager. The Auditor also looked at the population, discussed individuals with the nurse and teacher and had informal conversations with residents.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor reviewed the population makeup with the facility's Director and PREA Compliance Manager. The Auditor also looked at the population, discussed individuals with the nurse and teacher and had informal conversations with residents.</p>

<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor reviewed the population makeup with the facility's Director and PREA Compliance Manager. The Auditor also looked at the population, discussed individuals with the nurse and teacher and had informal conversations with residents.</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility does not reportedly use segregation as a means to provide safety. Instead, they will move individuals to other parts of the facility or in rarer cases will move aggressors to other facilities.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>As noted above the NCDJDP has implemented sufficient screening tools to be able to identify target populations but they do not reportedly get admitted. Screenings are completed by trained line staff, Licensed Mental Health Professionals, Medical Professionals, and certified Teachers. As a result, the number of targeted individuals was less than the projected requirement of 10</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>14</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>



**80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

**84. Did you have access to all areas of the facility?**

Yes

No

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

**85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?**

Yes

No

**86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?**

Yes

No

**87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

Yes

No

**88. Informal conversations with staff during the site review (encouraged, not required)?**

Yes

No

<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>No text provided.</p>
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**Documentation Sampling**

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

<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>No text provided.</p>
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**SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

**Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	1	0	0	0
<b>Total</b>	1	0	0	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	1	0	0
<b>Total</b>	0	1	0	0

### Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	1
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<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>



<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>There were no formal cases investigated. During the Audit, a resident did allege another juvenile had made sexualized comments the night before. The Auditor spoke with the resident and PCM who immediately moved the other resident off the unit. The resident did not report that it was a repetitive concern of ongoing harassment.</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>No text provided.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

**115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

- Yes  
 No

### Non-certified Support Staff

**116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

- Yes  
 No

## AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

**Identify the name of the third-party auditing entity**

KDM Consults

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <p>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.</p>

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>11</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>NC DJJ PREA-100</p> <p>NCDPS Juvenile Justice Organizational Chart</p> <p>Cabarrus YDC Organizational Chart</p> <p>NCDPS Website</p> <p>YD 17: Sexual Abuse and Harassment Policy</p>

Employee PREA Acknowledgement Form

PCM Appointment form

NC-general Statutes 14-27.7

Individuals interviewed/ observations made.

Interview with PREA Coordinator (PC)

Interview with PREA Compliance Manager (PM)

Interview with Agency Head Representative

Interview with Director

Interview with Staff

Interview with Residents

Interview with Regional Director

Tour Observations

Summary determination.

Indicator (a). The North Carolina Division of Juvenile Justice and Delinquency Prevention has in place agency-wide policies on efforts to ensure compliance with the Prison Rape Elimination Act (PREA). In 2022 the State separated the PREA Functions of the Adult Correctional Facilities and the Division of Juvenile Justice and Delinquency Prevention which were previously both in the North Carolina Department of Public Safety. In doing so it created a PREA Coordinator to oversee the Department of Juvenile Justice's efforts to maintain PREA compliance across the state's Juvenile Facilities. The Division of Juvenile Justice and Delinquency Prevention has a 31-page Juvenile PREA policy that was written to address the various requirements of the standards. Page four of the policy sets forth the zero-tolerance condition, and this initial portion of the policy defines sexual misconduct consistent with the federal terms in PREA. "The North Carolina Department of Public Safety is committed to a standard of zero-tolerance of sexual abuse and sexual harassment of persons under its supervision. Therefore, it is the policy of Juvenile Justice to provide a safe, humane, and appropriately secure environment, free from the threat of sexual abuse and sexual harassment of juveniles, by maintaining a program of prevention, detection, response, investigation, and tracking." The policy, over the subsequent pages, states there is no consensual contact between residents and staff or between residents. It further identifies screening, education, and monitoring, along with other elements that support prevention, allow for detection, and ensure a full legal and medical response to any complaint. A review

of the PREA-100 policy also sets forth expectations of a juvenile environment free of sexual misconduct and similarly defines expectations on the efforts to prevent, detect, and respond to allegations of sexual misconduct. In addition to policy language on consequences for staff who engage in sexual misconduct, the Auditor was also provided with state statutes 14-27. The review of this statute supports there is no consent between residents and staff and that such actions are a felony in North Carolina. The law is also cited on the agency's HR Acknowledgement forms about PREA that employees sign at the time of hire.

The facility staff showed knowledge consistent with training materials about their role in preventing, detecting, and responding to sexual assault claims. Staff described the training about the importance of a zero-tolerance environment and their roles as first responders to sexual assault allegations. Random residents reported at this Juvenile facility supported a PREA-safe environment and a zero-tolerance culture.

Indicator (b). Cabarrus Youth Development Center is one of ten Juvenile facilities run by the North Carolina Department of Juvenile Justice. The division has created a PREA oversight team in the Analysis, Research, and External Affairs Office. The PREA Coordinator reports to the Manager of PREA and Juvenile Records. Interviews with both these individuals support they have full access to senior leadership and feel they have the ability to influence policy at a statewide level in addition to assisting in resolving compliance issues at a facility level. The Auditor was provided an agency flow chart showing the relationship between the PREA Coordinator, DJJ Leadership, and DJJ Juvenile Justice facility Directors. The Department of Juvenile Justice's PREA Policies repeatedly directs in policy language required interactions between facility staff and the PREA Office. Policy language further supports the influence of the PREA Office on operations when it directs that training materials must be approved by the PREA Office, or that the PREA Office must get notification on all incidents of sexual abuse or harassment as well as receive documentation of related data and reviews.

Indicator (c). The NCDJJ PREA Policy defines the PREA Compliance Manager's (PCM) role in the institution. The Policy states, "Each center will have at least one (1) trained PCM with sufficient time and authority to coordinate efforts to comply with PREA standards. The PCM and an alternate will be designated in writing by the Center Director on the OPA- A16 form." The Auditor was provided with a copy of the PCM designation form, which names the PREA Compliance Manager for the facility and a backup person if the first individual is away. The Auditor was also provided with a management chart of the facility allowing to see the operational relationship between the facility Director and the PREA Coordinator.

The Cabarrus Director had named the two Staff Development Specialist as the Primary PREA Coordinator and the secondary PCM for the facility. Interview with the facility Director supports the PCMs have sufficient access and ability to influence policy and procedures toward ensuring PREA compliance. The Auditor spoke with

the PCM in the course of the visit and observed regular contact between the Director, Assistant Director, and the PCMs. These observations supported the PCM's ability to manage PREA Compliance and put it in place if needed any changes.

**Compliance Determination:**

The North Carolina Division of Juvenile Justice and Delinquency Prevention has policies that define the steps taken to prevent, detect, and respond to sexual abuse and sexual harassment incidents. Agency policy defines the roles of the state PREA Coordinator and the facility PREA Compliance Manager. Interviews with the Agency PREA Coordinator and facility PREA Compliance Manager confirm their roles to ensure PREA compliance is maintained. Residents in the facility knew they could call the PREA Hotline as an option or ask to speak with the PREA Compliance Manager or the facility Director. The PREA Coordinator and PREA Compliance Manager believe they have the capacity in their jobs to advocate for policy or procedural changes needed to support resident safety. All new NCDPS employees are educated on PREA and the agency's zero-tolerance stance at hire even if they do not work in an adult or juvenile institution.

Compliance was determined considering multiple factors. The supporting documentation included agency and facility management charts showing PREA positions. Interviews with the representative of the agency head and the facility Director support compliance with all standard expectations. Agency policies described in depth the agency's expectation to protect, detect and respond to sexual misconduct. The policies also clearly define the roles of the state PREA Coordinator, the PREA Office, and the PREA Compliance Manager in each facility to support this cause. The policy also addresses prohibited behaviors and sanctions for any form of sexual misconduct. In formal interviews, residents confirmed that sexual misconduct is addressed, and they had knowledge of resources available if a concern arises. The signage about PREA was plentiful and presented in a kid-friendly manner. The facility has been able to maintain a safe environment where residents report violent sexual assault is not a concern. The Auditor also recognized the cooperative relationship between the facility and the PREA Office as a factor in ensuring coorrective actions are put in place and providing ongoing compliance across the Division of Juvenile Justice and Delinquency Prevention's system.

<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Policies and written/electronic documentation reviewed.  Cabarrus Youth Development Center Pre-Audit questionnaire

Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures

MOA with the NC Department of Adult Corrections.

Individuals interviewed/ observations made.

Interview with PREA Coordinator

Interview with the Agency Head representative

Documentation of Site Visit by PREA Office

Summary Determination

Indicator (a) The North Carolina Department of Public Safety currently does not utilize step-down facilities to house juveniles under court-ordered supervision. The Agency did enter into an agreement with the North Carolina Department of Adult Corrections in November of 2022 for the housing of up to 32 16 or 17-year-olds who are cases have been transferred from the juvenile court to the adult court for trial. The review of the MOA supports that the facility must comply with the Juvenile sight and sound separation regulations from adult prisoners. The Document mandates Zero tolerance expectations toward sexual abuse and mandates the facility must be PREA Compliant at all times. The MOA is for one-year periods which can be renewed by agreements of both parties. The document also reinforces prohibited acts by staff, volunteers, or contractors toward Juveniles and set forth that the staff working the unit will receive juvenile-focused training. Policy language in PREA -100 sets forth an obligation to ensure any contractor maintains PREA compliance when it states, "shall include in any new contract or contract renewal the contractor's obligation to adopt and comply with PREA standards when contracting for the confinement of its offenders, residents, and safekeepers with private agencies or other entities, including other government agencies."

Indicator (b). The agency head's representative and the PREA Coordinator both confirmed that they will be monitoring the facility for ongoing compliance. They reported they had their initial site visit in early March after the facility opened at the end of last year. There is a scheduled date for the Foothills Correctional Center and the reported Auditor scheduled in the next year is dually certified. During the post Audit phase, the PREA Audit Team made their initial site visit since it opened in November. The report showed they tested critical functions and resident access to reporting methods consistent with the juvenile policies of the state of North Carolina including that Juvenile calls are not recorded.

Concluding Determination:

In 2022 the Department of Adult Corrections was separated from the North Carolina



	<p>Department of Public Safety which is the parent organization of which the Division of Juvenile Justice and Delinquency Prevention is a member. The agencies have entered into a Memorandum of Agreement for the housing of a narrow group of juveniles of a certain age whose case is before the Adult Courts. The Contract Language and agency policy confirm an obligation for the juveniles in care to be treated in compliance with federal law and ensure PREA is a priority. The Auditor finds the standard to be in compliance as the NCDJJD has entered into an agreement with the NCDOC which includes language on PREA Monitoring. The DJJ PREA Office staff have already put in place a way to ensure ongoing monitoring and communication including the coordination of any data related to allegations of sexual misconduct.</p>
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<b>115.313</b>	<b>Supervision and monitoring</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Initial Findings: The facility was not consistently meeting the staffing minimums. The facility lacked a way to document compliance with the daytime ratio of 1:8 residents required in the standard, and visual observations and interviews did not support compliance. A plan of corrective actions was agreed upon, which included the hiring of staff and the opening of additional housing units for pretrial residents. The facility also had to make adjustments to the staffing plan to document the review of concerns from an oversight body.</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>NC DJJ PREA-100</p> <p>PREA Staffing Plan (updated)</p> <p>Staffing plan analysis document</p> <p>Logbook entries</p> <p>Management Unannounced rounds</p> <p>Documentation of Ratio Compliance</p> <p>Documentation of Hiring across the Corrective Action Period</p>

Individuals interviewed/ observations made.

Interview with Facility Director

Interview with PREA Coordinator

Interview with PREA Compliance Manager

Interview with Supervisory Staff

Discussions with the Regional Director

Observation on tour of logbooks and Supervisory movement

Observation of office space in proximity of residents

Discussions with housing unit staff

Log reviews by Auditor to ensure ratios were maintained.

Interview with Residents

#### Summary Determination

Indicator (a) The North Carolina Division of Juvenile Justice and Delinquency Prevention has created a policy language that outlines the requirements of what should be considered in determining a staffing plan that considers PREA safety. The Agency policy requires, "Juvenile Facility Central Office shall submit annual staffing plans to the PREA Office. The report must include staffing reports and any deviations from the required ratios. Additionally, the Central Office shall assess, determine, and document whether adjustments are needed to 1. The staffing plan; 2. Prevailing staffing patterns; 3. The center's deployment of video monitoring systems and other monitoring technologies; and 4. The resources the center has available to commit to ensure adherence to the staffing plan."

The PREA Office has worked with NCDPS Facilities to document the elements of the standard. The facility had not uploaded the document into the OAS at the time of the site visit. The OAS referenced the plan was based on a population of 73, but the facility had been operating at an average of 125. On the first day of the audit, the population was 114. The Cabarrus Youth Development Center has changed its configuration multiple times over the past 114 years in the rural North Carolina site. The grounds included buildings over 100 years old outside the secure perimeter and one large unit inside the perimeter, which is secured and separate and cannot be used because of the door configurations. During the tour, the Auditor practices where one staff person was required to monitor residents in adjoining units by keeping the door between units open so they could manage up to 16 individuals secured in their rooms. The Auditor also saw temporary beds on the pretrial units, and only a limited number of individuals were receiving education out to the room. Residents in the pretrial area confirmed there were staff always present but that

they had limited out-of-room time. The Auditor learned during the site visit that the state Disability Rights organization had cited the facility on staffing and not meeting some state requirements, including minimal education hours. The Director reported they were in a period of transition where staffing would be changed from 8-hour to 12-hour shifts to improve coverage, and they were reviewing all certified positions working in the facility for appropriate coverage. The Director, Regional Director, and the PREA Office staff have reported on the agency's efforts to increase staffing system-wide, which would help to alleviate CYDS's 75 vacancies. During the post-audit period, an updated plan was provided to address the required indicators. The Auditor was told that one of the closed units in the Youth Development portions of the facility will be used as a transition unit for male detainees who are potentially going to be sentenced to a YDC. The Auditor will complete a follow-up site visit to see how the adjustments have impacted residents' ability to participate in activities, including reporting incidents of sexual abuse or sexual harassment.

Indicator (b). The staffing plan for the Cabarrus Youth Development Center allows the management to adjust the deployment of staff as needed and in response to critical positions. When staff call out, there is an ability to mandate staff to ensure the overall safety of residents. During the initial site visit, the Auditor met the night shift and saw the Center Supervisor making staffing adjustments and assignments, including notification on when staff would be relieved. Residents are always under the direct supervision of staff out of their rooms. Custody staff reportedly sits in class during school to assist in the youth's education, but that could not be observed on days of the tour due to staffing concerns. Documentation was provided to the Auditor in the OAS, informing me there were no instances where the supervision minimums were not maintained in the past year. Observations and discussions with residents and staff supported that the staffing plan was not routinely being met. The overall staffing complement was down over 50%, impacting residents' ability to come out of their rooms, get outside recreation, and access PREA reporting mechanisms. The Auditor finds that the deviations, based on interviews with both staff and residents, are not limited to discrete exigent circumstances. The Auditor requested documentation from shift reports when the minimums are not met. The Corrective Action Plan required the facility to provide staffing and population data for randomly selected dates throughout the period. The Auditor found an improvement in overall compliance with the required ratios. To meet the ratios, non-custody staff were initially added to aid in daily supervision. As additional staff were added, the reliance on non-custody staff diminished. In the month prior to the second site visit, only one unit on two different days did not meet the ratio. In the month since the second site visit, the facility has added sufficient staff to ensure the ratios are met with custody staff. Overall, the facility custody line staff has doubled in size since the initial site visit.

Indicator (c) The Cabarrus Youth Development Center maintains a minimum custody staffing ratio of one staff for every eight juveniles during waking hours and one juvenile for every sixteen juveniles during the overnight periods. NCDPS PREA Policy requires, "Each center director shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during

limited and discrete exigent circumstances, which shall be fully documented. Only certified staff shall be included in these ratios.” As noted above, the staffing ratio compliance was not easily determined, and the facility did not have an easy way to observe compliance and did not have documentation to support compliance. Discussions with residents and staff support the population remained in cells beyond an exigent circumstance to allow 1:16 supervision during waking hours. During the post-audit period, the facility developed a tracking document to better record the assignment of staff vs the population on the unit. The staff assigned will generally stay with the population for the entire shift. The Auditor has requested documentation of random dates in June, July, August, and September. The Auditor stressed that the expectation is not an aggregate total but an actual ratio compliance based on daily operations. The Auditor will assess this on the Site visit follow-up in September. Residents report that staff are available to them. The Director has also changed practice on the use of privacy screens, which will improve the resident’s ability to get the attention of a supervisor touring the unit. As noted in indicator (b), the NCDPS has continued to improve the overall staffing numbers. The facility was meeting the sleeping ratio of 1:16 but had not consistently met the waking ratio of 1:8. During the Corrective Action Period, the Cabarrus made steady improvement. The facility provided documentation supporting compliance with the 1:8 ratio was being met in the first months after the site visit. The increased staffing supported the ability to meet ratios on a routine basis with just custody staff.

Indicator (d). The PREA Coordinator, the NCDJJ Head’s representative, and the facility Director each described in the interview various points of communication that occur during the year that could impact staffing and technology deployment.

The Facility Director and PREA Coordinator approve the Staffing Plan annually, and the most recent version was requested as it was not initially uploaded in the OAS. The Director and PREA Coordinator both support that any identified need for monitoring technology or staffing would be presented immediately upon any identified staffing or monitoring gaps. The facility and PREA Office worked to develop an updated plan based on current operational needs as they try to backfill the staffing complement.

Indicator (e) The Auditor was provided with documentation to support routine unannounced rounds are made by supervisory staff. This is required by the agency PREA policy (page 13) and in documented logbooks. The Policy states, “Center Directors or designated supervisors will conduct unadvertised rounds monthly during all shifts to identify and deter staff sexual abuse and sexual harassment. The Director/designee shall document unadvertised rounds in the logbook and in a separate file/document dedicated to recording (person conducting, time, relevant notes) unannounced rounds. Staff members are prohibited from alerting other staff members that these supervisory rounds are occurring unless such information is related to the legitimate operational functions of the center.” The facility also provided the documentation supporting the Center Supervisors' complete tours

daily throughout the shift. The Auditor asked for a varied group of dates showing the tours had occurred. The Auditor suggested a way of also maintaining photo evidence of the tour since the camera system has limitations on how far back a review can be captured. The Auditor was able to review logbooks during the tours and observe the Center Supervisors' active management of the staff and clear access for juveniles to make a request to speak with them if they didn't feel comfortable with the line staff working. The Auditor confirmed that formal unannounced tours and routine supervisory tours occur with the unit staff and residents. There is no central control officer who has access to cameras to provide any warning to coworkers upon the arrival of the supervisor.

**Compliance Determination:**

The provisions as stated above, support an initial determination of non-compliance for this standard. The Agency and Auditor have had discussions on items to be put in place to support compliance moving forward, which will be further assessed on the return site visit. The facility and the NCDJDP PREA office have reworked the staffing plan to address the facility's current needs during the post-audit period. The Auditor was also told that the facility is reopening a closed housing unit to reduce crowding and has implemented a tracking form to show staff assigned to units compared to the unit's population. The Auditor reassessed the ratios after a follow-up site visit in September. At the time, the facility had almost reached full compliance, and the facility provided a new tracking form at greed upon dates during the corrective action period to track progress. In the weeks after the follow-up site visit, the facility has added 8 more trained positions and is in the process of hiring up to 15 more individuals. During the second site visit, observations showed residents being managed by appropriate ratios. Compliance is based on policy, the documentation supporting ratio compliance, observation of residents and staff interactions, and interviews.

<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>NC DJJ PREA 100</p> <p>Cross Gender Announcement staff acknowledgment forms (all staff)</p>

Cross Gender Campaign of awareness

Detention Services Policy and Requirements and Procedures

Poster on Cross Gender Announcements

Contraband and Search training outline

FTO Checklist

Employee training files

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with Facility Director

Interview with random staff

Interview with random residents

Poster on staff announcements

Observation on tour

Review of the log books

Summary Determination

Indicator (a) The NCDJJ has multiple policies prohibiting cross-gender strip searches or body cavity searches. Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures (page 12) prohibits cross-gender observation of any strip search or body cavity search of juveniles. It states, "The center shall not conduct cross-gender strip searches except in emergency circumstances, where other remedies are not available, or when performed by medical practitioners. Emergency situations shall be thoroughly documented in the logbook and approved by the Center Director during the emergency situation when and where practicable." A review of the NCDJJ Detention Services Policy and Requirements and Procedures, PREA 100 policy, and a review of the training outline all support further the expectation of same-gender strip searches in juvenile facilities. The policy language goes on to state that body cavity searches must only be completed only with probable cause and only at an off-site medical facility. The Cabarrus Youth Development Center Pre-Audit Questionnaire stated no such emergencies have occurred at CYDC causing a cross-gender strip search or a situation where a resident was sent out for a body cavity search and this was further confirmed through interviews with both staff and residents. Descriptions by staff and residents of the strip search process confirmed there is no contact between the resident and

the staff person observing the search. The YDC portion of Cabarrus is only for male juveniles currently. The Detention beds house both male and female juveniles from the region. The Auditor observed sufficient numbers of both male and female staff further supporting the unlikely need for a cross-gender strip or body cavity search from ever happening.

Indicator (b) Cabarrus Youth Development Center does not perform cross-gender pat searches except in exigent circumstances. Pre-Audit Questionnaire and interviews confirmed that this has not occurred. Staff were able to state the expectation of the policy, "The center shall not conduct cross-gender pat-down searches except in exigent circumstances. The center shall thoroughly document in the logbook all searches of juveniles and include the gender of the juvenile and staff member." The interviews with staff and residents confirmed that this has not occurred.

Indicator (c) As noted in indicators (a) and (b), the policy requires documentation of cross-gender strip or pat searches of male and female residents, including the emergent reason for the search. The facility appears to have sufficient staffing to further limit any reason for a cross-gender search to occur. Absent any occasion, the Auditor can only assess based on policy, staff knowledge, and resident confirmation, the practice does not happen at Cabarrus Juvenile Detention Center.

Indicator (d). NCDJJ has in policy, staff training, and reported practice put forth an expectation to ensure residents are able to shower, shower, perform bodily functions, and change clothing without the nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia area, except in exigent circumstances or when such viewing is incidental to routine cell checks. The Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures mirrors the indicator when it states, "Staff shall ensure that residents shower, perform bodily functions, and change clothing without a nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia -- except in exigent circumstances or when such viewing is incidental to routine room checks." The Auditor observed that residents have magnetic sheets that are put over cell windows when the resident is using the bathroom in rooms with toilets or getting changed. All staff were observed knocking before looking in the rooms to allow for a resident to cover up. The shower areas on each unit are for single-person use. The facility practice is to shower when most individuals are secured for the evening. This is done to further limit the risk and support of an individual worried that someone might pull open the curtain. In the YDC buildings there are two levels of curtains between the individual in the shower and the unit floor. In the pretrial areas the showers are behind solid doors. The Auditor requested photos of the areas be provided, and a written description of how transgender or intersex individuals would shower

The policy further states "Staff of the opposite gender shall announce their

presence when entering a resident living unit. In centers, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.” The Auditor was able to see announcements being made at the beginning of the shifts. Residents support that they are never required to be unclothed in front of opposite-gender staff, and they confirmed that opposite-gender staff announces themselves at the start of their shift and knock before entering or looking in the bedrooms. Residents are supposed to get changed in the bathroom. The Facility has signage reminding staff of the expectation of making the announcements. All staff have signed a document OPA-T30 which is an acknowledgment form on the limits of cross-gender observations and the need to make cross-gender announcements. The facility also logs the announcements at the beginning of the shift. Discussions with resident support they know that both male and female staff work the shift and could be looking in the room in completing checks. Residents report in the rooms with toilets they will let staff know before they use it so staff will delay the observation if needed.

Indicator (e) NCDJJ Policy and Memos from the agency set forth the requirement that Transgendered individuals are not searched for the purpose of determining genital status. The policy states, “The center shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident’s genital status. If the resident’s genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.” Shift Supervisors and Medical staff confirm if the resident was resistant to discussing the topic, they would be referred to the medical staff with whom they may be more comfortable in having the conversation. Medical staff confirms that they see all new admissions to the facility and would be able to have these conversations with the individual.

Indicator (f) The North Carolina Division of Juvenile Justice and Delinquency Prevention trains all staff when completing the searches of transgender or intersex individuals that it be respectful, professional, and in the least intrusive practice possible for searching residents. All Division of Juvenile Justice and Delinquency Prevention staff are trained to routinely use the back of their hand instead of the front when completing pat searches. The training curriculum on safe searches provided addressed considerations when searching transgender or intersex residents. The NCDJJ also provides training on working with the LGBTI population to all its staff. The search training materials state, “Searches of transgender and intersex residents shall be performed in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.” The staff interviews completed by the Auditor confirmed an understanding that they have been provided training on how to effectively work with transgender, intersex, and gender non-conforming individuals. The staff confirmed the importance of being



	<p>professional and respectful during the process and they understood that many juveniles have past traumatic histories which increases the discomfort in completing these searches.</p> <p>Compliance Determination:</p> <p>The NCDJJ has several policies in place to address the various elements of this standard. The DJJ policy directs staff consistent with the standards on pat search, strip searches, resident right not to be naked in front of the staff of the opposite gender, and procedures for working with transgender and intersex residents. Supporting documentation for this standard included training records, training outlines, staff acknowledgment forms, and policy. There were no transgender individuals with whom to discuss searches. One individual had disclosed to staff on day one of the audit that they were transgender but denied this when the auditor met with them. Information confirming no exigent circumstance of cross-gender searches has occurred at the facility in the past three years. Interviews with staff and residents supported compliance with standard elements and policy expectations. The Auditor observed practices in the facility, and signage and heard descriptions of how searches are performed in making a compliance determination. Absent any exigent circumstance, there were no incidents to review. Compliance was based on policy, training materials, interviews with staff and residents, and observed practices that support the effort to ensure limits to cross-gender searches or observations occur.</p>
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<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Intake packages/ notices in English and Spanish</p> <p>Agency contracts for interpretive services</p> <p>Expect Respect Cards (English and Spanish)</p> <p>Expect Respect Facilitator guide</p> <p>DJJ Brochure</p>

Photos of postings

SOGIE Posting in English and Spanish

Rape Crisis Agency Brochures

PREA Exceptional Child Checklist (for disabled or LEP identification)

Interpretive services Contractor information

Ways to report English/Spanish

United Language Group Website

Individuals interviewed/ observations made.

Interview with agency head

Interview with random Residents

Interview with Random Staff

Interview with Intake Staff

Interview with facility PREA Coordinator

Interview with facility Teacher

PREA Signage

Mailbox with pre-addressed envelopes

Court video system

Summary Determination

Indicator (a) The Cabarrus Youth Development Center takes appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to provide a PREA-safe environment. As a juvenile facility serving pretrial clients, it must assess and provide services to individuals with medical disabilities. Juveniles with hearing or visual difficulties would be supported by staff in understanding PREA until corrective medical measures would be put in place. All NCDJJ facilities document these youth in a form for "exceptional children". The Exceptional Children form asks about 1) Physical Disabilities, 2) Assessing the juvenile's ability to follow directions, 3) if they could read independently, 4) if they exhibit cognitive deficiencies, or 5) if they are non-English speaking. Staff providing the individualized education document the steps

on the “exceptional children form’ and it is reviewed by the PREA Compliance Manager and they are referred for additional individual PREA education. The Auditor confirmed with residents that there was staff available to assist in understanding the postings or documents provided at intake. There were no individuals who were hearing or visually impaired. The Auditor was able to speak to individuals who had educational delays but not significant developmental delays. The residents, with significant academic challenges, would be identified by the school staff at CYDC’s fully accredited educational environment. Discussions with facility medical, education, and leadership confirmed that individuals with special needs can be supported in understanding all the program rules and services including those around the zero-tolerance expectation for sexual abuse or harassment. The training all juvenile officers take includes topics where they learn about working with individuals in the environment who have physical, social and emotional disabilities as well as learning disabilities.

Indicator (b) The Cabarrus Youth Development Center has a limited population of individuals with whom English is not the primary language. There were no individuals in the population at the time of the site visit with whom the Auditor would have needed to use interpretive services. The facility reported only one non-English-speaking individual in the past year. There was signage throughout the facility about PREA safety including posting in Spanish. The NCDPS has contracted with interpretive services through United Language Group who can provide video and audio interpretive services the facility also has a complement of staff who speak more than one language. Documentation supports in addition to visual interpretive services, that they can get written translations of documents. The United Language Services website confirms they can provide professional interpreters in 200 languages 24 hours per day. The staff interviewed knew how to access the information to be able to access the service. The facility has video communication resources set up for communication with the court that can be used with the interpretive services.

Indicator (c) Documentation reviewed by the Auditor stated there were no instances where resident interpreters were used. Staff were aware that it was not appropriate to use residents to interpret for each other except in extreme emergencies. This prohibition is also addressed in the agency PREA which states, “Juvenile Justice will not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first-responder duties, or the investigation of the resident’s allegations..” There were no individuals in the current population that were LEP or needed aid in communications.

Compliance Determination

	<p>NCDJJ PREA policy addresses equal access to services for those who have a disability or have limited English proficiency. The Auditor was able to speak with a resident with a cognitive disability but no individuals who were LEP or significantly disabled. CYDC provides all residents with education about PREA upon admission. The facility had all PREA Educational materials available in English and Spanish though they have not had any LEP admissions in the past year. As a juvenile facility with a fully accredited school program, all youth are assessed academically, which will further identify impairments to understanding. The residents reported knowing their rights, how to report PREA concerns and if they had difficulty in understanding information how to get help.</p> <p>Staff were aware that it was not appropriate to use residents to interpret for each other except in extreme emergencies. Line staff knew how to access an outside interpreter. Compliance was based on interviews with staff, residents, administration, and the hard materials (posters, handbooks, video) and policies that support equal access to all services. The educational materials seen repeatedly on the tour support ongoing access to information exists.</p>
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<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>DJJ PREA 100 policy</p> <p>Disqualifying factors</p> <p>HR 005 Form Applicant Verification</p> <p>HR 013 Employee statement</p> <p>Human Resource documentation for staff, contractors, volunteers</p> <p>Department of Public Safety Website</p> <p>Memo from Deputy Director on child abuse registry process</p> <p>Documentation of all employees having been screened through the state child abuse registry.</p>

HR 005 Applicant Verification

HR 004 Criminal History Record

HR 008 Professional Reference

External Web Employment with D...

Instructions for using LMS.pdf

Contract Employees.doc

Contract Employees.pdf

Admin Memo on PREA Hiring 2013

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with Facility Director

Staff records reviewed onsite.

Summary Determination

Indicator (a). The Auditor provided a way to use a random selection process for on-site review of the HR materials. On the second day the Auditor was informed that the records for many of the staff had been moved off-site, The Auditor worked with the PREA Office and the Facility to obtain and have uploaded into the OAS the appropriate materials. North Carolina Department of Public Safety 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 Human Resource staff support the process of screening all applicants for employment or contracted and volunteer services at the Cabarrus Juvenile Detention Center. The Auditor reviewed the online employment application process, which requires potential candidates to confirm that they have not engaged in any form of sexual misconduct described in indicator (a). The application in form 005 requires the applicant to confirm they have never engaged in 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 language on the form is Directly from the US DOJ Final Rule on the "National Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination Act." The Auditor confirmed the questions are asked at the time of hire and promotional periods. The Auditor reviewed staff files, including individuals 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. HR 013, which is filled out once the person is being offered a job or application for promotion, asks the same PREA questions asked in the application process (HR-005). The document states consistent with Language in DJJ PREA 100 policy, "The NCDPS may not hire or promote anyone who may have contact with inmates, residents, or offenders under supervision, who answer "yes" to any of the following questions:

1. Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?
2. Have you ever been convicted of engaging or attempting to engage in sexual activity in a community facilitated by force or coercion, or if the victim did not consent or was unable to consent or refuse?
3. Have you been civilly or administratively adjudicated for having engaged in the activities described?"

Discussions with facility and agency leadership confirm individuals with prior histories described in this indicator would be prohibited from employment or contact with the offender population at an NCDJDP facility. The Auditor also reviewed a list provided of disqualifying charges that would prohibit employment at NCDPS and its Division of Juvenile Justice and Delinquency Prevention facilities.

Indicator (b). The North Carolina Department of Public Safety has a policy language consistent with the standard. "DPS shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor or custodial agents, who may have contact with offenders, residents, or safekeepers." The facility has limited contracted employees, but the agency completes prior institutional employment checks on both staff and contractors to see if there are any concerns related to sexual misconduct. In addition to the facility HR person, a regional HR staff will also review the record of the applicant including individuals who may work at other NCDPS facilities. It is believed that if there is a prior history of sexual harassment complaints that information would be identified and facility and agency senior leadership would have to determine the appropriateness for the position being applied. Contracted employees must go through the review at the regional office level before they can be approved to work at the facility. As noted in indicator a) these records were not provided in advance or available on-site for review and had to be reviewed in the OAS subsequent to the site visit.

Indicator (c). The North Carolina Department of Public Safety completes criminal background checks on all employees. File reviews completed by the Auditor confirmed that the process is in place and is consistently done for all new

employees and at the required 5-year intervals in indicator (e). The Check includes a criminal background check and prior institutional checks. The Auditor reviewed 15 employees' background checks. Random sampling allowed for confirmation of the practice. In 2021 the Auditor discovered that Abuse registries had not been consulted at the time of hire. NCDPS Juvenile Justice Staff and the PREA Office worked with the state's Health and Human Services Division to create mechanisms to obtain the registry information. The Auditor was provided documentation from the Deputy Director of Juvenile Justice Services that no individual at Cabarrus Youth Development Center was on the abuse registry. Criminal Background checks are run by a central office staff person who will send a notice when the individual has passed the criminal background check, prior institutional employer check and the abuse registry check. The actual criminal record printout is not a part a permanent recordThe facility will also send a form requesting it is run again every 5 years and when the employee is up for a promotion. The Auditor was provided with records from staff in a variety of positions and lengths of service. The Director also reports the facility also may do some inquiries of a potential employee's prior employment before the packet is forwarded for consideration.

Indicator (d). Cabarrus Juvenile Detention Center, as stated in Indicator (a), completes criminal background checks on all contracted employees. The agency provides documentation supporting child abuse registries are also consulted. The NCDPS follows the same process for hiring contractors or volunteers that they do with any employees including the criminal background check looking at state and multi-state criminal histories, looking at driving records, sexual offender listings, and the newer process for child abuse registries. The Auditor was provided information on contracted individuals and also confirmed that they were required to go through such screenings in their individual interviews. The Auditor spoke with a contracted mental health employee and a contracted medical staff member who confirmed that they underwent criminal and child abuse registry checks when they were hired.

Indicator (e). CYDC provided the Auditor with information on 15 random employees, including individuals who were employed for over 5 years and had criminal background checks completed in the last 5 years. The random sample was confirmed through a review of files onsite with the Human Resources staff and then uploaded to the OAS.

Indicator (f). As noted in Indicator (a), all CYDC 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. HR 013 Employee statement has the individual acknowledge this requirement directly after the PREA Questions listed in indicator (a). "I acknowledge and understand that, should I become the subject of these prohibitions in my current position or any subsequent departmental positions I may hold involve contact with persons in confinement or under supervision; I will notify the departmental management within 24 hours of my involvement in any of the above."

Indicator (g). All Cabarrus Youth Development 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 that 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." There has been no staff reportedly dismissed in the past year for falsification of information on their application.

Indicator (h). The North Carolina DJJDP 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, but they report they do not frequently receive similar requests for prior employees who go outside the NCDPS system. There were no requests directed to CYDC about prior employees but these requests may be handled by the regional office if the request went there.

#### Compliance Determination

The North Carolina Department of Public Safety has policies 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 pre-employment screening process is the same as other law enforcement applicants in the state of North Carolina. The facility's Human Resources staff works with regional Juvenile Justice Office staff to



	<p>process candidates and obtain criminal background checks. The facility has all staff and contractors undergo the same criminal background checks as employees. The NCDPS has employees sign an acknowledgment form that addresses various elements of this standard. The Auditor was also able to review appropriate personnel forms and criminal background checks for both employees and contractors. Many of the elements are in place to ensure potential staff, contractors, and volunteers hired are not a risk to the youth at the facility. The Agency has a system in place to check child abuse registries of potential candidates for employment or contracting.</p> <p>The facility provided staff records during the post audit period. The Auditor confirmed with the facility staff and the PREA Office that at some point staff files had been removed from the facility preventing the onsite review. Compliance is based on policy, the documentation reviewed, and random files supporting the process in place. All staff are aware of the criminal background process at hire and their obligation to report any contact with law enforcement including any of the behaviors described in indicator (a). The Auditor made a recommendation on ways to improve the documentation on the screening process with DSS abuse registry checks.</p>
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<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>NCDJJ PREA 100 Policy</p> <p>Memo from Director on IT investments</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the Agency Head Representative</p> <p>Interview with the facility Director</p> <p>Interview with the PREA Coordinator</p> <p>Interview with the PREA Compliance Manager</p> <p>Observation on tour</p> <p>Informal discussions with staff</p>

Summary Determination

Indicator (a) Cabarrus Youth Development Center has added two small structures to the facility since the last audit. The spaces include where therapeutic dogs live when on site and a horticulture building. During the tour the PCMs described how the areas have additional staffing and never allow one staff to take residents to these spaces by themselves. The facility has identified areas where camera's will be installed in the kennel and the practice is not juveniles are allowed inside the building until it has been completed. In the horticulture area the Auditor saw a high staff to resident ratio better than one staff for every two juveniles.

Indicator (b) Cabarrus Youth Development Center has not upgraded its camera system since the last Audit. As noted in indicator a) they have already planned an expansion of the use of monitoring technology and have put in place an expectation of staffing and where juvenile can go or not go to increase safety for all.

Compliance Determination

The Cabarrus Youth Development Center is a well-designed facility with exceptionally good lines of sight throughout. The Agency PREA Office and facility leadership confirmed there would be communication on any identified needs that would impact residents' safety. The agency PREA 100 policy addresses the expectation of PREA safety (pages 10-11) when the agency is completing modifications to physical plants or to monitoring technology.

Compliance is based on formal and informal interviews that support a consistent understanding of the need to limit blind spots through active supervision skills. Interviews with the PREA Office staff and the Facility Director support NCDJJ's commitment to regular review of its physical plant needs and electronic surveillance to enhance safety. The Auditor relied on policy, described safety plans in place, described camera expansions and interviews to determine compliance.

<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Policies and written/electronic documentation reviewed.

Cabarrus Youth Development Center Pre-Audit questionnaire

Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures

NC DJJDP PREA 300

NCDPS Policy MS 4.1 Law Enforcement Notification

NCDPS Memorandum to Local Law Enforcement Agencies and Sheriffs, PREA Investigations and Compliance

Criminal Justice Response to Domestic Violence and Sexual Assault: Guidance for CCR/SART

National Protocol for Sexual Assault for Forensic Exams

PSP Training

NC General Statutes 114-12 State Bureau of Investigations Powers and Duties.

State Board of Nursing Website (SAFE/SANE training)

NC Dept of Administration Website (Sexual Assault Program)

National Association of Forensic Nurses- Website

NC CASA- Website

OPA -120 Incident Tracking Form

OPA- 121 Chain of Custody Form

NC-GS 150 Victims Compensation

Individuals interviewed/ observations made.

Interview with Medical Staff

Interview with Sexual Assault trained Investigator

Interview with Rape Crisis representative

Interview with Hospital staff about SAFE/SANE access and services

Correspondence with State Board of Nursing staff on SAFE training/ protocol

Summary Determination

Indicator (a) The North Carolina Division of Juvenile Justice and Delinquency Prevention facilities are not responsible for the completion of criminal investigations,

including sexual assaults. The facility has trained investigators who would only complete administrative investigations. The facility would call local law enforcement staff to complete criminal investigations including sexual assaults. As NCDJDP is part of the state's overarching law enforcement agency, Investigations may also be completed by the state's Office of Special Investigations. A letter was provided to the Auditor Showing the NCDPS reminding the police and sheriffs across the state of PREA requirements when investigating at state facilities. The facility will have a trained Investigator of sexual abuse report to the facility immediately to help determine if the case is potentially criminal in nature. The agency's PREA Policy (page 17) requires that local law enforcement be notified if there is a belief that a criminal act has occurred. "If there is evidence or suspicion that a delinquent act or crime may have been committed, local law enforcement should be contacted to conduct their investigation." A review of the facility PREA response protocol and a memo from the PCM confirmed this expectation further.

The Agency also has a policy on Law Enforcement Notifications which requires the notification of law enforcement for all criminal acts including sexual assault. The Agency also requires an annual meeting with local police and court personnel including judges, prosecutors, and public defenders, as well as the state's Child welfare agency the Department of Social Services (DSS) on incident reporting. The supporting documentation (JJ6 003 Incident Reporting Protocol Meeting w/ Instructions) provided shows that this group discusses the types of crimes that have occurred at the facility, as well as a review of PREA law requirements.

Agency policy states, "Upon receiving an allegation that a resident was sexually abused or harassed while confined at another center (to include agencies outside of DPS), the Center Director that received the allegation shall notify the Center Director or appropriate office where the alleged abuse occurred and shall also notify the DJJ Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) 11 appropriate investigative agency." The Policy goes on to require "The Center Director providing the notification shall document in TROI that the information was provided." TROI is where the state's critical incidents are uploaded for administrative review. There was no incidents in the prior 12 months, there was one allegation 13 months earlier. The Auditor was able to see where the administrative review occurred.

Indicator (b) The medical staff at Cabarrus Youth Development Center would not complete forensic exams. The PREA Policy states, "If an act of sexual abuse involving penetration within the preceding 72 hours is alleged and/or forensic medical evidence (e.g., semen) may be present on the victim's person, arrangements shall be promptly made to have the alleged resident victim examined by a trained and certified, external medical professional indicated on the JJ-approved list of qualified medical centers per the Juvenile Justice Medical Protocol." There was no juvenile sent out for a forensic exam at Cabarrus Youth Development Center.

The Auditor spoke with local hospitals and state-certified trainers to confirm that SANE nurses are trained with an approved curriculum that includes "National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents."

Interviews with local hospital staff where forensic exams would occur confirmed there is a standardized practice used to ensure consistent evidence collection. 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 updated protocol the Auditor reviewed references the “A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/ Adolescents: 2nd edition”. A review of the document shows support for a victim-based approach. The document provides guidance on communication with victims, and 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. The NC Board of Nursing confirmed that the curriculum used for training comes from the International Association of Forensic Nurses which references the DOJ document. The Coordinated response plan for Cabarrus Youth Development Center according to the medical would have juveniles seen at the Atrium Health Hospital who reportedly has SANE nursing services.

Indicator (c) The Cabarrus Youth Development Center Youth Development offers victims of sexual assault the ability to have a forensic exam without cost. The Auditor confirmed that there is no cost for sexual assault exams. The Auditor reviewed state statutes showing the state’s obligation to pay 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. Local hospital staff who report funding for exams comes from a different fund within the state government to ensure all victims come forward. Juveniles are guaranteed access to emergency services outside the facility which would include forensic exams. Discussions with the local hospital confirmed that they have SANE Certified Nurses. If one is not on site they will have one called in before having a noncertified medical practitioner complete the exam. No juveniles from Cabarrus Youth Development Center have been seen at the hospital for a forensic exam reportedly.

Indicator (d) Cabarrus Youth Development Center had an agreement with the local rape crisis agency to provide support services to victims of sexual assault. The facility has tried to obtain an updated MOU but has yet to receive a copy. A copy of the MOU with Ester House of Stanly County was provided to the Auditor and he was able to confirm with the agency they are still willing to support youth at CYDC who have been victims of sexual violence. The Auditor was able to see previous agreements which are renewed automatically unless the document is adjusted. Local Hospital staff confirmed the practice of also ensuring a rape crisis advocate is offered routinely as part of any forensic exams. The hospital representative confirmed that Ester House of Stanly County can provide trained accompaniment. The NCDPS also trains staff who volunteer to serve as PREA Support Persons (PSP) on working with victims of sexual assault. Though they are not specifically trained in forensic accompaniment, they serve as “ go-to’ persons for victims during and after

the investigative process. The PSP will encourage the client to utilize the rape crisis center. The Ester House of Stanly County staff confirmed the MOU and the working relationship with the facility.

Indicator (e) Both hospital and agency staff confirm that a rape crisis staff would be available to help a victim through a forensic exam, and criminal justice interview, and provide ongoing support and referral to the victim. The Auditor was able to confirm with the Ester House of Stanly County staff on their ability to do accompaniments for forensic exams and victim interviews. The PREA Compliance Manager confirms a willingness to work with local and state rape crisis agencies to build on experiences. The Auditor was able to review the MOUs from the Hospital and the RCC supporting access of the Ester House of Stanly County for forensic exams. CYDC residents confirm that they could have professional visits as support on-site. The rape crisis agency reports they are able to provide accompaniment services at the local hospitals. The agreement is a permanent agreement stating their working relationship will continue until either party decides to end it. The agreement spells out the responsibility of both agencies. There was no current youth using the services of the rape crisis agency.

Indicator (f) The Cabarrus Youth Development Center would have local law enforcement come to the facility to complete a criminal investigation. The County Sheriff's reportedly responds to criminal acts on-site at the facility. The Agency will also notify the Department of Social Services who is responsible for investigations of abuse claims involving youth. NCDPS will assign an investigator to complete an administrative investigation from the Juvenile Justice facilities unless the alleged perpetrator is a staff person, then the agency's office of Special Investigations will get involved. As noted in indicator (a) the agency has an annual meeting with DSS and Local Law Enforcement agencies.

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

Indicator (h) NA- The Department of Public Safety offers all residents in the system access to rape crisis services. The Auditor received information on the training of Rape Crisis Advocates in North Carolina.

#### Compliance Determination

The North Carolina Department of Public Safety has put in place the necessary elements to ensure immediate response to allegations of sexual assault. The agency has trained its staff on how to preserve evidence until trained law enforcement staff can arrive. The state of North Carolina has in place trained Sexual Assault Nurse Examiners available at the hospitals in the region, including the Atrium Health Hospital. The review of several websites and interviews with staff confirm the utilization of a standard protocol for evidence collection in sexual abuse cases. The Auditor spoke with hospital staff who confirmed the availability of SANEs at Atrium Health Hospitals. Hospital staff confirmed this service would be done free of charge and if a SANE is not on duty they will attempt to call one in. It is also reported that a rape crisis agency would be called for victims of sexual abuse. Absent an incident,

	<p>compliance is determined based on the availability of resources to effectively investigate, secure, and process evidence. Also taken into consideration in this determination was the overall staff knowledge displayed in the random staff interviews of how to preserve evidence, including instructions to the resident involved. Finally, the Auditor considered the information available from state agencies, Local Law Enforcement, non-profit victim's organizations and the hospital.</p>
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<b>115.322</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Juvenile Justice Facilities Law Enforcement Notification and Requests for Charges.</p> <p>NCDPS Memorandum to Local Law Enforcement Agencies and Sheriff's, PREA Investigations and Compliance,</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with CYDC Director</p> <p>Interview with Investigative staff</p> <p>Summary Determination</p> <p>Indicator (a) The NC Department of Public Safety has systems in place to ensure criminal and administrative investigations occur in a timely fashion. The NCDPS Juvenile Justice employs individuals trained in completing administrative investigations. The Cabarrus Youth Development Center does not employ an individual with law enforcement credentials at JDCs so they will work with the local police/ Sheriff's departments on any criminal investigation. CYDC has not had a criminal or administrative investigation of PREA in the past year. The Auditor did not have any staff or juveniles report that they had made a PREA allegation in the past year. The agency's PREA Policy states, "All sexual abuse and sexual harassment incidents reported to DSS. Additionally, all sexual abuse and staff on juvenile sexual</p>

harassment incidents are reported to law enforcement.” The Agency’s Law Enforcement Notification document further explains the process and both policies state that staff failure to report incidents will result in discipline up to and including termination for first offenses. The Cabarrus County Juvenile Detention Center has had no incidents of sexual misconduct and as a result, there have been no PREA-related criminal or administrative investigations in the past 12 months. The facility confirmed one allegation in the year prior that was recanted by the juvenile.

Indicator (b) The NCDPS has a policy in place that addresses the requirements of this standard. The PREA policy also complies with NC State Statutes which govern law enforcement duties. “Upon receiving an allegation that a resident was sexually abused or harassed while confined at another center (to include agencies outside of DPS), the Center Director that received the allegation shall notify the Center Director or appropriate office where the alleged abuse occurred and shall also notify the appropriate investigative agency.” Agency policy can be searched through the state website and all contact with outside law enforcement is required to be documented in incident reports and the facility logs. An incident report is required also to be entered into the agency incident portal TROI which would document the referral. All PREA Incidents are also sent to the NCDJJD PREA Office. The facility also has a PREA Incident checklist that will document the notification to local law enforcement and the facility investigator. The facility Investigator is assigned by a central office staff member who will review the TROI initial report and determine the most appropriate individual to complete the administrative investigation. NCDJJD-trained facility investigators can make initial assessments and complete administrative investigations at the facility or they can be sent to other Juvenile Justice facilities as needed to complete investigations.

Indicator (c) Agency PREA policy is descriptive of the relationship between the facility and the expected criminal investigators who come to the facility. Pages 14-18 of Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures describe the expectations of the investigators and the facility in ensuring a thorough investigative process occurs. The Auditor also reviewed documents from the Head of the Department of Public Safety to all of the state law enforcement agencies on completing PREA related sexual abuse investigations and a policy on Law Enforcement Notifications. The policy also discusses the need to have individuals seen by trained SAFE nurses at local hospitals. JDC Law Enforcement Notification Policy further describes the communication that should occur between the CYDC and the Cabarrus Youth Development Center County Sheriff's Office. The Director was aware of the need to ensure open communication between the agencies would occur. The NCDPS Secretary has previously provided a memo to local law enforcement agencies on their responsibilities to investigate sexual assault allegations with an understanding of the Prison Rape Elimination Act.

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

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



	<p><b>Compliance Determination</b></p> <p>The North Carolina Department of Public Safety has a policy and trained investigative staff in place or through agreement to ensure all allegations of sexual assault and sexual harassment are investigated. The JDC has developed a relationship with locally trained law enforcement staff persons who will ensure all crimes, including sexual assaults, are investigated. The facility has in place an annual meeting to ensure communication on law enforcement notifications. In addition, the Department of Social Services (child welfare agency) is also required to be notified under state law. The Juvenile Detention Center investigates all incidents initially to determine if the allegation is criminal in nature. The Administrative Investigator reports that if any information is obtained during an administrative investigation, then the local criminal investigator would be called immediately. Compliance was determined based on the published policy, and the investigative information provided by the agency staff. Compliance is determined utilizing the above-stated information which meets the requirements of Indicators (a) and (b). Interviews further supported compliance in that the agency takes all allegations seriously and ensures the impartiality of staff-involved events.</p>
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<b>115.331</b>	<b>Employee training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Juvenile Justice Facilities Housing LGBTQI Juveniles Policy and Procedures</p> <p>JJ PREA 100 policy</p> <p>CYDC staff training records and acknowledgment forms</p> <p>State-approved training program outlines (101, 201)</p> <p>DPS Employee brochure</p> <p>Red Flag Poster</p> <p>Daily Dozen Poster</p> <p>New Employee Orientation Manual</p> <p>PREA Signage for staff</p> <p>Staff Offender relationship training</p>

## Onboarding Checklist

Individuals interviewed/ observations made.

Interview with CYDC PREA Compliance Manager

Interviews with random staff

Staff files reviewed on site

## Summary Determination

Indicator (a) The Cabarrus Youth Development Center ensures all staff are trained in the agency's Zero Tolerance for Sexual Misconduct toward residents. All employees, no matter what role in the institution, are aware of their role in the prevention, detecting, and responding to sexual assault and sexual harassment of residents. Random staff were able to describe in the interviews how in their day-to-day job, they keep residents PREA safe. The staff members knew the signs and symptoms of someone who may be victimized, the rights of residents related to PREA and were able to give examples of why sexual assaults may occur. Staff persons confirmed they get training on how to avoid getting into undue familiarity with a resident, the criminal liability for failing to report a PREA incident, and how to respectfully work with LGBTI residents. The staff knew to use the transgendered or intersexed resident's preferred name and pronouns. Staff had knowledge that a multidisciplinary committee reviews transgender residents' cases individually to determine housing, search procedures, hygiene accommodations, and treatment planning. Staff were able to provide information on the 11 required elements of this indicator that they have been trained on. The staff knew they were mandated to report all forms of abuse or neglect to not only facility leadership but to the Department of Social Services as prescribed in North Carolina law. The policy states, "All employees shall receive initial instruction related to sexual abuse and sexual harassment zero-tolerance policy, the right for residents to be free from sexual abuse and harassment, the right for residents and staff to be free from retaliation for reporting sexual abuse and harassment, and how to avoid inappropriate relationships with residents. Training will also include dynamics and common reactions of resident sexual abuse and sexual harassment, effective and professional communication with residents including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents, and relevant laws regarding mandatory reporting and the age of consent." The Auditor also reviewed related training on how to maintain professional staff/client relations. In addition to the annual PREA training, the agency has added other courses closely related including one on undue familiarity between staff and residents. The Training 101 course outline and slides addressed the various portions of the indicator. The 72-page document shows the reader how in close to 100 slides the agency provides and thorough review of expectations toward keeping juveniles safe from sexual

abuse. The facility also has other documents from the training posted in the facility to provide constant reminders of the training. The 'How to Report' poster and 'Red Flag' posters are up in multiple locations along with all the posters geared toward the juveniles;

Indicator (b) The Cabarrus Youth Development Center works with both male and female populations. The agency trains all staff on the different reactions to abuse male and female residents might display. After the academy, all staff are provided onsite refreshers in a classroom setting. Interview with staff support they are aware of how male and female juveniles might react differently to abuse. They were aware of trauma and its frequency in the population served at Cabarrus Juvenile Detention Center. Staff knew that each person's reaction to trauma was different but gave perceived reactions of female residents than male residents. No staff had transferred into the facility in the past year from a single-gender facility.

Indicator (c) The NCDPS Juvenile Justice employees receive classroom training on PREA while in the state's NCDPS Training Academy which covers the required 11 elements in indicator (a). Cabarrus Youth Development Center staff report ongoing training happens in a classroom setting as well as through the online Power DMS platform. The Facility PCMs will complete training with all new employees if they do not go directly to the academy upon hire. Staff records reviewed and the random staff knowledge of the training information indicators support they receive training frequently. The Auditor reviewed records on-site and requested files uploaded to further support compliance with the indicator..

Indicator (d) Employees have to take an exam for which they receive a certificate for their Human Resources file. The Auditor also was able to see a training report used by facility administration to track employees' completion of annualized training. The PREA online 201 PREA refresher Course has a test embedded in it which staff must answer correctly to pass and get credit for the course. Staff knew to go to the PREA Compliance Manager if they were not clear on any of the information. The random staff were able to answer the auditor's questions further supporting they have retained the information presented.

#### Compliance Determination

All staff are trained in NCDPS's zero-tolerance policies toward sexual assault and sexual harassment. The employees, contractors, and volunteers sign off confirming they have been trained on PREA and understand policies. Staff files reviewed as part of standard 315.17 showed this documentation. The North Carolina Department of Public Safety has a training program for all staff related to the 11 requirements on indicator (a). New employees are first exposed to PREA training in the agency's Juvenile Justice Academy. Agency policy addresses the requirements of the standard, including the required areas of education found in indicator (a), the frequency of training, and gender-specific understanding of sexual victimization that is important for staff. All employees (including the contracted medical and mental health staff) have had on-site training and understand the facility's Sexual Assault Response plan. Staff are provided visual documents posted in the facility like the

	<p>Daily Dozen and Red Flags to reinforce the classroom experience.</p> <p>All staff interviewed confirmed regular training on PREA. Random staff member interviews confirmed they were aware of the different aspects of the training presentations and were able to give examples of information provided. Staff responses support a clear education program where key elements have been reinforced and training information is retained. Training records and staff interviews further support that PREA-related education of staff happens regularly. The Auditor confirmed the training dates of the staff including initial PREA training and most recent PREA education. Compliance determination was based on random training records checked on-site matching the information in the OAS file, the material used in presentations, and random staff ability to share examples of the content they had learned as part of PREA training consistent with standard requirements.</p>
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<b>115.332</b>	<b>Volunteer and contractor training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Brochure for Volunteers</p> <p>Contracted Staff training records</p> <p>Training materials for contractors on PREA</p> <p>Volunteer/Contractor (PREA orientation acknowledgment form)</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with CYDC PREA Compliance Manager</p> <p>Interview with Contractor</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) The Cabarrus Juvenile Detention has a limited number of contractors and no current volunteers who have access to the juveniles. The facility reports they</p>

had only healthcare contractors in the past year who have been approved for contact with juveniles. All contractors receive the same general PREA training that all individuals at CYDC receive. When the facility has volunteers they are registered in the facility and those who have routine access to the facility are required to undergo an onsite education program on responsibilities and procedures for keeping a safe environment. Volunteer services were halted during the pandemic and have yet to be restored. The Agency Policy states for all new contractors or volunteers the following:

“1. Volunteers (with the exception of one-time volunteers), custodial agents, contractors, and other persons providing services to residents shall receive the Sexual Abuse and Harassment 101 training and sign the PREA Acknowledgement Form (OPA-T10) as part of initial orientation.

2. One-time volunteers must review and sign the PREA Acknowledgement Form (OPA-T10) as part of their required overall training.

3. Sexual Abuse and Harassment 101 Training shall be offered by approved staff trainers certified as General Instructors unless an exception is given by the Director of Facility Operations, who may consult with the PREA Office”

As part of that program, the individuals are trained on PREA consistent with the agency policy which outlines training expectations to inform them how to support a zero-tolerance culture and know when and how to report concerns. They are provided a staff-directed training class by the PREA Compliance Manager and received a volunteer brochure that addresses expectations related to PREA. The Policy also requires that volunteers are trained annually and they sign annually that they understand PREA and their obligations. It states:

“Annual Training

1. Volunteers: At a minimum, all volunteers must review and sign a PREA Acknowledgement Form (OPA-T10) annually. The application process will not be complete until the PREA Acknowledgement Form is signed and returned to the center/location and available for examination during the peer review process, DPS/ Juvenile Justice audits, or federal audits.

2. Custodial Agents: Custodial Agents will receive PREA refresher training annually that will include the Sexual Abuse and Harassment 101 lesson plan.

3. Contract persons/agencies (who have direct contact with residents): Contracts should include language that reflects a commitment to a zero-tolerance culture of sexual abuse and sexual harassment, and the contract person’s duty to report any allegations of resident sexual abuse or sexual harassment either by another resident or by staff. All contractor training shall be documented on the PREA Acknowledgement Form (OPA-T10). All contracts should reflect the contractor’s obligation to adopt and comply with PREA Standards”

Interviews with contracted staff confirmed they received training when they were

initially granted access to the facility and that they continue to receive the training annually.

Indicator (b) The training as noted in indicator (a) includes distinct levels of training which address how to report a PREA concern. Contracted staff providing direct services to residents undergo full DPS PREA training. Individual volunteers who have routine visits get the full training of PREA 101. The one-time visitor gets an abbreviated educational on PREA. All individuals entering the facility have access to information on PREA and how to report a concern. The Auditor saw postings informing all visitors on PREA, the zero-tolerance stance of NCDJJD, and how to report a concern. The Auditor requested additional signage in the visiting area which was done while I was on site

Indicator (c) PREA policy requires the facility PREA Compliance Manager to keep track of the training for all contractors or volunteers. The policy requires, "At a minimum, all volunteers must review and sign a PREA Acknowledgement Form (OPAT10) annually. The application process will not be complete until the PREA Acknowledgement Form is signed and returned to the center/location. Forms shall be maintained at the center/location and be available for examination during the peer review process or DPS/Division audits individuals to sign for the information they receive." The Auditor was provided records for both contracted staff as well as volunteers including the PREA acknowledgment form that they sign after completing the training course.

#### Compliance Determination

The Cabarrus Youth Development Center is compliant with the standard expectations. CYDC ensures all contractors and volunteers receive training in the agency's efforts to prevent, detect and respond to sexual assault and sexual harassment. Training records, interviews with contractors, and formal interviews support they have received comprehensive training equivalent to their level of contact with the residents on the 'Zero Tolerance' toward any sexual abuse or harassment of residents. Contracted staff confirm they receive required facility PREA training in addition to medical/mental health-specific training. The Auditor was unable to interview a volunteer as they have not returned to the facility since the pandemic. Compliance was determined through supporting documents and interviews with the contracted staff persons who were able to identify training elements. They were all able to explain how they could report a PREA concern at the facility if they arise

<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Initial findings: A review of the onsite information supported that much of the required policy and procedures are in place but not consistently being applied between the pre-trial (JDC) and sentenced (YDC) populations. Because of crowding and staffing concerns, the Auditor found that the pretrial juvenile population was not getting a consistent education to fully understand PREA, the reporting options, and be able to access the services. Juveniles interviewed in JDC reported inconsistent or minimal education with no comprehensive follow-up. The NCDJDP PREA Office has worked with the facility on a plan to retrain staff on information to be provided at intake and then again in a comprehensive education. The facility will provide ongoing documentation of the changes made in the training that occurred and provide client records. The Auditor made a second site visit to evaluate further that the process has become institutionalized.

Policies and written/electronic documentation reviewed.

Cabarrus Youth Development Center Pre-Audit questionnaire

Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures

DJJ PREA 100

Resident files showing they have received PREA educational materials.

OPA-T300 Resident Acknowledgement Form

DJJ PREA Respect Brochure (English/Spanish)

Expect Respect Poster English/ Spanish)

Juvenile Education Materials

Individuals interviewed/ observations made.

Interview with Intake Staff Person

Interview with case managers

Interview with Residents

Observation on the tour of PREA Signage in two languages

Summary Determination

Indicator (a) All Residents are provided information about PREA upon admission to CYDC. Agency policy addresses the requirement for PREA education upon

admission. The Policy states, "All residents shall receive, during admission and upon transfer, information containing the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse and sexual harassment. Residents are 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." They are provided this information in the form of the DJJ PREA Brochure, Rack Cards, and postings in the facility. The information is in English and Spanish, the two most common languages in the facility. The intake officer can use interpretive services if residents speak another language in that facility. The NCDPS updated its resident training this year, blending its previous US Bureau of Justice Assistance funded program with Juvenile videos from the PREA Resource Center. During the COVID-19 pandemic, the facility had gotten away from providing a second class and instead a comprehensive portion of the intake on PREA Education. The Director has reinstated the PREA education program is to be done in two parts as designed by the PREA Office of NCDPS, which will included weekly in classroom settings for the Juvenile Detention Center youth. The Youth Development Center residents in the population also get PREA education upon admission. The YDC population can come from various NCDPS JDC facilities where they support having received instruction on the agency's zero-tolerance stance toward sexual abuse and sexual harassment, including how to report a concern.

The Auditor met with a trained intake staff in the facility's JDC and YDC portions. The Auditor was walked through the admission process by intake staff, who explained how they would transition to facility operations after the screening questions. The individual showed how, in addition to the Expect/Respect materials, they also discussed all of the different signage in the facility related to PREA and how to report a concern. She described how the mailboxes are used to provide confidential communication to facility leadership, state NCDJJ officials, and the Department of Social Services. The envelopes are already addressed for the resident. They are also provided information on the right to contact the local rape crisis agency for Support even if their abuse happened at another point in their lives. The Auditor found signage for the Ester House, the local rape crisis agency, and the Local DSS office. The residents do not dial the phone in a Juvenile environment, but staff are aware residents can make calls to such organizations. The staff interviewed support that they spend time explaining to residents about PREA and will break down information from the Expect cards into easy-to-understand discussion points. Intake staff reported, and residents confirmed that the PREA education was occurring in the first few hours they were on site. In the year before the audit, 200 individuals were admitted, and all were provided PREA education. Residents confirmed getting PREA materials at intake. The educational material on PREA is presented in an age-appropriate manner. Though some written documents focus more on adult-on-resident actions, the residents understood that abuse was any action against a person's will. All residents were able to describe what Zero Tolerance meant in their own words. Any individual with comprehension issues will be identified through the education staff at the facility.



Indicator (b) All Cabarrus Youth Development Center residents are provided with a review of the facility-specific PREA information on the first day in the facility. During the initial site visit, the Auditor was concerned with the Juvenile Detention portion of the population having less than adequate understanding of PREA and the Zero Tolerance stance toward sexual abuse and sexual harassment. The facility has just recently decided to move the comprehensive education from intake to have the teachers provide additional instruction in a classroom setting at least once a week. The teacher will also identify individuals with reading or comprehension delays and adjust their presentation to meet those needs. They report no juveniles with hearing or sight issues have been admitted in the past year. There had been no LEP residents in the year prior to the site visit, but the intake staff and the random staff knew about the translation services that could be used to aid in educating a juvenile about PREA. Juveniles interviewed were aware of their rights to be free from sexual abuse or harassment and that there is no retaliation against individuals who report a PREA Incident. They knew that there was no sexual contact between residents and that there were consequences for staff or residents who violated this rule. The residents report that Sexual Abuse or Sexual Harassment is not a thing they see happening. Residents interviewed stated the facility is a place where they feel safe from sexual harassment or sexual abuse. They report they would go to a staff they trust and believed staff would take it seriously and keep people safe. Residents most commonly stated they would tell their families or court staff for outside reporting. The residents knew what DSS (Department of Social Services) was and that they also took all calls on any form of abuse. The residents did know there was a phone number for the Ester House, but not many could provide information on what services they might provide. The resident stated that emotional support counseling was available through the facility's mental health staff. They report that they can just tell staff, and they will come to see them within the day or will be put on the phone with them if it is urgent. The Auditor asked residents about Ester House, the Local Rape Crisis agency, of which there was a limited understanding of what the agency does. Some residents were able to tell me that there is signage visible about Ester House. The Auditor shared feedback on where the program could strengthen residents' understanding. As noted above, the YDC residents had a higher understanding of the material than the JDC residents, which is understandable because they had more exposure to the material.

Policy language reviewed by the Auditor sets the requirement consistent with the standard. "All residents shall receive comprehensive age-appropriate education:

1. Regarding their rights to be free from sexual abuse and sexual harassment,
2. Their right to be free from retaliation for reporting such incidents, and
3. Regarding response procedures for sexual abuse, sexual harassment, and retaliation incidents.

Such education shall be completed within 10 days of admission." The OAS supports 100% of the resident who received all the required information in the first 10 days.

Indicator (c) Agency policy, as noted in indicator (a), requires education to direct admissions to CYDC and education for all transfers. All Cabarrus Youth Development Center residents have received an education in PREA. The Auditor also spoke to residents and reviewed case files to confirm education dates against the provided documentation. As a facility that serves as both a Juvenile Detention Center (Pre-trial) and Youth Development Center (adjudicated), there are some differences in the level of understanding. The Intake person confirmed that there is no difference in how education materials are presented for a new admission or a transfer. The process for reporting a concern is uniform across the system of juvenile justice facilities the Auditor has visited. In doing so, the youth in the YDC are very familiar with the options of reporting a concern if it arises no matter how long they have been in the facility.

Indicator (d) Agency Policy speaks to ensuring LEP and disabled individuals have full access to services. "Appropriate provisions shall be made as necessary for residents not fluent in English, persons with disabilities, and those with low literacy levels." Education is available in multiple languages and forms, from written to large print documents. Cabarrus Youth Development Center had no residents at the time of the initial onsite visit who could not speak English. During the follow-up site visit, a LEP Juvenile was admitted less than 10 days before. Language line services are available as noted in standard 115.316. however, the number provided was not for instant interpretive access. This was later corrected. The Auditor confirmed the number for the interpretive services was active after speaking with an agency representative from Texas. Staff reported that they knew where to obtain the information to make interpretive calls. The Auditor was able to see information, including documents a resident could sign in Spanish, and encouraged the PCMs to occasionally refresh intake staff as the facility has limited experience with LEP juveniles.

Residents support that they can go to staff if they need assistance in comprehension of written or oral PREA education. The assistance is available to any individual who needs assistance, including those with hearing or vision issues as well as those with physical disabilities, cognitive limitations, or those who cannot read. The Auditor saw postings at CYDC in English and Spanish, the two languages most spoken at the facility. As noted before, the facility has teachers who will identify "exceptional juveniles" who include individuals in these populations and ensure supports are in place to allow them to fully participate in all programming and supports offered by the facility, including the Zero Tolerance program toward sexual abuse and sexual harassment. The form residents sign confirming they were educated on PREA is available in Spanish also.

Indicator (e) Records were reviewed for a random sampling of clients along with previously discharged youth from the past year's admissions. The documentation reviewed confirmed the facility tracks the education of residents. The Auditor, as stated, was provided with the education confirmation in both English and Spanish. Signage was at appropriate sight levels; there were signs higher on the wall, but the signs were large print and easily read from across the room. The materials that had harder vocabulary are explained to residents in a manner they can comprehend.

The Expect/Respect brochure rates out at an eighth grade reading level, with professional resources in place to aid those with comprehension concerns of any form. Residents were able to explain the information they learned in their own words.

Indicator (f) Observations throughout the tour support there are continuous materials available to residents. The information viewed included an admission packet, posters, and other signage about PREA or resources such as the local rape crisis agency. The resident supported that they know how to access information on PREA and confirmed they received it at intake. Appropriate provisions shall be made as necessary for residents not fluent in English, persons with disabilities, and those with low literacy levels. There were more than a dozen PREA-related signs in the one housing unit, and there was additional information posted in the lobby space. The facility also has a large three-ring binder with all the information staff would need related to PREA and how to respond in the event of an incident.

#### Compliance Determination

The North Carolina Department of Juvenile Justice's PREA policy sets forth the expectation of the timeliness of resident education, how education is delivered, and the requirement for materials for LEP and disabled residents' education. Residents at CYDC confirm they are educated on PREA and the zero-tolerance expectations as soon as they get to the facility. The facility reviews information with the residents on the zero-tolerance expectation toward sexual abuse, how to keep oneself safe, and how to report a concern. Residents confirmed they were provided such information. The information reviewed is signed by the resident and placed in their case record. The facility has PREA educational materials available to residents in the form of videos, brochures, rack cards, and posters. Information in the written document seen on the tour includes phone numbers for the state PREA Coordinator, how to report to an outside agency (Department of Social Services), and the local rape crisis agency.

During the Corrective action period, the facility had made adjustments to the education program for the Juvenile Detention population, which was less knowledgeable about how to report other than telling staff. The Director adjusted the comprehensive education back to the classroom setting, and the facility replaced missing components on one unit for reporting. The PREA Office worked with the facility to retrain staff who provided education on expectations. The subsequent site visit found that the pre-trial sample residents understood what PREA is, that there is zero tolerance for sexual activity by anyone at the facility, and how to report a concern if they were a victim or witness to sexual abuse or sexual harassment. Compliance determination considered the policy language consistent with the standard, supporting educational documents, the residents' answers about education, and their knowledge about facility-specific steps for reporting a concern. Further supporting compliance was an increased knowledge in the sample JDC population interviewed in the follow-up site visit. These adjustments by the facility supported the changes made had improved the required elements were understood by residents in both the YDC and JDC portions of the facility.

<b>115.334</b>	<b>Specialized training: Investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>DJJ PREA 300 policy</p> <p>Training Material from NCDPS on completing administrative investigations.</p> <p>Training records of Investigators</p> <p>Understanding Sexual Violence Document</p> <p>Coordinated Response Overview</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with trained Investigators</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) The North Carolina Department of Public Safety includes the state’s law enforcement agency. The Department of Public Safety has local law enforcement agencies complete criminal investigations at its state juvenile facilities. Agency PREA Policy 300 defines the required training of a PREA administrative Investigator. “A DPS employee who has been assigned or designated to administratively investigate a report of alleged offender, resident, or safekeeper sexual abuse and/or sexual harassment; and has received specialized training in conducting such investigations in confinement settings.” Cabarrus Youth Development Center has 4 reported trained staff including the Director in completing sexual assault investigations. The North Carolina Department of Public Safety was able to train a cadre of staff members on how to complete sexual assault investigations. The agency has sufficient staff to ensure each facility has sufficiently trained investigative staff. In addition to the individuals at CYDC, there are several other staff in the region including the Regional Director who have completed the training. The Agency can provide an investigator from another facility if the staff are unavailable or it is believed that it is more appropriate to have a DJJ employee not</p>

associated with the facility complete the administrative investigation. This may be the case when the allegation is against a staff member, this decision is made by a central office staff person.

Indicator (b) The Auditor reviewed the training outline developed by the North Carolina Department of Public Safety to ensure the content was consistent with the topics required by the standard. The training outline was 57 pages long. The materials reviewed and the interview with a trained investigator confirmed the training covered how to communicate with a victim of sexual assault, the use of Miranda and Garrity Warnings, proper steps in the collection and preservation of evidence and the factors in making a determination of substantiation for administrative action or prosecutorial referral. The curriculum document reviewed by the Auditor listed the Learning Objective of the training as follows:

1. Identify the "Prison Rape Elimination Act (PREA) of 2003" and the National Standards
2. Identify North Carolina sexual offense statutes.
3. Identify Division Sexual Abuse and Harassment Policies.
4. Define Investigative Warnings.
5. Define Interviewing.
6. Identify the characteristics of a good interviewer.
7. Define the rules of successful Interviewing.
8. Define the Skill Learning Cycle.
9. Identify verbal behaviors of untruthfulness.
10. Identify the five basic types of lies.
11. Define a report and its purpose.
12. Identify responsibilities of the investigating officer in sexual abuse and harassment incidents.
13. Define Incident Scene and Evidence Processing.
14. Identify the role of the PREA Support Person.
15. Demonstrate how to conduct and document a proper investigation.
16. Demonstrate an understanding of preparing the investigating officer's comments.
17. Define Investigation timeframes.
18. Identify the role of Department employees in Criminal Prosecutions.

	<p>19. Identify the applicability of the North Carolina Division of Adult Correction (Prisons &amp; Community Corrections) and the Division of Juvenile Justice and Delinquency Prevention Policy and Procedures.</p> <p>In the section on Investigative warnings, the training materials review the use of Miranda and Garrity warnings but they are not authorized to offer those as an administrative investigator. The investigator who was spoken with was able to relate the information they received in the training and how they have used such information in their investigations in the past. There was no allegations in the past year and the previous year's allegation was recanted within minutes of the initial statement limiting the investigation</p> <p>Indicator (c) Training records were provided for the Director of Cabarrus Youth Development Center and three other staff had completed the agency's initial PREA training for Investigators.</p> <p>Indicator (d) The Auditor is not required to audit this provision/</p> <p>Compliance Determination</p> <p>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. Absent any current investigations, the Auditor had to rely on the materials and the information provided (training materials, records) and interviews with the trained investigator. The trained investigator was able to describe the training provided, what her approach would be in an investigative process, how the training discussed interviewing victims, and the steps taken in determining an outcome. She also discusses how she would maintain communication with the criminal investigators to ensure her efforts did not impede their work. Compliance was based on the interview with the trained investigator, the training materials provided, and the sufficient resources in place to investigate sexual abuse or sexual harassment claims.</p>
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<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>PREA training materials for Medical and Mental health staff</p>

Documentation of staff training

Individuals interviewed/ observations made.

Interview with Nurse

Interview with a Qualified Mental Health Professional

Summary Determination

Indicator (a) the Cabarrus Youth Development Center has both medical and Mental Health staff. The agency trains staff on PREA-specific considerations from the medical and mental health provided perspective. The training materials and the staff interviewed included information that the training addressed signs and symptoms of abuse, communication with a victim, how to report an allegation, and how to preserve evidence. Nursing staff were aware that they should not clean any injuries and only treat critical health concerns before transport to the local hospital for a rape kit. Mental Health staff were also prepared to work with individuals who are victims of sexual abuse. The Agency PREA policy (pages 7-8) defines the topics to be covered in specialized training for medical and mental health staff.

“All medical care providers who work regularly in centers will be trained on:

1. How to prevent, detect and assess signs of sexual abuse and sexual harassment;
2. How to preserve physical evidence of sexual abuse;
3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
4. Reporting procedures for allegations or suspicions of sexual abuse and sexual harassment.

Training will be documented on the PREA Medical/Mental Health Training Acknowledgement (OPA-T330).

B. All mental health care providers who work regularly in centers will be trained on:

1. How to detect and assess signs of sexual abuse and sexual harassment;
2. How to preserve physical evidence of sexual abuse;
3. The short- and long-term consequences of sexual trauma on juveniles;
4. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
5. Reporting procedures for allegations or suspicions of sexual abuse and sexual

harassment.

Training will be documented using the PREA Medical/Mental Health Training Acknowledgement (OPA-T330)”

The individuals interviewed confirmed that the training covered signs of abuse, how to speak to individuals who had recently undergone trauma, and who in the facility must be notified if a juvenile reports sexual abuse. The Mental health person knew the importance of protecting evidence including encouraging the victim not to do anything that may destroy evidence. The Nurse was aware that she may need to treat wounds (stop bleeding) but that she should not clean the wounds as there may be evidence.

Indicator (b) The staff at Cabarrus Youth Development Center does not complete a forensic exam. All resident victims will be sent to the local hospital to have an exam completed by a Sexual Assault Nurse Examiner, both individuals spoke with new this expectation.

Indicator (c) Documentation was provided to the Auditor for all medical and mental health staff confirming the specialized training was completed. Formal interviews with individuals from these groups and discussions on the facility tour further support all individuals who have received specialized training on working with victims of sexual assault. Both medical and Mental health individuals interviewed understood the importance of protecting evidence and their role in supporting the youth after they return from a forensic examination.

Indicator (d) A review of the training records and the interview with staff confirms that all medical and mental health staff receive the same training as the DJJDP employees annually as well as the training described in 115.32.

#### Compliance Determination

NCDPS provides PREA training with a medical and mental health focus for their employees and contractors' health care providers. The curriculum reviewed by this Auditor addressed how to detect, assess signs, and preserve evidence of a sexual assault. 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 who knew whom to report allegations and suspicions of sexual abuse or sexual harassment. The staff reported they attended PREA classes from North Carolina DPS with the custody employees. Medical staff will not do forensic medical examinations but are aware of how to protect evidence and what facilities they would refer residents to for an exam by a SAFE or SANE if needed. NCDPS PREA Policy also was reviewed by the Auditor to determine



	compliance along with interviews, training program materials and training records for the staff figured into the compliance determination.
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<b>115.341</b>	<b>Obtaining information from residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Juvenile Detention Policy Manual</p> <p>Population report for the facility</p> <p>YD 12 001 PREA Screening</p> <p>Documentation on completing Screening</p> <p>Mental health screening/ services documents</p> <p>Exceptional Child Checklist</p> <p>DPS PREA Audit Report</p> <p>Resident Screening results and Reassessment documentation</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interviews with Medical Staff</p> <p>Interview with Mental Health Staff</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures (pages 9-10) that all individuals admitted or transferred be screened for likelihood to be a victim of sexual violence or likelihood of being a perpetrator of the same said violence. The Policy defines the positions trained to administer the screening tool. The Policy states, "All residents shall receive the PREA Admission and Placement Screening (Form YD 011) within 72 hours of arrival at the center and</p>

periodically (e.g., housing assignment change, change in vulnerability or aggression, etc.) throughout a resident's confinement." All Juveniles at Cabarrus are screened generally in the first 24 hours in the facility no matter if they come into the Juvenile Detention beds or the Youth Development Center beds. All residents are reassessed if any additional information is learned adjustments to scoring and client needs are made. Staff confirmed residents might also be rescreened for cause. The review of the screening reports supports the practice of screening and reassessment of individuals is standard. This was verified in the review of an active population which included samples from multiple individuals in the facility. The facility reported that all 221 admissions in the previous year had a PREA screening completed. Files review did find the screening and Juvenile spoken with confirmed questions were asked of them during the intake process consistent with the screening elements. The Auditor was shown the screening process by trained intake staff since there 'were no admissions to observe. The individual walked the Auditor through the process of where they get information, (direct interview with the juvenile, arrest documents, prior records with NCDJJ, families, etc). They reported that they will reframe questions if they do not believe the juvenile understands what is being asked. They also reportedly reassure the juvenile that they do not have to answer questions about sexuality or past victimization history if they are not comfortable. The Intake person also reported if the client discloses sensitive information that that information is not put in the custody file but is instead maintained in the medical /mental health chart. Since the Juvenile Detention center does not have a dedicated intake space the Auditor asked about where the intakes occurred. Residents reported their intake was completed in the space used by the Auditor or on the housing unit when residents were in their rooms.

Indicator (b) The tool developed by the North Carolina Department of Public Safety for screening residents for potential sexual violence or sexual victimization is an objective tool utilizing information from the resident's criminal records, information from other treatment and justice 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 Auditor spoke with an individual who completes the screening to verify the process. The tool scores all residents on levels of risk for the perpetration of sexual violence or sexual vulnerability. Screenings are completed at Cabarrus Youth Development Center by the facilities' trained Intake staff. The individual completing the scoring takes information from three sources, interviews with the resident, observations made during the screening, and information from other instruments or historical documents in the client records. The scorer answers yes, no, or unknown to each section question. The number of yes answers will determine the juvenile's score. The four-page document on how to administer and score the document show how other sources of information are also used to develop the tool. The document shows the results from the structured Suicide Screening and the MAYSI-2 results are used in conjunction with the question on the PREA Screening tool to determine what final rating a Juvenile gets. The use of the court records and the juvenile's history in NC-Join also are explained in the

document.

Indicator (c) The Agency PREA Policy describes the various elements required in the indicator. "This

screening shall include a review of any history of sexual abuse- victimization or sexually abusive behavior, any gender non-conforming appearance, identification as LGBTI, current charges and offense history, age, level of emotional and cognitive development, physical size and stature, mental illness

or disabilities, intellectual or developmental disabilities, physical disabilities, or any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents, and the resident's own perception of vulnerability."

A review of the objective tool used in North Carolina DPS facilities shows that it accounts for all 11 elements required in this indicator. In completing the tool, the staff person reviews documentation provided at intake and obtains information from the client. Cabarrus has JDC and YDC trained staff complete intake screening, The medical and mental health staff will also review their screenings for consistency including some PREA-related questions. Medical staff will work with the Mental Health Clinicians to ensure any medical issue or disclosure by the youth to medical staff that would affect the scoring tool is provided. The residents confirmed they were asked about their sexuality, their past victimization history, and if they felt if they were going to be safe. The tool also looks at their past charges and detention history. The facility uses scoring from other normed screening tools, the MAYSI or Suicidal screening tools, to help determine emotional and cognitive development and the juvenile history of trauma. The staff member also assesses age and size compared to the existing population. Residents spoke of different people in the environment with whom they might be comfortable speaking if they had any concerns at CYDC. The Auditor discussed with staff concerns with the low number of individuals who report past abuse. The facility does use the MAYSI in addition to the structured interviews.

Indicator (d) The Cabarrus Youth Development Center uses regular treatment meetings once a client is admitted to continually assess the client's needs and interactions. It is through this process initial assessment information is reviewed and if additional information comes to light in medical, mental health, or educational assessments or records review the scoring can be adjusted appropriately. Medical and mental health staff along with custody and education look at the resident's development. As described in Indicator (c) information used in making a determination of the client score includes information provided directly to the Medical and Mental Health staff or information from standardized assessment tools used at the facility. The Education staff can also help to identify cognitive concerns or language barriers. Both the Medical staff and the mental health staff confirmed they are aware of the PREA Screening and will communicate if additional information about the client's past could affect their scoring. Similarly, random custody staff offered they would go to the PCM, mental health or medical if they had

a concern about a juvenile's change in behaviors. As noted in the previous indicator the intake staff use a variety of sources in the completion of the screening instrument, including direct interviews with the client, information from NCDJJ and Juvenile court, and Medical and mental health providers. The Tool includes supportive language the staff are to use before asking them questions. "I am going to ask you a few questions that we ask everyone. Some of them may be personal, but our goal is to understand you and ensure you are safe here and treated fairly. Asking you about yourself is the best way for us to make sure that we understand who you are and how you would like to be treated. If you don't understand a question, we can talk about it before you answer. If you don't want to answer a question, that's ok. We'll just move on to the next one. If you want to talk about any questions at a later time, staff and clinicians are available to listen."

Indicator (e). The North Carolina Department of Public Safety completes the screening information is done on paper and the score is uploaded to the electronic case management system (NC-Join). The electronic case management 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 records are completely siloed from the custody staff in the medical records. Staff are only provided enough information as necessary to keep them safe. Information on an individual's past abuse from record to treatment disclosures would not be available to custody staff. The resident's support information is kept confidential unless someone is getting hurt. The Nurses office has locked cabinets with client records and the facility further limits who has access to these files.

#### Compliance Determination

The Cabarrus Youth Development Center ensures all residents are screened for sexual victimization and abusiveness using an objective tool. Agency policy requires that all residents be screened initially within 24 hours and all juveniles are seen by mental health in the first week in the facility. The Agency also requires rescreening by using the PREA assessment instrument every six months the juvenile is in the facility. This is also done when warranted due to a referral, request, incident of sexual misconduct, or receipt of additional information that bears on the juvenile's risk of sexual vulnerability or sexual violence. The North Carolina healthcare record system protects residents' sensitive information from disclosure. The objective tool screening tool of North Carolina NCDJJDP for has clear guidelines for its use. The tool accounts for all factors required in indicators (c). They have also implemented a system to ensure that after the initial screening, the residents are asked about sexuality, victimization history, and perceived safety. Team members were aware of resident screening and the importance of using the information. Medical staff will also ask PREA related information at the initial assessment and pass any new information back to the intake staff to ensure the screening encompasses all information obtained at intake.

Compliance was determined based on the random screens provided consistent with time requirements in the standard The Auditor worked with the facility to pick a random sample of files to ensure the screening process is completed consistent with standard expectations. Interviews with staff and residents further support that the

	<p>appropriate questions are being asked. As a treatment-focused facility mental health staff were able to describe how they use screening tools to inform treatment planning. These discussions support that the PREA score an individual has become part of the facility's overall treatment planning for the youth</p>
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<b>115.342</b>	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Initial Findings: The Auditor will further assess the use of screening upon completion of the second site visit. The facility has many of the procedures in place, and the Director has provided evidence of his required changes. The lack of out-of-room observation during the initial site visit made determining the use of screening information difficult, as such, the final determination would be made after the follow-up visit.</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Juvenile Justice Facilities Requirements and Procedures</p> <p>JDC Admissions and Assessment</p> <p>Juvenile Justice Detention Services Policy and Requirements</p> <p>Memo on Use of screening</p> <p>Training documents for staff on intake</p> <p>YD 011 Admission Screening and Placement (PREA)</p> <p>Observation of Population Board</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Facility PREA Compliance Manager</p> <p>Interview with Shift Supervisors</p> <p>Interview with Screening staff</p>

Interview with Teacher

Interview with Random Staff

Interview with Mental Health Provider

Interview with Random Residents

Population report

Observation on tour

Summary Determination

Indicator (a) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures (page 10) states, "Center management shall use information obtained to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.". The PREA screen used at CYDC provides immediate assistance in determining the appropriate housing for any new resident. The facility ensures those with a high score for the perpetration of sexual violence are placed near an individual with a known victim history. All cells in the facility are singles. Cabarrus has the ability to assess the best placement for those with sexually aggressive scoring, keeping them away from those who may have victim histories. During our tour, the facility did have some females in temporary beds on the unit with males. The Director ordered on the second day that all female residents will always be housed in individual cells and no longer in overflow spaces with males present. The facility's Juvenile Detention beds service both male and female residents. The change was made after a verbal sexual harassment statement by a male juvenile to a female resident. The facility does not have any work assignments for residents. Juveniles are not allowed to physically contact each other except during sports.

In most cases, juveniles move with residents of the same unit in both the JDC and YDC. This is the same process for school and programming. During the initial audit site visit the Auditor did not see a sufficient percentage of the population out of room to determine compliance. The Auditor was able to see more movement of the population in separate groups, which is consistent with the described process. In the JDC beds, there is some limitations; there is only one unit with female residents The leadership supports they can ensure cells are further apart if females with opposite screening scores have to be on the same unit. All residents are single-celled and are under direct staff supervision when out of their rooms..

Individuals with victimization history or perpetrating histories are provided counseling onsite by Mental Health staff or through the local rape crisis agency if requested. Agency policy requires all residents to be under the direct supervision of staff when out of their bedrooms. Staff can identify changes in behaviors or routines, individuals who may be isolating, and individuals who may be grooming or showing aggression. The Shift Supervisor described to me how each individual is

screened before assigning a room or putting them in a particular group or seat assignment. At CYDC, youth go to school with the same youth that they would do other programming or recreation with. Staff and residents confirmed that juveniles are always supervised. The PREA Compliance Manager confirms that staff is provided enough information to keep the client safe. The Auditor was able to observe staff interactions with the juveniles on the floor and in the recreation area. Staff communicated with residents directly and kept the population in front of them to ensure good visual supervision. The out-of-room area is wide open, which allows staff to see clearly across the unit without obstructions.

Indicator (b) Cabarrus Youth Development Center has not isolated any residents in the past 3 years to keep them safe from sexual assault. The CYDC was not designed with disciplinary holding units or special management units. NCDPS policy does not prohibit resident isolation but states it should only be used as a last resort to maintain safety. Policy states, "Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only when alternative means of keeping residents safe cannot be arranged. Any resident isolated for the purpose of sexual abuse prevention will receive daily visits from medical or mental health staff, have access to required educational programming, and have access to other programs to the extent possible." The Facility Director confirmed that they would not use isolation to protect an individual from potential sexual assault but instead deal with the aggressor. It would be more likely a potential aggressor would be removed to another unit or if needed the regional management team would discuss the possibility of moving a resident to alleviate the situation. Staff and administration support there are no instances where juveniles were isolated to keep them safe from the sexual advances of others.

Indicator (c) NCDJJ has two policies that speak to this indicator. The PREA policy states, "In deciding whether to assign a transgender or intersex resident to a center for male or female residents and in making other housing and programming assignments, the division shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety and whether the placement would present management or security problems." The Agency's LGBTI policy states, "how to develop trust and rapport with the juveniles and accommodate their needs within reason. LGBTQI and GNC youth shall not collectively be placed in one location and shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status. The Department shall assess the health and safety needs and risks of each juvenile and place them appropriately. LGBTQI youth shall be provided access to all spaces ordinarily accessible to other youth, including restrooms unless the youth asserts a safety concern regarding use of a particular space. REFERENCE: 28 C.F.R. §§

115.331(a)(9); 115.341-342. B. Staff shall not consider LGBTQI and GNC identification or status as an indicator of the likelihood of being sexually abusive. LGBTQI and GNC youth shall not be placed in sex offender treatment programs solely because of their SOGIE.”

The Auditor confirmed through a review of population records and interviews with random staff and residents that there is no practice of housing LGBTI residents in any particular unit because of the perception of vulnerability or aggressiveness based on gender identity. There was one LGB juvenile in the facility to interview about their perceptions. All residents are in single rooms with a toilet/wash basin and there are separate showers for males and females which by practice only allow one person at a time. Staff knew that Transgender and Intersex residents' own identification will be used to determine which room they are assigned in the population. The staff knew that an individual's identification in itself is not an indicator of them being sexually aggressive but did confirm they know from the training that the population is at a greater risk to be targets of peer aggression.

Indicator (d) The North Carolina Department of Public Safety clearly states that the Transgender and Intersex resident housing will be made on a case-by-case basis. Transgender or intersex residents' housing decisions shall be made on a case-by-case basis, taking into account the resident's views, and shall be based on protecting the resident's safety and mental health and preventing security issues. CYDC is a coed pretrial facility that must admit all individuals who have committed a crime and meet the statutory requirements for detention. The North Carolina Department of Public Safety has instituted SOGIE (Sexual Orientation, Gender Identity, and Gender Expression) questions for all residents which further helps in the identification of LGBTQI youth. Pertinent safety concerns for transgender or intersex residents can be communicated to line staff through safety plans, which are also used for medical or mental health information that line staff needs to be aware of. As noted, there were no transgender residents with whom the Auditor could interview. The PREA Compliance Manager confirmed they would notify the DJJDP PREA Office and the Western Director of Facility Operations on any admission of a transgender individual. The agency can move residents between facilities if needed, and the resident's Identification would also be a part of the discussions if the child is adjudicated to a youth development center. The LGBTI Policy defines how a committee of agency leadership will meet to discuss the most appropriate setting to house the juvenile. “Juveniles who self-identify as transgender or intersex shall be placed in a location that is consistent with their view of their own safety, absent a safety-based objection by the staff made in consultation with the Director of Facility Operations and the Director of Behavioral Health. Such safety-based objection by staff shall have a specific, documented credible basis that weighs the safety risks and benefits to the juvenile and shall not be solely based on the stated gender identity. If the juvenile is not currently at a location compatible with their stated gender identity and/or stated housing preference, they will be moved to a location consistent with their stated gender identity and/or housing preference at the most reasonable time; again, in consultation with the Director of Facility Operations and



the Director of Behavioral Health, and a safety plan shall be considered until such a move is possible. All placements of a transgender or intersex youth shall be done in consultation with the Director of Facility Operations and the Director of Behavioral Health.” The Policy goes on to address the expected actions at the facility level. “Juvenile Detention Center staff will notify the Director of Facility Operations or his or her designee upon a juvenile’s self-identification as transgender or intersex to initiate the process of assessment and housing planning. Housing decisions will be made by a multi-disciplinary team including but not limited to the Director of Facility Operations or his or her designee and representatives from clinical and medical sections. Each juvenile shall be assessed and assigned housing on an individual basis in consideration of their individual needs.”

Indicator (e) Juvenile Justice LGBTI Policy and Procedures state housing and program assignments for a transgender or intersex resident shall be regularly throughout the juvenile’s stay. The Policy states, “Placement decisions and general adjustment concerns for juveniles shall be re-assessed at the weekly treatment team meeting to review any threats to safety experienced by the juvenile. Juveniles shall be re-assessed 14 days after admission by a licensed mental health clinician to ensure appropriate adjustment, to evaluate the risk of victimization, and to provide the juvenile the opportunity to clarify any information shared upon intake and share their own assessment of their current placement. All changes in placements of a transgender or intersex youth shall be done in consultation with the Director of Facility Operations and the Director of Behavioral Health. Complaints from youth against other youth based solely on a youth’s actual or perceived SOGIE shall not be considered valid.”

The facility has not had a transgender individual in the past year. Discussions with the PCM and the Director confirm the steps that would be taken to ensure the client’s safety and comfort. The medical and mental health staff also believe they would be part of any planning meeting for transgender admissions. The facility leadership knew that if a resident stayed 6 months, a meeting should be held with the Transgender or intersex residents to review their progress, needs, and accommodations.

Indicator (f) NCDPS policy states in the case of a transgender or intersex resident, the decision about housing shall be made on a case-by-case basis, taking into account the views of the resident. There were no current transgender juveniles in the facility. Transgender individuals, like other residents, have access to weekly treatment meetings in addition to a two-time-a-year accommodation meeting. The Agency will also have meetings, as noted in indicator (d) to review each case and ensure they are available in the most appropriate environment. Mental Health Provider and PCM all confirm regular communication on a transgender youth would occur frequently. The CYDC Director’s memo on the use of scoring information supports further that all transgender residents will be handled on a case-by-case

basis, but that preference is to clothe and house the individual as they identify.

Indicator (g) NCDPS PREA policy requires “Transgender and intersex residents will be given the opportunity to shower separately from other residents.” Cabarrus Youth Development Center residents all have access to individualized showers. All juveniles reportedly shower while other residents are in the rooms. The facility practice is for one shower at a time.

Indicator (h) Cabarrus Youth Development Center has not isolated any residents.

Indicator (i) Cabarrus Youth Development Center has not isolated any residents. NCDPS policy addresses if isolation occurs, including a review at a minimum of every 30 days.

#### Compliance Determination

As discussed, the North Carolina Department of Public Safety has policies that describe the requirements of the various indicators in this standard. The facility has in place a plan to manage the population and keep potential or known aggressors away from individuals who are known potential or known victims. All residents are asked how they feel about their safety, which helps guide the placement process for housing and, eventually, programming. CYDC currently has no transgender residents. Policy language in place supports their understanding of the steps needed to protect the rights of all LGBTI residents. During the tour and subsequent movement, the Auditor was able to see how transgender residents would have privacy during shower or bathroom use. Documentation supports that LGBTI residents are not all housed in a separate unit from the general population or denied programming. There is no legal judgment requiring such a condition to exist. Line staff also understood the need to protect potential victims from potential aggressors and discussed how they get to know the resident and observe and address any behaviors during their informal and formal interviews. Facility leadership reports that known aggressors and known victims would not be housed in the same unit and that they move by the unit in school and for most programming. Unit staff have access to safety plans that can provide pertinent information without disclosing sensitive information.

The standard is determined to be compliant based on policy, supporting documents, and interviews with residents and staff. Interviews with facility and state leadership support LGBTI youth are closely monitored, and plans are made on a case-by-case basis. The Auditor finds that practices are in place to use screening information, and there is good communication about those at risk. Absent a current transgender individual, the Auditor relied on existing file documentation, interviews, and staff

	<p>reports to help in the compliance determination. The Initial concerns about compliance were resolved by the Auditor being able to see the population moving in small groups during the follow-up visit. This was consistent with what the Director had set in his memo to limit risks to individuals with positive PREA screens. The Auditor could not initially determine compliance because overcrowding and staffing shortages limited the ability to see the designed process.</p>
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<b>115.351</b>	<b>Resident reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Initial Findings: The Auditor found that not all juveniles in the facility fully understood their ability to report internally through the mechanisms in place and that, in particular, the JDC clients did not have sufficient out-of-room time to use the mechanisms in place. Juvenile in the pretrial (JDC) units were not allowed pencils in their rooms and only allowed free time out of cell time to write one day per week. As noted in 333, some resident's knowledge of the systems in place was of concern. The Auditor was concerned that the delayed ability to write someone internally or externally would prevent a timely report.</p> <p>The NCDJDP PREA Office has worked with the facility to resolve this issue. JDC juveniles can now have access to rubber writing implements that would allow them to file complaints in a timelier fashion. The Director has also ordered a change in the use of privacy screens on bedroom windows that would ensure all residents can see when supervisory staff come into the units if they prefer to discuss concerns with them instead of the line staff working the unit. During the Corrective Action Period, the facility developed ways for kids to have better access to writing implements.</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>DJJ PREA Brochure</p> <p>Juvenile Detention Policy</p> <p>New Employee Manual</p> <p>JJ PREA Posters</p> <p>Fraud Waste and Abuse hotline poster</p> <p>Photos of grievance box</p>

Rack Card with information on using the Black box

NCDPS PREA Hotline

Juvenile Intake and Comprehensive education videos

Individuals interviewed/ observations made.

Interview with Random Staff

Interview with Random staff

Interview with Ester House of Stanly County representative

Interview with Atrium HealthHospital representative

Observation on tour

Interpretive contract information in 115.316

Summary Determination

Indicator (a) The agency PREA policy (page 14) covers reporting and ensures each facility administrator has multiple ways for residents to report a concern related to sexual abuse, sexual harassment, retaliation, or staff neglect that contributed to abuse. The Policy states, " A resident may report sexual abuse to any employee. An employee that receives an allegation of sexual abuse or possible sexual abuse from any source, whether verbally or in writing, shall immediately notify the senior person in charge on campus, complete a written statement for an incident report, and initiate a Sexual Abuse Incident Response Checklist. The senior person-in-charge on campus shall ensure that the incident report is completed through the Tracking and Reporting of Incidents (TROI) system." The Auditor reviewed the intake packet and all signage in the facility related to PREA and how to report a concern. The Auditor was able to see postings throughout the facility. The information was available at the appropriate reading level for the population served. The teacher spoke with reports they can provide direct assistance once they identify the child with reading or language barriers. In addition to the signage on reporting, the Auditor found the Audit notices posted in common space available to residents, staff, and visitors.

Random residents' interviews confirmed that they know there are multiple ways to report a concern within the facility or to the Department of Juvenile Justice's central office. Residents knew of the postings on the walls of the units and information on how to report a concern in the PREA Brochure for residents. Residents described options to report a concern, including directly to a staff they trust to a teacher or medical or mental health staff, by writing the Facility Director. , It should be noted residents supported they have comfort with going to line staff to report a concern.

The facility also provides pre-addressed envelopes for mailing internal or external agencies about PREA concerns that the residents pointed out to the auditor in our discussions. Residents report they can have access to a pencil to write a letter to any other individuals listed on the mailboxes. The envelopes are pre-addressed and have a form inside to use to write on if they want to report a concern or make a request. Envelopes include the Director, the PREA Office, the Deputy Director of Juvenile Justice, and the local DSS office.

Residents can also make calls, including to the PREA Office. The PREA Coordinator confirmed no claims were filed through the PREA Hotline for CYDC or by mail. Residents understood the meaning of zero tolerance and that in addition to sexual abuse or harassment, they could also report retaliation if they file a claim. No resident in the current population expressed in the interviews that they had reported a concern related to sexual abuse or sexual harassment. The residents spoken with did feel if something was happening and they went to staff, they would be protected.

Indicator (b) The North Carolina Department of Public Safety has set up a way in which residents can report a PREA concern to an outside agency. The phone numbers for the local DSS are on the PREA poster, and the residents have pre-addressed envelopes to DSS in each housing unit. Residents were aware of these options and stated they could call attorneys or family members to report a concern. CYDC does not house juveniles for civil immigration violations. Residents also understood the complaint could be made anonymously or they could report on behalf of another juvenile if they were too afraid. The Auditor had Cabarrus YDC juveniles explain to me about the black box and mail process consistent with what was explained on the tour. The Juvenile reported that they can ask for a writing implement and can use the envelopes to ask to speak with the Director or other individuals inside or out of the building. The residents believe only the Supervisors or the Director can open the box. The Director reports that information from the box is kept confidential, and if there was a PREA-related allegation, it would become part of the investigative file, which would be limited to him and another trained investigator in the facility. As noted above, interviews with Cabarrus JDC residents did not support compliance as a box was missing on one unit, the residents did not have access to writing implements, and their knowledge of reporting was lacking. The Auditor confirmed the box was replaced during the follow-up site visit and that JDC residents have access to pencils in and out of their rooms. Interviews and informal interactions with residents supported a significantly better comprehension of the reporting process. The JDC residents, like the YDC residents, confirmed that sexual violence at the hands of other residents or staff is not a worry to them.

The Auditor contacted the local Department of Social Services, who confirmed that they can receive calls related to juvenile maltreatment at a detention center,

including sexual misconduct. The Agency has not had any reported allegations on sexual misconduct issues. The DSS representative did report that some residents may have a DSS worker who may see the child at the facility as another possible reporting avenue. She also confirmed any allegation would be reported to NCDPS and the local police. All phone calls are required to be dialed by staff to ensure they are only communicating with approved individuals. The NCDJJ detention policy directs staff not to listen in on the specific conversations of juveniles. "A staff member shall place all calls for the juvenile and supervise, but not monitor, conversations.'

Indicator (c) NCDPS policy addresses the indicator when it states, "Any employee who receives an allegation or has knowledge of sexual abuse or possible sexual abuse or harassment and fails to report the allegation as provided in this policy or DJJDP 6, Reporting Abuse and/or Neglect, or fails to initiate a Sexual Abuse Incident Response Checklist, will be subject to disciplinary action up to and including dismissal. The staff has a duty to report any allegation that residents are having sexual relationships with other residents or with staff, as well as a duty to initiate the PREA Sexual Abuse Incident Response

Checklist (Form YD 001)." Random staff knew 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, it needs to be reported. The staff also confirmed that they were required to file a written report on the claim after giving notice to a supervisor. Finally, the staff also confirmed they had to report a fellow employee's actions or failure to act that leads to a sexual assault. Staff reported verbal notification to a supervisor was required as soon as possible and that an incident report must be filed before the end of the shift. The random staff statements were consistent with the language in DJJDP policy and this standard indicator. The Auditor also tested that the outside reporting number was consistent with the local DSS reporting and sent an Email to the state abuse and fraud line and received confirmation from the PREA Office of DJJ.

Indicator (d) The Auditor confirmed with residents how they could file a written complaint on PREA through the grievance system or in-house mail to a staff person they trust. They also were aware they could write to outside agencies and most understood the meaning of privileged correspondence. As noted above the Auditor saw the mailbox system on the housing unit used to send internal or external mail. Below the black box were pre-labeled envelopes to internal and external reporting options, including the Director, the State PREA Coordinator, and the Local DSS office. CYDC PREA Compliance Manager also confirmed how a client reports a concern and how the administration would be notified of any claims. Residents now all report they can ask for a pencil to write letters and that they can put the envelope in the Black box. There were concerns in these areas previously, as noted above. The Auditor confirmed that this was explained to them on the first day. The

Detention Services Policy reviewed by the Auditor also confirms the juvenile right to contact outside government officials and Approved Juvenile Contact under the section on telephone and mail correspondence, The Policy states, "Juveniles shall be permitted to send mail directly to, or receive mail from, the following individuals at all times:

- a) the Governor of North Carolina;
- b) any federal and state court officials;
- c) any members of the North Carolina General Assembly;
- d) the juvenile's attorney;
- e) Court Counselors; and
- f) Any DPS/Juvenile Justice Department Officials.

NOTE: Juveniles shall be assisted by staff in writing or reading written correspondence, upon request"

The Facility Director confirmed that Ester House Centers would be treated the same under this policy.

Indicator (e) The Cabarrus Youth Development Center staff has multiple options 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 to a higher-ranking individual, they can make a report using either the posted phone numbers, The North Carolina DJJDP PREA office or DSS. 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 Auditor was also provided a PREA informational brochure that describes how staff and volunteers can report a concern. Staff interviews support that the PREA training provided instructs them that they can use any of the same ways a juvenile could internally or externally the agency. Internally, they knew they could go to the Director or the Regional Director in addition to the use of the hotlines. They reported they could notify DSS or the local police if they believed a staff person was engaged in sexual misconduct with a juvenile. In addition to PREA, training staff on how to report concerns is also covered in NCDPS New Employee Orientation reportedly.

#### Compliance Determination

North Carolina Department of Public Safety and CYDC Juvenile Justice facility's Sexual Abuse and Harassment Policy and Procedures outlines the requirements of this standard. The facility's admission packet provides information on how to report a concern, and posters throughout the facility all give direction on the importance

and methods of reporting sexual abuse and sexual harassment. The signage was in English and Spanish, the most common language spoken by the families of the Juveniles. 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. Staff were aware that failure to report an incident is grounds for termination, and the law considers them mandated reporters, which requires notification to DSS. Residents interviewed were aware of multiple ways to report, including telling staff, calling the hotline to one of two numbers, mail administration or the Department of Social Services, completing a grievance form, or calling or writing the local rape crisis agency. Residents spoken to formally and on tour reported comfort in speaking with staff, including the unit staff, if they had concerns. 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 tested the critical reporting functions and found that the numbers listed were accurate and the systems in place to receive third-party allegations were operational.

During the Corrective Action Period, the facility has implemented improvements to address the resident education concerns in the Detention Units. They have implemented new initial and follow-up education, replaced missing reporting boxes, provided access to pencils and paper and increased access to staff and supervisors to report a concern by providing more out-of-room time. The Auditor finds compliance with standard provisions based on the policy, documentation provided and viewed on the tour, testing reporting methods, and interviews with random staff and residents initially and during the Corrective Action Period. The Auditor also considered interviews with the PREA Compliance Manager, Facility Director, and PREA Coordinator and observation of the unit functioning.

<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>PREA Policy 100</p> <p>PREA Policy 200</p> <p>PREA Policy 300</p> <p>YD-6 NCDPS Juvenile Justice Grievance Policy</p>



Resident orientation pamphlet

Non-disciplinary Grievance form

Photos of grievance box

Rack Card with information on using the Black box

Individuals interviewed/ observations made.

Interview with facility PREA Compliance Manager

Interview with Facility Director

Interview with Random Residents

Observation on tour

Summary Determination

Indicator (a) The Cabarrus Youth Development Center is not exempt from the standard; Residents can file a grievance on conditions that violate their rights or prison rules. Sexual misconduct is a reason for which a resident can file a grievance. In the 12 months before the site visit, there were zero sexual assault or sexual harassment claims filed through the grievance process. The Auditor did find in the one Juvenile Detention Unit the box was off the wall. The PCM replaced the box. As required in 115.351 residents were educated again on the box purpose which includes not only grievances but as the primary mechanism for internal or external mail regarding any concerns.

Indicator (b) Agency policy supports the resident can file a grievance to a person who is not the subject of the grievance, and there is no time requirement for filing a PREA Grievance. There is also no requirement to resolve the situation through an informal process. Agency Policy sets forth these conditions and informs them of the confidential nature of the process. The Policy states that no grievances related to allegations of sexual abuse will ever be denied, the policy goes on to state these grievances will be handled automatically as an emergency grievance. "Emergency grievance: If a grievance alleges that a juvenile is at substantial risk of imminent sexual abuse, the director shall take immediate corrective action and provide an initial response to the juvenile within 48 hours of receiving the grievance. The Center Director/designee shall provide a final determination of whether the juvenile is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance within 5 calendar days"

Indicator (c) The facility has several steps in place to help juveniles in making grievances. Each housing unit has a secure black box in which grievances or in-house mail to administration can be entered. The facility limits access to this box to administration and provides envelopes so residents can send sealed mail. If the person who handles grievances is the subject of the complaint, consistent with agency policy, the residents can send the grievance directly to the facility administrator. The Facility Director and a PREA Support Person did not report receiving any PREA-related grievances. NCDJJ grievance policy states, "A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. Such grievance is not referred to a staff member who is the subject of the complaint."

Indicator (d) Chapter 6 of the agency policy manual addressed the agency's internal grievance process. The policy sets forth the requirements for response and appeals consistent with the standard, including 90 days from submission and requirements for notification on extensions. At North Carolina facilities, all PREA-related notifications would be completed by the assigned PREA Support Person. The Director believes that grievance responses will generally be done much quicker than 90 days.

Indicator (e) NCDJJ policy addresses the concerns of this indicator. "Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, and parents/legal guardians shall be permitted to file a grievance on behalf of or assist residents in filing grievances relating to allegations of sexual abuse." Residents spoken to by the Auditor confirmed that there is no prohibition on assisting or filing a grievance for another resident. Most residents did not pick grievances as an option for reporting a PREA concern without prompting. Most residents identified direct communication with staff, and administrators or calling the PREA Hotline. Staff were also aware they need to accept all complaints or grievances from third-party individuals.

Indicator (f) As noted in indicator (b), any grievance where there is an imminent risk for sexual misconduct requires immediate notification to the facility's chief administrative officer and it will be handled as an emergency grievance. The policy states, "Emergency grievance: If a grievance alleges that a juvenile is at substantial risk of imminent sexual abuse, the director shall take immediate corrective action and provide an initial response to the juvenile within 48 hours of receiving the grievance. The Center Director/designee shall provide a final determination of whether the juvenile is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance within 5 calendar days." There were no incidents in which an emergency grievance was filed in the last 12 months. Discussions with both the Facility Director and the PREA Compliance Manager support an expectation of an immediate response to any claim of sexual

	<p>misconduct, including grievances focusing on providing the victim safety without the use of isolation. Indicator (g) Residents 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 formal grievance process. Agency policy (PREA pg 13) states, "A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation." There were no instances in which grievances were filed in bad faith. Juveniles spoken with were able to describe the discipline process at the facility for lying and recognize that false allegations related to PREA would be taken seriously.</p> <p>Compliance Determination</p> <p>Cabarrus Youth Development Center is not exempt from the exhaustion of administrative remedies. The North Carolina Division of Juvenile Justice and Delinquency Prevention has created a policy that promotes the use of a grievance process. The policy states, "Complaints and grievances are confidential. Only those persons necessary to resolve a complaint or grievance, or group of complaints or group of grievances (trend), should be informed of the content. In resolving the issues, parties necessary to the communication and resolution of the issue are notified. Complaint Process (conversation, written letters) Formal Grievance Process (Grievance submitted on a DJJ Grievance Form). The complaint and grievance processes shall be administered in such a manner as to promote a dialog between staff and juveniles, where the juvenile will not fear reprisal (revenge/punishment) for conveying a complaint or making a grievance. Confidentiality serves this end." With no PREA Grievance to review, compliance determination relied on the policy and interviews with the Facility Director, PREA Compliance Manager, a PREA Support Person, and the residents who were aware the grievance process was a possible avenue to report a sexual misconduct concern.</p>
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<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>PREA Brochure</p>

MOU with Ester House

NCDPS - Detention Services Policy and Procedure

Memo on professional visits

Photos of visiting area and rules

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with Facility Director

Interview with Ester House of Stanly County Representative

Observation on tour

Signage in the facility

Posting of phone numbers throughout the facility

Summary Determination

Indicator (a) The CYDC provides access to the local rape crisis agency Ester House of Stanly County. The Auditor also spoke with representatives of Ester House of Stanly County that reports they can provide support to the population. The umbrella rape crisis agency in North Carolina Coalition Against Sexual Assault. (NCCASA) can also provide access to services in the facility and provide a network of resources for youth leaving custody to other parts of North Carolina. The RCC agency's employees are granted professional visitor status which allows for confidential communication. This means that calls are not recorded, the mail is not read, and visitation can be private. The CYDC does not hold juveniles for civil immigration violations. The facility has postings to inform residents how to access legal assistance. The Ester House of Stanly County staff confirms they can provide all the services required, including accompaniment for hospital and legal interviews as well as supportive counseling and referral. The Auditor used the space that is provided for professional visits during the Audit. The facility as noted in the prior standard has several postings with information on accessing the local rape crisis agency. The Director and PCM confirmed that communication would be treated like any other professional communication and not be monitored. The Phone system does not record calls of Juveniles and the residents report that after the phone is dialed by staff they give them some space to allow for privacy. The mail is also considered confidential requiring it to just be opened in front of staff and the contents are shaken out to ensure no contraband but that staff does not read the mail. The Auditor reviewed the mailing address and phone numbers listed to ensure they matched the local agency information from their website.

Indicator (b). All residents are informed at the inception of services that confidentiality is limited when there is an individual who has been victimized in the institution. All Cabarrus Youth Development Center residents sign acknowledgment forms on confidentiality limitations. Healthcare staff report residents are educated on confidentiality as part of their service introduction for both medical and mental health services. Juvenile calls are not recorded but are completed in an area near the office desk or they can request to make the call with the Health Services Coordinator. Juvenile understand the limitation of communication with mental Health Staff and the local rape crisis agency. They can use the phone on the housing floor but many reports if they wanted to speak to the Ester House of Stanly County they be able to make the call in the room used for Video court and lawyer calls. As noted previously the agency policy directs staff to supervise but not monitor the content of the communication. The Director reports professional calls do not have time limits.

Indicator (c) The CYDC has a Memorandum of Understanding with the Ester House of Stanly County which covers providing victim services including emotional support to victims of sexual abuse. A review of the MOU shows the document outlines what each party agrees to provide as part of the agreement. The agreement is current and an interview with the Ester House of Stanly County representative confirmed the relationship and what services are provided to victims of sexual abuse. The NCDJJ PREA Office has a relationship with the state-wide rape crisis agency North Carolina Coalition Against Sexual Assault (NCCASA). There have not been reported cases in which a resident of Cabarrus Juvenile Detention has engaged in services with the Local RCC as a result of abuse in the facility or elsewhere in their lives.

Residents knew they could ask to speak to the mental health clinical staff who if not on site and communicate through a video telehealth set up in the facility.

Indicator (d). CYDC provides the residents with an understanding of the levels of confidentiality in their communication with legal representatives or their parents. During COVID-19 the facility began to use video for court and visits from attorneys. The residents understand these restrictions and that even during the phone call, staff can only hear their side of the question. Residents support that the staff does not hover while they are on calls or when visits occur. The detainees are not limited to the mail they can send. Resident phone calls are made at no financial cost to the youth or their families. As noted many reporting options have pre-addressed envelope for the Juveniles to use.

#### Compliance Determination

Resident victims at CYDC can access victim advocates for emotional support. The agency has entered into a Memorandum of Understanding with the Ester House of Stanly County to provide support to victims (Indicator (c)). As part of the audit process, the Auditor spoke by phone to Ester House of Stanly County representatives who confirms their ability to provide service to the CYDC facility. The

	<p>PREA Brochure and signage throughout CYDC had a toll-free number for residents to access from the unit phone in the facility or with their case manager. The posting and expect respect brochure informs residents they can call or write to outside agencies who could come to the facility to provide services as a professional visit. Residents could identify how confidential the communication is within the facility, including mail and telephone contacts. Residents also knew that outside counseling staff could be spoken to in a professional visiting setting. The Auditor could see, posters for the local Rape Crisis Agency, NCCASA, and legal assistance for those detained. All indicators of this standard were covered in policy that supported compliance and the documentation visible on the tour and through interviews with residents and outside organizations. The Auditor suggested discussions between the facility and the local RCC to see if there are outreach programs that could benefit juveniles, and staff and ensure continued communication between the agencies.</p>
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<b>115.354</b>	<b>Third-party reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>North Carolina DPS Website</p> <p>PREA Posters on Housing units and lobby area</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Observation on tour of reporting information</p> <p>Summary Determination</p> <p>Indicator (a) NCDJJ PREA Policy (pg 14) policy addresses the requirement of this standard. "Third Party Reporting: All third-party reports of resident sexual abuse or harassment will be responded to and investigated. All parents/legal guardians are provided multiple methods to report. Additionally, there is a reporting link on the DPS public website." North Carolina Department of Public Safety has developed a mechanism for individuals who want to report PREA concerns as a third party, be they fellow residents, family, or friends. Information can be given in person, by</p>

phone, by mail, or by contacting the agency PREA Coordinator through the agency website North Carolina.Gov. There is information directing residents in the PREA brochure, PREA poster, resident handbook, and on the website noted above. The residents are provided information on how to send complaints to the Department of Social Services. Staff was aware that they must take all reported concerns about PREA potential violations, including from third parties. The facility phones allow for residents to dial out with the help of staff to the advocates or the North Carolina DJJ PREA Coordinator. The North Carolina Division of Juvenile Justice and Delinquency Prevention policy addresses the requirements of this standard. The Auditor called the tested the third-party reporting system listed on the agency poster and the PREA Coordinator received the message. The Auditor observed information posted in the entrance area through which all visitors must enter and in the main unit room where visits occur. There were no visitors on site but the information was posted in some locations accessible by the public. The Auditor requested some increased documentation in the visiting area. The Auditor also confirmed the information on the agency website was accurate and tested the reporting mechanism.

**Compliance Determination**

North Carolina Department of Public Safety has put in place multiple resources of residents and families to report a PREA-related concern. Absent a PREA complaint, compliance was based on policy and the systems North Carolina DJJDP has put in place to support residents and that residents were aware they could make a complaint on behalf of another resident.

115.361	Staff and agency reporting duties
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities: Sexual Abuse and Harassment Policy and Procedures</p> <p>DPS PREA 200 Policy</p> <p>DPS PREA 300 Policy</p> <p>Juvenile Justice Facilities: Reporting Abuse and Neglect</p> <p>Juvenile Retaliation Form</p> <p>First Responder Checklist</p>

Senior Person Checklist

Incident Report Tracking form

NC Statute 14-43 (child abuse reporting requirements- reviewed online)

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with random staff

Interview with facility Investigator

Interviews with Medical and Mental Health staff

Interview with DSS representative

Summary Determination

Indicator (a) In several parts of the Agency's PREA policy, the Abuse and Neglect policy and North Carolina Statutes direct staff to report all knowledge or suspicion related to sexual misconduct against a resident. The agency's policy on abuse and neglect states it has "Juvenile Justice maintains a zero-tolerance policy towards all forms of abuse and neglect and stands committed to a culture of safety and security. Any staff member, who has cause to suspect or receives any information that possible abuse and/or neglect of a juvenile occurred while in the physical custody of Juvenile Justice, while under the direct supervision of Juvenile Justice, or occurring in or on Juvenile Justice-operated facilities/grounds or Court Counselor offices, must take immediate action and adhere to the procedures outlined within policy and standard operating procedures to ensure the safety of juvenile(s) and compliance with required reporting. For all incidents involving suspected or alleged sexual abuse of a juvenile in the physical custody of or while under the direct supervision of Juvenile Justice, reference sectional PREA policies (Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Court Services Juvenile Sexual Abuse and Harassment Policy." The agency PREA policy also defines further step to be taken including mandating the use of checklist/tracking forms and notifications to be made to the state's Department of Social Services which receives and investigate all abuse incidents of children. The Policy also notifies staff that failure to report can lead to termination. The policy states, "Staff has a duty to report any allegation that residents are having sexual relationships with other residents or with staff, as well as a duty to initiate the PREA Sexual Abuse Incident Response Checklist (Form YD 001). The senior person in charge has a duty to initiate the PREA Sexual Abuse Incident Response Checklist (Form YD 002). All reports of sexual abuse, or sexual harassment, however made, are to be forwarded to the Center Director (following the chain of command) and the PREA Office immediately. Failure



of staff to report alleged incidents of sexual abuse or sexual harassment will subject the non-reporting staff member to disciplinary action up to and including dismissal. Staff may use the DPS PREA public site to report allegations. NOTE: Sexual harassment is considered neglect and is reported to DSS and investigated by the Department of Public Safety.”

All instances of alleged or suspected abuse/neglect are according to staff reported to DSS and recorded in TROI Report. The staff interviewed by the Auditor were clear that knowledge of misconduct by staff through actions or inactions leading to abuse must be reported. All the staff understood their responsibilities under North Carolina law as mandated reporters of abuse and neglect. The Auditor reviewed state laws on abuse reporting requirements.

Indicator (b) NCDJJ policy Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures states, (on page 14), that all reports of abuse will include reporting the incident to the Department of Social Services (DSS). As noted in Indicator (a) the agency’s Abuse and Neglect Policy also sets forth this requirement. Random staff interviewed were aware of the requirement and the Auditor was provided with examples of the NCDJJ PREA Incident Checklists which remind staff to notify DSS and local police on all allegations of sexual abuse and on any allegation of sexual harassment if a staff person is the alleged perpetrator. The Auditor found DSS and Police notification requirements on all three checklists, review state statutes online, and confirmed with DSS representatives the expectations.

Indicator (c) Random staff were aware of the importance of keeping information disclosed by a resident to those with a need to know such as the Supervisor on duty, and appropriate medical or Mental Health staff who may respond. The NCDPS PREA Incident Checklist (item 5) reminds staff that all allegations are reported to the senior person in charge. “Notify the senior person in charge. All information is confidential and kept on a need-to-know basis. All involved staff remains present until released by the senior person in charge The information about the incident is confidential and should only be shared on a need-to-know bases.” The line staff and supervisory staff spoke with confirmed the expectation of that confidentiality must be maintained.

Indicator (d) As noted in previous standards, the medical and mental health staff ensure client confidentiality unless there is a risk that another could impact the safety of individuals. Staff report residents are informed that they understand the limits of confidentiality with medical and mental health upon initiation of services. As noted in indicator (b), North Carolina state law requires notification of the Department of Social Services for any abuse of juvenile residents. Medical and mental health staff were able to discuss the requirements for informed consent and how they notify all residents at the initiation of services on the limitations of their

confidentiality. Interviews with residents also confirmed they understood that the nurse or the clinical staff would have to report any time someone was a victim or at risk of being abused.

Indicator (e) Agency PREA Policy (page 22) sets forth the obligation to notify the parent or legal guardians of any allegation of sexual assault. It states, "Ensure appropriate signed individual consent forms are obtained for participation in the acute medical evaluation, the comprehensive medical evaluation, and/or the forensic mental health evaluation. The limitations of confidentiality must be explained to the alleged victim and/or the parents and/or the legal guardians at the time that consent is signed." A review of the incident tracking form show where staff is to document when DSS, Parent/Guardians, Court Counselor, and their Social Worker. Discussions with staff and DSS representative confirmed there is youth with a variety of guardianship situations who could be in a Juvenile Detention Center.

Indicator (f) Agency Policy and the review of all three incident checklists confirmed that the facility investigator must be informed of any allegations. The Shift Supervisors knew that they would notify the Director and the Nurse who in addition to their respective roles are also Administrative Investigators of PREA incidents. The NCDJJ TROI system would also create an immediate notification to the individual in DJJ who would assign an investigator if one was not available or there was a concern on the perception of a conflict of interest. Discussions with agency administration confirmed that in an allegation against staff the investigator assigned to do the administrative investigation would likely come from another facility.

#### Compliance Determination

NCDJJ has multiple policies and statutes that direct staff in the handling of a report of Sexual Assault or Sexual Harassment. Random staff interviews confirmed that staff are aware of the immediate need to report all accusations of sexual assault or sexual harassment. They knew this included a third party and anonymous complaints and accusations that may not be true. The staff interviewed knew they also had to report on a coworker whose actions or inactions lead to a sexual assault. Staff were aware of the importance of timely reporting and the need to provide confidentiality about information. Staff were aware that exceptions are when reporting to supervisory staff, investigative staff, or information needed to secure treatment or provide for the safety/security of others.

The facility's Medical and Mental Health staff were aware of the timely reporting concerns. Supervisors also know to contact the resident's parent/guardian, facility and agency Administration, local law enforcement, and the Department of Social Services. The juveniles spoke with understood the limitations of confidentiality on information about ongoing or past abuse. The above-stated facts support

	<p>compliance and that the staff has a clear understanding on the responsibility to report a concern related to PREA. The Auditor also considered, absent a PREA allegation, the various checklists that would guide staff response and ensure the indicators of this standard are met.</p>
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<b>115.362</b>	<b>Agency protection duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>DJJ PREA 200 Policy</p> <p>DJJ Grievance Policy</p> <p>PREA Tracking forms</p> <p>Population report for Cabarrus Juvenile Detention Center</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the Agency Head representative</p> <p>Interview with Facility Director</p> <p>Interview with Random Staff</p> <p>Summary Determination</p> <p>Indicator (a) The Cabarrus Youth Development Center has had no incident in which they enacted steps to protect a resident in imminent risk of sexual abuse. Interviews with the Facility Director and the Agency Head's designee support a commitment to the safety of all juveniles served in DJJ facilities. The Cabarrus Youth Development Center has multiple units in both its pretrial population and its sentenced population to allow appropriate separation. The Director can also work with the Regional Director to move individuals if there was safety concerns not</p>

easily resolved in the facility. The facility can place youth at risk on a safety plan to allow him to move separately from any individual or group of aggressors. If the facility believes a resident might be at risk, the facility can place them on what is described as almost a one-to-one for extra support. DJJ PREA Policy 200 sets forth staff obligations to act to protect residents. "When an employee, volunteer, contractor, or custodial agent learns that an offender, resident, or safekeeper is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the offender, resident, or safekeeper." Random staff knew the expectation was to respond immediately, protect the resident, and notify appropriate supervisors to ensure the concerns can be investigated.

**Compliance Determination**

The Cabarrus Youth Development Center administration and the North Carolina Division of Juvenile Justice and Delinquency Prevention administration are verbal about their commitment to resident safety. They both support that they have options to protect a resident from potential abuse. Interviews with facility and agency administration supported the ability to be responsive to individuals who were at risk of abuse in addition to those who may have been the victims of abuse. Random staff interviewed identified what to do in situations of imminent risk, including immediate separation of parties, increased contact, support to the residents, notification up the chain of command, and documentation of the incident. Compliance was determined based on the interviews with Administration and line staff. The Auditor also took into consideration that residents expressed staff were approachable and believed staff would take a complaint seriously and maintain their safety.

115.363	Reporting to other confinement facilities
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Memo on no notifications</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p>

Interview with PREA Compliance Manager

Interview with Facility Director

#### Summary Determination

Indicator (a) The North Carolina Division of Juvenile Justice and Delinquency Prevention Policy outlines the requirements if an individual discloses at one facility that they were previously victimized at a prior juvenile correctional facility. The policy requires the notification is made to the state PREA Coordinator and the facility administrator or designee. There was no reported incident of sexual abuse allegations made while the resident was living at another facility. Interview with the PREA Compliance Manager and the Facility Director support that has the culture in place to ensure all allegations, including ones that occurred in another setting, are reported promptly. The Facility Director knew that residents who disclose abuse at another facility must be reported the facility Head of that other facility. Agency PREA 200 policy (page 6) states, "C. Reporting Allegations of Sexual Abuse and/or Sexual Harassment that Occurred at a Prior Adult Correctional or Juvenile Confinement Facility

1. Upon receiving an allegation that an offender, resident, or safekeeper was sexually abused and/or sexually harassed while confined at a prior adult correctional or juvenile confinement facility, the Facility Head that received the allegation shall notify the DPS PREA Office and the Facility Head or appropriate office of the agency where the alleged abuse occurred.
2. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.
3. The Facility Head shall document such notification by completing a memorandum to file and uploading it into the correspondence tracking system (CTS) for adult offenders or NC-JOIN for juvenile residents.
4. Upon receiving notification from another facility or agency that an allegation of sexual abuse and/or sexual harassment has been reported, the Facility Head shall ensure the allegation is investigated in accordance with the DPS-PREA-200 PREA Investigations policy and applicable Division policies."

Indicator (b) The PREA Coordinator, PREA Compliance Manager, and Facility Director were all aware in their formal interviews that notifications to outside facilities should be made as soon as possible but no later than 24 hours which exceeds the standard requirement of 72 hours. There were no such reported incidents for the Auditor to review.

	<p>Indicator (c) Agency policy, as stated in indicator (a), requires notifications to be documented. Since there were no incidents, the Auditor relied on policy and the knowledge of the individuals interviewed.</p> <p>Indicator (d) Documentation was provided that there were no outside reports of sexual assault of a former resident from another facility. The facility Director confirmed, consistent with the policy, that all outside allegations will result in an investigation.</p> <p>Compliance Determination</p> <p>North Carolina Division of Juvenile Justice and Delinquency Prevention policy addresses the requirements of reporting to other confinement facilities of incidents of sexual assault that had occurred in those facilities. The policy requires that at all facilities, notification is done in writing and within 72 hours. Interviews with the facility Director and PREA Coordinator confirmed they were aware of their responsibilities, including the documentation of notifications. Absent a current case, compliance with this standard was based on the agency policy, the Facility Director, and the PREA Compliance Manager’s knowledge of their responsibilities.</p>
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<b>115.364</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>NCDJJ PREA Incident Checklist (first responder, Supervisor, Incident Checklist)</p> <p>NCDJJ PREA Training Outlines (first responder duties)</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with investigative staff</p> <p>Random staff</p>

## Summary Determination

Indicator (a) There was only one allegation made to staff at Cabarrus Youth Development Center who immediately reported the allegation of which they were the subject of the complaint to their supervisor. In the initial Discussions with the resident, they recanted the allegation stating they were upset with the staff for other reasons. Though the local police were informed they did not believe there was enough for a criminal case to be opened. The Director confirmed that further investigation including video reviews supported a finding of unfounded. The Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures (pages 20-21) covers the requirements of the first responder duties, including 1) separating victim and alleged abuser 2) preserving and protecting the crime scene 3) directing the alleged victim on protecting evidence until they can be transported for forensic examination 4) ensure the alleged abuser also does not take actions to destroy evidence. The Policy states, "Upon learning of a concern for sexual abuse, involving a resident(s) within a center, the first responding staff member shall be required immediately to:

A. Alert local Emergency Medical Services (911) if the alleged victim(s) is exhibiting signs of obvious life-threatening injury and/or significantly altered mental state;

B. Separate the alleged victim(s) and the alleged aggressor(s);

C. Use the Sexual Abuse Incident Response Checklist to guide all subsequent actions; REFERENCE: Sexual Abuse Incident Response Checklist (Form YD 001 for first responders, and Form YD 002 for senior person in charge)

D. Immediately inform the senior person in charge of all knowledge, suspicion, and/or information pertaining to:

1. Sexual abuse, involving a resident(s) within the center,

2. Retaliation against resident(s) or staff who reported concerns of sexual abuse, sexual harassment, and/or voyeurism involving a resident(s) within the center, and/or

3. Staff neglect/violation of responsibilities that may have contributed to an incident and/or retaliation; and

4. Preserve and protect the potential crime scene(s) until the formal investigation is initiated.

E. Request that the alleged victim (resident) avoid actions that could destroy (potential) physical evidence, including:

1. Washing (including hands and face),

2. Bathing (including body and anogenital areas),

3. Brushing teeth/flossing teeth/gargling,
4. Changing/removing clothing,
5. Urinating/defecating,
6. Removing a tampon and/or sanitary pad,
7. Cutting/trimming/cleaning fingernails,
8. Smoking/chewing tobacco, and
9. Drinking/eating/chewing gum.

F. Request that the alleged aggressor avoid actions that could destroy (potential) physical evidence, including:

1. Washing (including hands and face),
2. Bathing (Including body and anogenital areas),
3. Brushing teeth/flossing teeth/gargling,
4. Changing/removing clothing,
5. Urinating/defecating,
6. Removing a tampon and/or sanitary pad,
7. Cutting/trimming/cleaning fingernails,
8. Smoking/chewing tobacco, and
9. Drinking/eating/chewing gum.

Note: First responders (senior person in charge and staff) are prohibited from revealing any information regarding the alleged sexual abuse, of a resident of a center unless expressly required to secure the immediate safety of a resident, and/or to meet mandated investigation, evaluation, intervention, and/or treatment requirements as established by state, local, and/or NC law and/or policy.

G. Inform the center nurse or human services coordinator regarding all knowledge, suspicion, and/or information pertaining to sexual abuse involving a resident(s) of that center during regular business hours (If the initial concern is reported after regular business hours, the senior person in charge, or his/her designee, shall report all concerns by the next business day).

H. Inform the Health Services Manager regarding all knowledge, suspicion, and/or information pertaining to sexual abuse involving a resident(s) of a center during regular business hours (If the initial concern is reported after regular business hours, the senior person in charge, or his/her designee, shall report all concerns by the next business day).



I. Inform the center clinical lead or designee or Director of Behavioral Health regarding all knowledge, suspicion and/or information pertaining to sexual abuse, involving a resident(s) in that center, during regular business hours (If the initial concern is reported after regular business hours, the senior person in charge, or his/her designee, shall report all concerns by the next business day).

J. Inform the appropriate local department of social services (in the county associated with the center of concern) regarding all knowledge, suspicion and/or information pertaining to sexual abuse, involving a resident(s) of a center, and JJ staff, contractors, and/or volunteers.

K. Inform the alleged victim's parents and/or legal guardians of all concerns pertaining to possible sexual abuse, involving a resident(s) within a center, and the timing/location of all evaluation referrals.

Note: If the alleged victim is under the guardianship of the North Carolina child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents and/or legal guardians.

Note: The senior person in charge and staff are prohibited from revealing any information regarding the alleged sexual abuse of a resident of a center unless expressly required to secure the immediate safety of a resident, and/or to meet mandated investigation, evaluation, intervention, and/or treatment requirements as established by state or local law or policy, or by NC DPS policy.”

The Auditor reviewed the corresponding first responder’s checklist which provides brief reminders on the steps to be taken.

“1. Record all information about the incident to be provided to the PREA investigator (e.g. date & time the incident was reported, name of person making report, If known: date/time of alleged incident, location, name of victim, name of assailant, names of witnesses.) Do not ask questions that can impede the investigation.

2 Follow PREA Medical Protocol ( if applicable) a. Notify center nurse, human services coordinator, center director or supervisor (based on availability at center) Name of person notified \_\_\_\_\_ b. Provide medical attention per PREA Medical Protocol “supplies as part of the incident scene (refer to PREA training manual regarding preserving evidence).

3 Separate alleged victim and assailant. If needed, move whichever is deemed appropriate to ensure there is no contact. Separate known witnesses (if applicable).

4 Secure the scene (if applicable) until senior person in charge assumes control of the scene. a. Start Incident SceneTracking Log (OPA-I20) and limit number of people entering or leaving the scene. Turn log over to senior person in charge.

b. If presented items with possible forensic evidence, use latex gloves and designated evidence bags. If collected, each item must be placed in a separate evidence bag with juveniles name, date, time, description of item and total number of bags. Additionally, the Chain of Custody form must be used.

5 Notify the senior person in charge. All information is confidential and kept on a need to know basis. All involved staff remain present until released by the senior person in charge.

6 Make notification to DSS and Law Enforcement (as locally agreed upon) for all sexual abuse cases and all staff/juvenile sexual harassment cases.”

Absent an actual sexual assault incident, the Auditor asked all random staff about their awareness of the first responder's duties. Random staff also were able to provide examples of how they would respond consistently to the policy. CYDC provides staff with access to PREA manuals which provide reinforcement of the duties of a first responder. The manuals also include the policy, the First Responder Checklist, and the PREA Incident checklist, further supporting first responder duties are fulfilled.

Indicator (b) All staff and contractors in the Department of Public Safety are all trained on how to protect evidence in the event of a sexual assault. The random custody, and non-custody random staff, interviewed, recognized the importance of closing off the crime scene, separating individuals, and instructing the individuals not to eat, drink, wash, or use the bathroom. They also know not to have them change clothing. The local law enforcement will complete a crime scene analysis and the victim will be sent out to the local hospital with a Sexual Assault Nurse Examiner. As noted in indicator (a) there is specific information staff are trained on in protecting evidence. The Auditor also reviewed the training materials that all staff are trained on the expectations of the first responder to an allegation of sexual abuse.

#### Compliance Determination

The North Carolina Department of Public Safety trains all Juvenile Justice employees and contractors in the duties of a first responder. North Carolina DPS has developed a coordinated response plan that gives first responders directions and information to support them through the crisis. Compliance determination relied on the interviews with staff who were able to identify steps 1-4 in (Indicator a) and that they were to tell the alleged victim and perpetrator not to do anything that could affect the collection of evidence. Medical staff and educational staff were also aware of the steps to preserve evidence. (Indicator B). Facility staff are prepared to respond as evidenced in their answers that support an understanding of first responder duties. Staff interviewed confirmed steps taken to protect the resident, the evidence, and the crime scene. Compliance is based on policy, systems in place to ensure first responder expectations are met, and absent a first responder incident, the interviews with random staff who knew what to do to protect the resident, and the steps taken to preserve evidence.

<b>115.365</b>	<b>Coordinated response</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1072 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 412 1139 448">Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p data-bbox="280 483 1382 519">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="280 555 705 591">NCDJJ PREA Incident Checklist</p> <p data-bbox="280 627 1225 663">Cabarrus Youth Development Center Sexual Assault Response Plan</p> <p data-bbox="280 770 906 806">Individuals interviewed/ observations made.</p> <p data-bbox="280 842 1091 878">Interview with Facility PCM and Agency PREA Coordinator</p> <p data-bbox="280 913 711 949">Interview with Facility Director</p> <p data-bbox="280 985 660 1021">Interview with Investigator</p> <p data-bbox="280 1057 676 1093">Interview with Medical Staff</p> <p data-bbox="280 1128 730 1164">Interview with Supervisory staff</p> <p data-bbox="280 1200 587 1236">Facility's PREA Binder</p> <p data-bbox="280 1272 564 1308">Memo from Director</p> <p data-bbox="280 1415 632 1451">Summary Determination</p> <p data-bbox="280 1487 1474 1935">Indicator (a) The North Carolina Division of Juvenile Justice and Delinquency Prevention has ensured each Juvenile Justice facility has a preparedness plan for sexual assault incidents. The agency's PREA policy states, "The PCM will ensure the center has a written, institutional plan (this policy, medical protocol, and Forms YD 001 and 002) for a coordinated response (first responders, medical, mental health, investigators, senior leadership) to resident sexual abuse and harassment issues. In the Auditor's review of the document, he found the plan directs staff in their duties, so a coordinated response is done the same way each time. The plan is individualized at the facility level to increase staff response time and accuracy of information needed including, specific staff who will be responsive for different roles.</p> <p data-bbox="280 1980 660 2016">Compliance Determination</p> <p data-bbox="280 2051 1372 2087">Cabarrus Youth Development Center is compliant because it has developed a</p>

	<p>coordinated response plan that directs staff in their duties. The plan is reviewed and updated by a multidisciplinary team and is continually available. The Checklist available along with PREA binders on each unit and random staff interviews further supports compliance. The facility plan describes the duties of first responders, supervisory staff, investigative staff, and medical and mental health staff duties. Interviews with the Facility Director, PREA Compliance Manager, Supervisory staff, and medical staff all confirm knowledge of their roles in the plan. The facility has a PREA emergency binder to ensure a consistent response to sexual assault incidents.</p>
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<p><b>115.366</b></p>	<p><b>Preservation of ability to protect residents from contact with abusers</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>NCDPS Human Resource New Employee Manual</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Facility Director</p> <p>Summary Determination</p> <p>Indicator (a) North Carolina Department of Public Safety does not have unionized employees in its juvenile justice facilities. The Auditor Confirmed with the Agency PREA Coordinator and the Director of the facility that the employees are not unionized in NCDJJ. The Director also confirmed that he has the ability to place staff out on leave during PREA Sexual Abuse or Sexual harassment investigations into staff's actions. The Auditor also reviewed the NCDPS employee manual (page 73) which confirms this ability. "An employee may be placed on Investigatory Leave with Pay (ILWP) per approval from the Human Resources Director or designee(s), or in appropriate circumstances, without prior approval, but with notification to the OSHR Director or designee the following business day. Investigatory leave shall be with pay (i.e. no charge to the employee's accrued leave) and may be used to temporarily remove an employee from work status. Investigatory leave does not</p>

	<p>constitute disciplinary action, and therefore, may not be appealed. An employee may be placed on ILWP only:</p> <ul style="list-style-type: none"> <li>❖ To investigate allegations of performance or conduct deficiencies that would constitute just cause for disciplinary action;</li> <li>❖ To provide time within which to schedule and conduct a pre-disciplinary conference; or</li> <li>❖ To avoid disruption of the workplace and/or to protect the safety of persons or property “</li> </ul> <p>Indicator (b) The Auditor is not required to review this indicator</p> <p>Compliance Determination</p> <p>The Department of Public Safety has no contracts with bargaining units at its Juvenile Justice facilities. The Auditor requested and was provided information from state human resources policy which defines the grounds for putting an individual out on administrative leave after an allegation of sexual misconduct. This standard is compliant based on the information provided in policy and agency manuals, and the interviews with facility and agency administrators.</p>
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<b>115.367</b>	<b>Agency protection against retaliation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Retaliation monitoring forms for Residents and staff</p> <p>Cabarrus PREA Support Person (PSP) Designation Forms</p> <p>PSP training lesson plan</p> <p>PSP Power Point</p> <p>Individuals interviewed/ observations made.</p>

Interview with the Agency Head designee

Interview with Agency PREA Coordinator

Interview with PREA Compliance Manager

Interview with Facility Director

Interview with PREA Support Person

Interview with random staff

#### Summary Determination

Indicator (a) North Carolina Division of Juvenile Justice and Delinquency Prevention has information on the expectation to monitor individuals after any PREA claims. The Agency PREA policy aims to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The Policy language also goes on to define the individuals who would monitor residents and who will monitor staff. The agency PREA policy states, "Retaliation against staff or residents alleging resident sexual abuse or sexual harassment is prohibited. Unless the allegation is determined to be unfounded, management is responsible for monitoring the conduct and treatment of residents and staff who reported the sexual abuse and the residents who were reported to have suffered sexual abuse for at least of 90 days following the report. The PREA Support Person is responsible for monitoring residents who report or have suffered sexual abuse. The PSP will document retaliation monitoring on the OPA-I24 (Offender/Juvenile Retaliation Report). The PREA Compliance Manager is responsible for monitoring staff who report sexual abuse incidents for indications and/or signs of retaliation (e.g., disciplinary actions, behavioral changes, etc.). Monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. The PCM will document staff retaliation monitoring on the OPA-I22 (Staff Retaliation Report). Any staff who have knowledge, suspicion, or information regarding retaliation against residents or staff who report sexual abuse or harassment must immediately report that knowledge, suspicion, or information to the PREA Office by telephone or email: [PREA@ncdps.gov](mailto:PREA@ncdps.gov)."

The North Carolina Division of Juvenile Justice and Delinquency Prevention has created voluntary positions for facility staff who want to serve as PREA Support Persons (PSP). The individuals are approved by the facility Director and receive additional training annually. The PSPs serve as go-to persons for victims or other residents who cooperate in an investigation of sexual misconduct. The Policy defines their roles in monitoring for retaliation of residents. The policy also requires the PREA Compliance Manager to serve as the individual responsible for monitoring staff for retaliation. The PREA Compliance Manager will ensure the monitoring process is documented. The form documents the types of monitoring in the given week from the review of incidents, and discipline, to follow-up with mental health, or direct

conversation with the resident by the person completing the monitoring. Since there have been no incidents requiring the monitoring of juveniles or staff the Auditor relied on the PSP and Director's interviews in considering the indicator.

Indicator (b) The facility Director supported the facility's staff enough with sufficient housing units to ensure individuals who have been separated post a PREA Incident can be safely managed to ensure no retaliation. Residents would routinely be offered counseling services and case workers would provide routine check-ins to ensure the client is feeling safe. Staff who may have concerns would work with the operational supervisor to mitigate the concern. The Director supports that the alleged victim would be kept apart from the alleged aggressors. The agency as noted in 115.67 has the ability to remove alleged staff from contact with alleged victims. The Director reports any retaliation or ongoing concerns that could result in the movement of one of the residents to other facilities as deemed necessary.

Indicator (c) As noted in Indicator (a) the North Carolina Division of Juvenile Justice and Delinquency Prevention policy supports all individuals (Residents and Staff) who report a PREA Incident are monitored for changes in behaviors that might be a symptom of their being retaliated against. The form developed also addresses the nine elements of this indicator. In the OAS the facility reported there have been no incidents where retaliation monitoring was required. The individual completing the form, a designated and trained PREA Support person, must document if they reviewed discipline if housing moves occur or are requested, programmatic or overall behavioral changes, and document if face-to-face communication has occurred or if a mental health follow-up was requested from any of the monitoring concerns. The agency PREA policy states the monitoring will go for a period of at least 90 days. The Auditor was able to interview a PREA Support Person on their role, and what they consider in the monitoring process. Including the frequency, they would have with the resident directly. The PSP is required to provide documentation of their efforts to the PCM and notify immediately if they have any concerns of possible retaliation. Agency PREA Policy describes the duties of the PSP and required documentation (OPA-124). All monitoring is filed with the Director who will approve when monitoring is complete or if it should be extended beyond 90 days. The Director confirmed that staff who cooperated in an investigation would be monitored by the facility's Assistant Director. NCDPS has developed a form for monitoring staff (OPA122) Interviews completed by the Auditor with the PSPs supported they understood their roles and the information they should be aware of in determining if an individual appears to be being retaliated against even if they do not report it themselves.

Indicator (d) As noted above there has been no required monitoring at CYDC. The occurrence of status checks can be documented through the form. The PSP can obtain information through discussions with supervisors, medical or mental health,

line staff or the juvenile themselves. The PSP can review logs and discipline records as well as room assignments to determine if their actions appear to be retaliatory in nature. The NC Division of Juvenile Justice and Delinquency Prevention PREA policy indicated the resident is expected to complete direct conversations weekly during the first three weeks and at periodically thereafter (but no longer than 30 days). The PSP is also required to speak with the facility Director and the agency Investigators about the status check-ins if there is any concern about retaliation. The PSP will also do notifications

Indicator (e) As noted in indicator (b), the facility has sufficient means to protect a resident. Cabarrus Youth Development Center is one of ten Juvenile facilities for housing juveniles ordered into custody by the court. The facility has one primary housing unit with two higher observation rooms, and all residents are single-celled. Juveniles are never unsupervised in the facility and units do not interact. If a juvenile was expressing anxiety they can be moved away from the main unit to the extra observation rooms. Though there were no PREA-related incidents the Auditor was able to see how this space can provide enough of a break from peers, especially at bedtime. Interviews with the Director, the PCM, and the PSP all support that planning would be assessed frequently to make sufficient the juvenile's feeling of safety.

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

#### Compliance Determination

The North Carolina Department of Public Safety has a policy in place to address the elements of this standard. Documentation supports the facility has in place sufficiently trained staff in PSPs and a form that ensures consistent documentation of the person being monitored. compliant with monitoring expectations. The facility did not have a staff person or resident who needed to be monitored this year. Random staff knew who the facility PCM and PSP were and that all individuals who are involved in a PREA incident would be monitored.

The Agency has developed a cadre of staff in the PREA Support Persons at each facility to ensure residents have an individual they could feel comfortable discussing their ongoing safety after making an allegation of sexual misconduct. The PREA Compliance Manager and Facility Director were aware that retaliation monitoring should be done with all individuals who cooperate with the investigation. The standard is compliant based on interviews completed, forms that are in place to document monitoring, the training provided to PSPs, Interviews completed, and the policy.



<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Juvenile Justice Facilities Detention Services Policy and Procedure</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Facility Director</p> <p>Interview with Associate Commissioner</p> <p>Summary Determination</p> <p>Indicator (a) The North Carolina Department of Public Safety Policy does not have special management units in juvenile facilities. The residents are not allowed to be isolated in cells for long periods of time. Agency policy states, “When the alleged resident-victim returns from the emergency room, (s)he shall be assigned to a single room for protective housing. Caution shall be exercised to ensure the resident is protected during movement and daily activities from retaliatory action or further victimization. Care must be taken by staff not to penalize the resident-victim because of the allegations..” The Director confirmed that it is not their practice to isolate individuals and if there is a concern the individual with greater restrictions would be the aggressor, not the victim. Cabarrus’s PREA Compliance Manager reports no instance in which special management practices were required to be used for a victim of sexual assault. The NCDPS facility was not built with an isolation unit.</p> <p>Compliance Determination</p> <p>In the interview with the facility Director, the Auditor confirmed documentation from the audit file stating they have not used segregation of any victims of a sexual assault in the past year The Facility Director confirmed the practice is to ensure limited impact on the victim and movement restrictions would occur preferably in the management of the alleged aggressor. Since there was no use of special management, the Auditor could not interview a resident or staff person who had supervised them. The standard is determined to be compliant based on policy, the documentation provided, physical plant observations, and interviews completed. The agency is working to resolve concerns raised by the auditor on general population access to large muscle activities and other required programming.</p>

115.371	Criminal and administrative agency investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>NCDJJ PREA 300 policy</p> <p>NCDPS Coordinated Response flowchart for PREA Allegations</p> <p>Training materials for Sexual Assault Investigations</p> <p>Cabarrus County Sheriff’s Office Website</p> <p>Memo on PREA Investigation from DJJ agency head</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the Agency Head representative</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Facility Director</p> <p>Interview with PREA Compliance Manger/ Investigator</p> <p>Summary Determination</p> <p>Indicator (a) Cabarrus Youth Development Center has not had an allegation of sexual abuse or sexual harassment in the past year. There was one allegation in the prior year in which the individual recanted their statement. The facility would only investigate administratively as criminal investigations would be completed by local law enforcement which would reportedly be the Cabarrus County Sheriff’s Office. The North Carolina Department of Juvenile Justice’s PREA policy on pages 16 to 19 set forth the responsibilities of the facility and the agency investigator including the need for a prompt thorough investigation of the facts, a complete report outlining the processes undertaken, and the reasoning behind the findings. The policy and the coordinated response plan define duties, and agency policy requires the investigation of all allegations, including those from a third party or anonymous sources. The policy language states the Office of Special Investigations will make an assignment of an investigator on each case. The Department supports the objective investigatory process through its Office of Special Investigations. If the allegation</p>

involves a staff member it was explained to the Auditor an investigator not associated with the facility will lead the investigation. The investigator will work with the local law enforcement agency to ensure the administrative investigation does not impinge on the criminal investigation. In discussions with the CYDC Investigator, she confirmed she would coordinate with agency leadership and local law enforcement in the event of a sexual abuse allegation. DJJ PREA Policy 300 also covers the indicator's language when it states, "If an alleged act of sexual abuse or sexual harassment is reported or discovered, an immediate preliminary review shall be conducted by a SAH investigator to determine if the incident meets the standards of PREA." Interviews with random staff confirmed that they must report all allegations of sexual misconduct for investigation no matter who the source is (third party), if the allegation is anonymous, or their own beliefs about the validity of the allegation. The Facility Director is a trained investigator and would be called into the facility to take immediate steps and if need be coordinated with local law enforcement. Discussions with administration reinforced that all allegations no matter the source are investigated.

Indicator (b) As noted in 115.334, the North Carolina Division of Juvenile Justice and Delinquency Prevention has multiple staff statewide who have completed a course on administrative investigations of sexual assaults in a correctional institution. Documentation in that standard confirmed the Director had completed the training.

CYDC will rely on local law enforcement (Cabarrus County Sheriff's Office) to do crime scene investigation including any DNA or other evidence collection. The Auditor confirmed through staff interviews they know how to protect evidence. The Director would also ensure that written reports and electronic surveillance evidence would be made available to the criminal investigators. A review of the County Sheriff's Website confirms that they are a law enforcement agency with arrest powers and are knowledgeable about PREA expectations. The Sheriff's Office pages has information about PREA for their adult county jail. As a dual purpose JDC/YDC, Cabarrus has routine contact with law enforcement. The facility administration confirmed that annually they meet with local officials including the police to update them on services at the facility. The Cabarrus County Sheriff's Office is large enough to have a special victims unit.

Indicator (c) All staff interviewed at Cabarrus understood the steps to preserve evidence and that the local police investigators or only trained facility staff would complete actual evidence collection at the crime scene. The facility staff knew how to ensure the preservation of evidence including DNA including closing off the crime scene and asking the individuals to not do anything to destroy evidence on their persons. The Investigator spoke on how evidence collected by the SAFE/SANE at the local hospital would become part of the criminal investigative file. He also spoke on the interview process and how prior records may be used in assessing the factors of the case. The facility staff all were able to explain how to protect evidence until the law enforcement authorities arrive. Agency policy addresses the retention of

evidence; "When a video is available that is associated with an alleged sexual abuse or harassment incident, a copy of the video will be maintained with the full investigative package in accordance with DPS retention policy." The Policy further states, "In order to preserve the integrity of the investigation and if law enforcement is not involved, then one person or a specific team shall be designated to investigate an incident, and only that person (or team) shall be involved in the collection of evidence and interviewing of potential witnesses. A thorough investigation is necessary to ensure the potential for prosecution/legal action. "In the event of a criminal investigation, DPS staff are directed to not move forward on administrative investigation steps, including interviews, until approved by the criminal investigator. The Auditor was also able to review the NCDPS Investigator course for DJJ investigators. The Training covers expectations on evidence collection including direct and circumstantial evidence including video tapes and written statements by staff. The training materials described who needs to be interviewed (victims, perpetrators, and witnesses) as well as how to use historical information.

Indicator (d) Agency PREA policy (page 18) states, "The Department of Public Safety shall not terminate an investigation solely because the source of the allegation recants the allegation." Neither the Police nor the facility Investigator would halt their respective investigations if the victim or perpetrator is no longer at the facility. The Facility Investigator's interview and the 300-plus page training also confirm this expectation. The Auditor reviewed portion of the of an investigative file from more than 12 months earlier in which the initial report was recanted. The supervisory review of the document supported further steps they wanted completed before making a determination.

Indicator (e) The determination on compelled interviews would be made by the criminal investigator and the local prosecutor. NCDJJ investigators would not be completing compelled interviews.

Indicator (f) The Investigator interviewed confirmed that there is no requirement of a victim to undergo any polygraph or other truth-telling process to proceed with an investigation. The Investigator confirmed in the discussions with the Auditor what the policy requires (PREA policy -page 18). "A resident 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." The NCDPS training has the Investigating staff person, assess the credibility of everyone involved in the case without biases toward their position as a staff or resident. The Auditor confirmed this with the facility investigator in the interview.

Indicator (g). All criminal investigations potentially can include a referral to the NCDPS Special Investigations Unit if the evidence supports that a staff person's actions or inactions led to a resident-on-resident sexual assault. Administrative investigations into sexual harassment claims or other staff actions in sexual misconduct investigations can result in 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. There were no files to review of criminal or administrative investigations related to sexual misconduct in the past year. The investigator did confirm that even in resident-on-resident allegations the administrative investigation will include an assessment of staff actions or inactions that may have contributed to the incident occurring. The Auditor confirmed with all random staff the expectation that they must report all staff actions or inactions that lead to a sexual abuse incident.

Indicator (h). All criminal investigations would be completed by the Cabarrus County Sheriff's Office. Since there was no prior investigations there is no documentation to review.

Indicator (i) The Auditor was unable to review investigative files from incidents in the last 12 months. Agency policy requires all criminal acts to be referred for criminal prosecution and interviews with facility leadership support they would encourage prosecution in the event of a sexual assault incident. The Auditor confirmed with facility investigator and the facility Director that they would stay informed about any of the required steps toward prosecution that require resident notification. As the state's law enforcement agency, the NCDPS the parent agency of NCDJJ expects that criminal conduct is referred for prosecution.

Indicator (j). The North Carolina Department of Public Safety requires record retention for a period of 5 years beyond the resident's involvement with DJJ. Policy language covers the standard indicator. The Auditor reviewed other agency documentation on the website supporting this and addressed the issue with the trained investigator.

Indicator (k) Agency policy mirrors the standard language and the Investigators interviewed confirmed individual's departure from the institution would not result in the case being closed. "The departure of the alleged aggressor or victim from the employment or control of the Department of Public Safety shall not provide a basis for terminating an investigation."

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

Indicator (m) As noted in the above indicators, both facility leadership and the investigator interviewed confirm they would remain informed on criminal investigations completed by the local law enforcement staff. The facility leadership and the PREA Support persons were aware of the need to inform the victim if they were still in the custody of the outcome of the investigation if it was referred for prosecution, and if the individual was indicted. As a pretrial facility, the resident may no longer be the Cabarrus Juvenile Detention but notification would be made if the individual was in any DJJ facility reportedly.

#### Compliance Determination

The North Carolina Division of Juvenile Justice and Delinquency Prevention has policy language that supports this standard. In determining compliance, the Auditor took into consideration many factors. The North Carolina Division of Juvenile Justice and Delinquency Prevention has sufficient and appropriately trained individuals who can complete sexual assault administrative investigations and have developed relationships with local law enforcement agencies to complete criminal investigations. North Carolina DPS Juvenile Justice investigates all potential sexual-related incidents as possible PREA events even if the residents report the actions were consensual. In doing so they ensure all incidents are investigated, and evidence is collected, which provides an opportunity for a reluctant victim to come forward later. To ensure issues are handled impartially, the NCDPS Office of Special Investigations would lead the administrative investigation if the incident involved a staff member.

During the Auditor's interview, the trained investigator was able to identify the steps taken to gather evidence, and how the credibility of the various persons involved is determined on an individual basis, and a polygraph exam would not be required for the initiation of an investigation. Consistent with policy, it was stated that investigative reports will be completed on all administrative and criminal investigations. The facility will remain informed on all criminal cases handled through the local law enforcement agency. Absent a PREA allegation the Auditor relied on policy and information obtained in formal interviews and informal conversations.

<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>DJJ PREA 300 policy</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Cabarrus Youth Development Center Investigator</p> <p>Summary Determination</p> <p>Indicator (a) North Carolina Division of Juvenile Justice and Delinquency Prevention PREA Policies both address the requirements of this indicator when they state, "Juvenile Facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." The PREA 300 policy defines preponderance of evidence as follows: "The standard of proof used in most civil cases that requires the party bearing the burden of proof to present evidence that is more credible and convincing than the evidence presented by the other party. This standard is satisfied if the evidence shows that it is more probable than not that an event occurred. The preponderance of the evidence is a lesser standard of proof than "beyond a reasonable doubt," which is required to convict in a criminal trial." In the Auditor's Interview with the trained investigator, it was confirmed that no greater standard is used. There were no files to review on a PREA Investigation at the facility so the Auditor relied on the interviewee's verbal description.</p> <p>Compliance Determination</p> <p>Compliance was based on the policy language and the interview with the trained investigator. Since there was no prior incident, there was no investigative file to review.</p>
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<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Policies and written/electronic documentation reviewed.

Cabarrus Youth Development Center Pre-Audit questionnaire

Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures

DJJ PREA 300 policy

DJJ PREA Notification forms (OPA-130, OPA-130A) in English and Spanish

Individuals interviewed/ observations made.

Interview with an Investigative Staff

PREA Compliance Manager

PREA Support Persons

Summary Determination

Indicator (a) North Carolina Division of Juvenile Justice and Delinquency Prevention provides notification to all residents on the outcome of their investigations into sexual misconduct. The PREA 300 policy states, "Following an investigation into an offender, resident, or safekeeper's allegation they suffered sexual abuse or sexual harassment in a facility, the PSP shall inform the offender, resident, or safekeeper as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The notification shall be documented on Form OPA-130 Support Services" The agency's PREA also policy requires the notification to residents if the allegation was substantiated, unsubstantiated or determined to be unfounded. The policy also states, "Following an allegation that a resident has been sexually abused by a staff member (unless unfounded), the alleged victim shall be informed by the PSP whenever

(1) the staff member is no longer posted in the resident's unit,

(2) the staff member is no longer employed at the center,

(3) the agency learns the staff member has been indicted on a charge related to sexual abuse within the center, or

(4) the agency learns the staff member has been convicted of a charge related to sexual abuse within the center.

Following an allegation that a resident has been sexually abuse by another resident, the alleged victim shall be informed by the PSP whenever:

(1) the agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the center, or



(2) the alleged abuser has been convicted on a charge of sexual abuse within the center. The obligation to provide the results of the investigation is terminated if the resident is released from the agency's custody." The notifications of the outcome of the investigation is to be documented on a department-approved form and kept as part of the investigative file. The Auditor was provided with a copy of the OPA 130A form in both English and Spanish. Discussions with the Investigator and the Director both supported that communication with the Police and Courts would be ongoing to ensure timely notifications are made.

Indicator (b) As noted in the previous indicator the CYDC administration and Investigator would ensure they are kept abreast of the criminal case so they can update the victim as required.

Indicators (c & d). The NCDPS policy requires notification by the PREA Support Person to the victim if the accused perpetrator is a staff person, contractor, or volunteer. As noted in indicator (a) the policy states the various points in which notifications are to be made. The PSP will also notify the victim when the individual has been removed from areas where they would come in contact or if they have been removed from access to the facility. "The alleged victim shall be provided a completed OPA-130 (PREA Support Services form) by the PSP with the results of the investigation." The policy also requires notifications to be made to any resident regarding any indictment or conviction of a perpetrator if the victim is still in custody. The agency notification form uses language directly from the standard as part of the notification process. The PREA Support person interviewed confirmed they are required to provide such notifications as described in this standard. The prior allegation was recanted so no PSP person was assigned reportedly.

Indicator (e) NCDPS has form OPA-130 that is used to document notifications. The PSP will complete the form and document the notifications which will become part of the full investigation file.

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

#### Compliance Determination

Absent a PREA incident the Auditor determined compliance based on policy and interviews with various staff members who would be involved in ensuring proper notifications occurred including the facility Director, the PREA Compliance Manager/ Investigator, and a PREA Support Person.

<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1139 452">Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p data-bbox="280 488 1382 524">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="280 560 1203 595">Juvenile Justice Facilities Detention Services Policy and Procedure</p> <p data-bbox="280 631 887 667">NCDPS New Employee Orientation Manual.</p> <p data-bbox="280 703 979 739">Employee PREA acknowledgment form (OPA-T10)</p> <p data-bbox="280 775 616 810">PREA Training Materials</p> <p data-bbox="280 846 845 882">NCDPS Coordinated Response Overview</p> <p data-bbox="280 985 903 1021">Individuals interviewed/ observations made.</p> <p data-bbox="280 1057 820 1093">Interview with an Investigative Officer</p> <p data-bbox="280 1128 1126 1164">Interview with Cabarrus Youth Development Center Director</p> <p data-bbox="280 1200 954 1236">Interview with the Agency Head Representative</p> <p data-bbox="280 1272 533 1308">PREA Coordinator</p> <p data-bbox="280 1420 632 1456">Summary Determination</p> <p data-bbox="280 1491 1465 2065">Indicator (a) North Carolina Division of Juvenile Justice and Delinquency Prevention provides notification to all employees in two policies, employee handbooks, and training on the obligation to report any sexual abuse or sexual harassment of a resident at any juvenile facility. The Policy states, " Staff shall be subject to disciplinary action up to and including termination for violation of Department of Public Safety sexual abuse or sexual harassment policies. Staff who engage in sexual abuse shall immediately be prohibited from contact with residents and shall be reported to relevant licensing bodies or law enforcement agencies unless the activity was clearly not criminal. Consequences will be commensurate with the nature and circumstances of the sexual abuse or harassment committed." The New Employee Orientation Manual sets forth the obligation to report all activities which are violations of the law. It states. "If the violation is that a Department employee engaged in, attempted, threatened, or requested an act constituting sexual misconduct, termination of the employment of the employee shall be the</p>

presumptive disciplinary sanction.” All new employees including individuals who do not work in DJJ facilities of the North Carolina Department of Public Safety are educated about PREA and the NCDPS Zero tolerance as part of new employee orientation. There were no sexual abuse allegations against staff at Cabarrus Juvenile Detention Center.

Indicator (b) The NCDJJ policy requires that staff who engage in sexual misconduct be referred for investigation by local law enforcement agencies who will refer individuals for potential prosecution. The Agency policy and training notify employees that those staff who engage in sexual misconduct have violated North Carolina laws at a felony level. Staff interviewed by the Auditor understood that termination is the expected outcome for those who engage in sexual misconduct with youth at the JDC. This was confirmed by the facility Director and the agency PREA Coordinator. The Agency Head representative also confirmed the fact that termination is the presumptive discipline for sexual abuse. As noted in indicator (a) there were no cases at CYDC. In addition to termination for engaging in sexual contact with a juvenile the PREA Policy goes on to state that staff who are aware of sexual misconduct between staff and residents or between residents will also be subjected to discipline. Page 14 of the PREA Policy says, “Failure of staff to report alleged incidents of sexual abuse or sexual harassment will subject the non-reporting staff member to disciplinary action up to and including dismissal.”

Indicator (c) North Carolina Department of Public Safety policy allows for other sanctions to occur besides termination if the incident is a non-criminal act. As noted in indicator (a), “Consequences will be commensurate with the nature and circumstances of the sexual abuse or harassment committed.” The Facility Director and HR representative confirmed discipline can occur for other behaviors related to PREA, such as inappropriate comments/language. In these cases, the DJJ policy dictates it would review the individual’s history and make suitable sanctions consistent with laws. There have been zero cases of staff discipline at any level in the past 12 months for a concern related to sexual misconduct. The Auditor reviewed the new employee handbook to understand disciplinary actions that could be imposed for noncriminal acts besides terminations. The employee handbook states staff can also receive form letter of discipline, can be suspended, or could be demoted.

Indicator (d) The Auditor was able to confirm, with the facility Director, that any termination or resignation would not stop the case from being referred for prosecution. He confirmed the termination of employment for a violation of a departmental sexual misconduct policy or the resignation by a Department employee who would have been terminated if not for his or her resignation, will be reported to the appropriate criminal prosecuting authority or relevant licensing bodies. There have been zero cases in the past 12 months.

	<p>Conclusion: The North Carolina Department of Public Safety policies address the standard's expectation toward the discipline of staff persons who sexually assault or harass an individual in custody. The NCDPS has created an Office of Special Investigations to ensure transparency in the investigative process. Though there has been no discipline of staff at Cabarrus Youth Development Center in this past year, the agency has provided documentation and education of employees to support compliance. Disciplinary actions of staff include a variety of sanctions, including termination, which will be presumed for a substantiated finding of sexual abuse. The policies also require, consistent with the standard, criminal acts are referred for prosecution and sexual misconduct to be reported to appropriate licensing bodies. Compliance is based on policy, interviews, NCDPS Employment Handbook, and mechanisms in place to hold staff accountable.</p>
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115.377	Corrective action for contractors and volunteers
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>PREA Volunteer and Contractor Acknowledgment forms</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Director</p> <p>Interview with PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator (a) North Carolina Division of Juvenile Justice and Delinquency Prevention provides notification to all contractors and volunteers about the agency's zero tolerance for sexual misconduct with residents. This is done through an orientation program for volunteers and contractors as noted in 115.332 and 115.334. Any violation of agency policies can lead to an immediate cessation of privileges. This is covered in the PREA Policy as well as in the orientation training for all new</p>

volunteers. Contracted employees who provide direct service receive the full training on PREA that all Division of Juvenile Justice and Delinquency Prevention staff receive. Both contracted staff and volunteers sign acknowledgment forms stating they understand an act of sexual misconduct or failure to report such actions could result in termination of access to the facility and can lead to felony charges under North Carolina Law. If the investigative process reveals that the actions were criminal in nature, the case would be referred for prosecution. In the case of licensed professionals such as contracted nursing staff or mental health clinicians, the appropriate state licensing body would be informed. The Auditor spoke with both a contracted staff person and a volunteer that confirmed they understood the training and potential consequences for staff who violate the rules around undue familiarity. Agency PREA policy (page 12) covers the requirements of the standard. "Any contractor or volunteer who engages in sexual abuse shall immediately be prohibited from contact with residents and shall be reported to relevant licensing bodies or law enforcement agencies unless the activity was clearly not criminal. Consequences will be commensurate with the nature and circumstances of the sexual abuse or harassment committed." The facility currently has no volunteers.

Indicator (b) Interviews with Director and the Agency PREA Coordinator supported that violations other than actual sexual assault by a contractor or volunteer would be reviewed to determine if it were appropriate to continue services. Absent any previous allegations the Auditor relied on the Facility Director and the Agency PREA Coordinators interviews.

**Compliance Determination:**

North Carolina Division of Juvenile Justice and Delinquency Prevention has contractors and volunteers at its facilities sign an acknowledgment form that notifies them that any sexual misconduct can result in the termination of privileges and that they may be subjected to civil or criminal prosecution. NCDPS PREA policy allows the facility Director to bar entry to any contractor or volunteer to prevent contact with potential victims in sexual abuse or harassment incidents. The policy requires the agency to refer incidents involving these individuals for investigation by law enforcement agencies. There were no incidents requiring the removal of a contractor or volunteer for sexual assault or sexual harassment, according to the Director and the PREA Compliance Manager. Contracted staff were aware that they could be barred for violation of NCDJJD rules related to PREA. Compliance, absent allegations, is based on policy, supporting documentation, and interviews.

<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

Initial Findings: The Auditor initially found policies and procedures in place regarding the expectations for juveniles who are disciplined for sexual misconduct. No incident has required a juvenile to be disciplined for actions in the past year related to sexual misconduct. The Auditor viewed operational concerns during the tour and through interviews with staff and residents. The Auditor observed little out-of-room education and recreation. Pre-trial residents report no writing implements, which would be a necessity for in-cell education assignments and little out-of-cell exercise. These issues were raised during the site visit of the state's Disability Rights Organization. The facility has made reported adjustments to allow writing implements in the rooms during occasions where education must occur. The facility has made population housing adjustments that would further improve the likelihood of the residents being able to get large muscle and educational services if on discipline. Though there were no individuals on discipline, the Auditor's initial assessment was the standard was not being met as large portions of the population were not getting the required education and large muscle activities in more than what could be considered an exigent circumstance. This was reassessed during the fall site visit with the findings below.

Policies and written/electronic documentation reviewed.

Cabarrus Youth Development Center Pre-Audit questionnaire

Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures

Juvenile Justice Facilities Detention Services Policy and Procedure

Resident Intake Packets

Individuals interviewed/ observations made.

Interview with Resident

Interview with Director

Interview with PREA Coordinator

Summary Determination

Indicator (a) Residents at Cabarrus Youth Development Center who have been found to have engaged in a criminal offense, including sexual assault, are not only subjected to criminal prosecution they are also held accountable through the facility's treatment program. Residents are aware they can be placed on special conditions that limit movement and contact with peers and a potential loss of their

current treatment status. There were no allegations or substantiated cases of resident-on-resident sexual assault in the past 12 months. The PREA Policy states, "Residents are subject to consequences for sexual misconduct/offense pursuant to the Behavior Expectations policy following the established due process." A review of the detention service policy and the admission packet further informs the reader of the potential consequences for sexual misconduct or sexual abuse, which are listed as major rule violations. The Detention Policy manual provides the definition of sexual abuse and sexual offense and the range of consequences for such actions.

Indicator (b) Residents can be sanctioned for engaging in sexual misconduct even if it is consensual. The discipline code defined in the policy prohibits physical sexual contact between residents. The Policy outlines the definitions and ranges of consequences for both major and minor misconduct. Through this process, consistent application of discipline appears to be supported. The resident will continue to receive education, programming, and treatment services even on the disciplinary status. The Policy defines two major infractions related to PREA, sexual misconduct and sexual offense. As noted, there have been no cases of discipline due to there having been no allegations of sexual misconduct or offense. No individuals were disciplined by confinement, loss of large muscle activities or were denied access to programming including school. The Auditor did observe that much of the population on the days of the initial site visit were in their rooms during normal programming hours. Residents in the pre-trial units reported inconsistent access to recreation and classroom education during the initial site-visit.

Indicator (c) The facility Director confirmed that they would assess the resident's mental health state and cognitive abilities before determining the youth restorative action plan in considering any disciplinary conditions. NCDJJ provides juveniles with comprehensive mental health services, and a youth's treatment progress is an important aspect of all programming decisions. Discussions with the facility's mental health providers support they would be asked for input on the residents' ability to understand the action and consequences. The PREA policy confirmed the Director's statements, "Consequences will be commensurate with the nature and circumstances of the sexual abuse or harassment committed the resident's disciplinary history and consequences imposed for comparable offenses committed by other residents with similar histories. Whether a resident's mental disabilities or mental illness contributed to the behavior will be considered when determining what disciplinary sanctions, if any, will be imposed."

Indicator (e) The Director and facility PREA Compliance Manager confirmed that residents who engage in sexual misconduct with staff will not be disciplined unless it is proven the staff did not consent. The facility has not had any such cases in the past year.

Indicator (f) Residents Interviewed supported they cannot get in trouble for making a PREA complaint unless they have been proven to have purposefully lied. Agency policy also states this expectation. "A report of sexual abuse and/or sexual harassment made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation."

Indicator (g) Residents who engage in consensual sexual misconduct can be subjected to discipline as defined in the handbook. "Sexual activity not by force or under duress is considered sexual misconduct even if it is not a criminal violation." There have been no cases of discipline of juveniles at Cabarrus Youth Development Center for sexual misconduct.

#### Compliance Determination

The elements listed above support that there is a process in place to hold residents who sexually abuse or harass a peer or retaliate against an individual who reports such action. The Auditor initially held this standard in non-compliance as the population of the facility as a result of staffing and overcrowding, could not participate in routine programming at a level required in this standard for those who committed a sexual offense in the facility. During the Corrective Action Period, the agency and facility management worked to reduce overcrowding in pretrial units. The facility also adjusted the scheduling of staff and hired new positions with the Governor's approval to allow residents to participate in programming routinely. The Auditor made observations during a follow-up visit and interviewed additional residents about the current conditions. As noted in 115313, the facility also provided documentation of the staffing ratios to show improvements in the ability for residents to fully participate in the program. North Carolina Division of Juvenile Justice and Delinquency Prevention addresses the requirements of this standard in multiple policies and documents provided to the Juvenile at admission. The documents cover the disciplinary process, the consideration of the resident's mental health in determining consequences, and that sanctions in the facility will be proportional to the offense. The North Carolina Division of Juvenile Justice and Delinquency Prevention prohibits consensual relationships between residents and between residents and staff.

The NCDJJ has policy and procedures in place to ensure residents are held accountable for their actions if they sexually assault, harass or try to retaliate against an individual who reports such actions. The facility has the appropriate resources to advise the facility Director on issues of cognitive development or mental health concerns that contribute to actions before a consequence would be imposed. The policy confirms residents who engage in sexual misconduct with staff



	<p>cannot be disciplined unless it is determined the staff did not consent to the act. Residents can be disciplined for making an intentionally false report related to PREA.</p> <p>Absent a PREA allegation, compliance was based on policy reviews, interviews with staff and residents, and the observed adjustment made since the initial site visit. The Auditor was able to see individuals attending recreation and education. In addition to increasing the overall custody staff numbers, the director has created recreational positions separate from the staffing count. These positions allow for increased movement of youth. The facility still needs additional teaching positions to be filled, further improving the available classroom hours. North Carolina, like many states, had 3,500 reported vacancies in teaching, according to a local news article reviewed by the Auditor. The staffing increased during the corrective action period, and interviews with staff and residents supported juveniles participating in out-of-room activities, further supporting compliance.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Medical and Mental Health Referral Forms</p> <p>Resident records</p> <p>Consent Forms</p> <p>Contract Documents</p> <p>Mental Health Referral Logs</p> <p>Juvenile screening and corresponding MH assessment.</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Intake staff</p> <p>Interviews with Medical Staff</p> <p>Interviews with Mental Health Staff</p> <p>Interview with residents</p>

Observation of Medical and Mental Health record storage

Observation of medical/MH charts

#### Summary Determination

Indicator (a) The North Carolina Division of Juvenile Justice and Delinquency Prevention has implemented several tools specifically designed to identify individuals with traumatic histories, including sexual assault. During both the medical and custody intakes, which occur in the first hours after admission, residents are asked several questions which could identify prior sexual abuse history. Residents who are identified through the screening process or who admit a history of sexual trauma can be referred to either mental health services or to the local rape crisis agency. The Auditor confirmed this practice through the review of documented cases in client files and through interviews with residents and mental health, and medical staff. Juvenile Justice Facilities Detention Services Policy and Procedure (page 10) states, "If this screening indicates that a resident has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with an LMHC within 14 calendar days of the screening."

The medical and mental health records are separate from custody files to protect information from general staff access. Intake trained staff knew that specific information about past abuse should not be put in the client's custody file but should be relayed to medical and mental health staff. The Juvenile detention center has on call medical prescribers coverage and on-call mental health services when a nurse is not on site. Interviews with the facility Nurse and Mental Health professional confirmed that residents who report recent abuse are provided services immediately. The Intake staff, nurse, and Mental Health staff all reported that any individual who was positive on the PREA screening tool for past Abuse will be seen by a mental health staff within 14 days. The Mental Health staff confirmed that it would routinely occur in the first few days. Cabarrus serves as both a regional juvenile detention center and a sentenced Youth Development Center. As the state's largest facility, they have sufficient healthcare services in place to respond to incidents of sexual abuse. The facility reports 100 percent of the 450 admissions last year were screened for past abuse histories. The agency asks the youth directly about past abuse in both the PREA screening and in the MAYSI questions. The facility reported only one disclosure in those admissions during the post audit period the Director confirmed a higher number.

Indicator (b) Residents who engage in sexual assault or have a history of sexual offenses are automatically referred to mental health for an assessment. The facility has licensed clinical staff (QMHP) who can treat individuals with sexually aggressive histories. The policy requires all residents to be seen by mental health within 14 days of admission or after an incident of sexual aggression in the facility. The facility provided the referral log and supporting clinical notes for juveniles who were

positive on the screening for sexual abuse history or who have charges for sexual abuse history. The Auditor requested additional documentation to support the prior abuse disclosure was addressed. Mental Health staff complete the PREA screening and reassessments in YDC facilities.

Indicator (c) Information disclosed by a resident about prior abuse history other than in screening tool information is part of the medical and mental health chart. Only information pertinent to the resident's treatment is disclosed to ensure safe placement in housing, education, programming, treatment, and work assignment. The Auditor confirmed through interviews with intake staff, medical staff, mental health staff, facility leadership, and the PREA Coordinator that sensitive information is protected. Intake staff as noted in indicator (a) would not put specific information in the custody file that the resident discloses about the abuse but would instead inform the administration, medical and mental health. Residents interviewed supported that information given to counseling staff is kept confidential. Agency administration ensures residents who are identified as a risk to be victimized are not housed near those with perpetuating behaviors. The supervisor explained how given the one-unit environment the facility limits and actively supervises individuals who might

Indicator (d). All residents are informed during their intakes with medical and mental health staff, an understanding of the limits of confidentiality related to criminal behaviors. The Medical and Mental health staff interviewed confirmed that this is reviewed frequently throughout their stay. Residents interviewed confirmed they understood why a medical or mental health staff must disclose actual sexual abuse or imminent risk situations. Mental health staff were able to explain the circumstance in which a resident who discloses prior abuse must be reported to the state child welfare agency. The facility population as a pretrial environment is normally under 18. State laws would prevail on disclosure requirements based for those over 18.

#### Compliance Determination

All residents are screened when they arrive at the Cabarrus Juvenile Detention Center. Residents are screened by mental health and medical staff. Residents with sexual assault histories and sexual victimization histories are offered treatment in a meeting with a mental health professional within 14 days of admission. Medical staff have several intake questions that are PREA-related, this allows residents who did not disclose concerns at admission a second opportunity to disclose in a medical environment. Mental Health staff also have a series of screening tools they use that also helps to inform the PREA screening tool and resident's treatment planning. The Auditor confirmed medical and mental health records are not accessible to the custody staff. This process limits access to the most vulnerable information protecting the residents from having information exploited. Supporting documentation provided to the Auditor showed how Medical informs Mental Health who follows up on any disclosure of sexual abuse. Compliance was based on policies, the documentation provided, the security of records, interviews and

	information provided on tours by the Medical and Mental Health staff.
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<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>State law 143B-480.1 Assistance Program for victims' of Rape and Sexual offenses</p> <p>NCDPS Response flowchart</p> <p>Cabarrus County PREA Response Plan</p> <p>Medical forms for documenting incidents</p> <p>Resident records</p> <p>Website on NC Rape Victims Assistance Fund</p> <p>Individuals interviewed/ observations made.</p> <p>Interviews with Medical Staff</p> <p>Interviews with Mental Health Staff</p> <p>Interview with Residents</p> <p>Observation of the medical office</p> <p>Summary Determination</p> <p>Indicator (a) The Cabarrus Youth Development Center has an medical staff who can respond or require the juvenile to go to the hospital depending on the need and urgency of response. Registered Nurses are on site daily as well as medical practitioners who are onsite or oncall. The services are diverse and consistent with community health clinics. Residents report access to these services if they are in crisis. Medical staff report having medical autonomy if the resident must go out of the building for emergency services to facilitate that trip. The medical staff states the facility administration is supportive of the work they do, and they work to</p>

resolve issues when they arise. Resident records support quick access to health services which would be critical in response to PREA allegations. The medical staff reported they would refer a victim to a local hospital for SANE services. PREA Policy ensures that alleged victims of sexual misconduct receive immediate, unimpeded access to medical and mental health services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Medical staff confirmed their autonomy in making sure residents' needs are addressed. Agency PREA policy covers medical and mental health responses to sexual abuse incidents. The policy ensures immediate referrals if the incident has occurred in the past 72 hours. "When there is knowledge, suspicion, and/or information pertaining to acute or nonacute sexual abuse (< 72 hours up to 5 days after the time of alleged sexual abuse and notification to Juvenile Justice) of a resident by another resident and/or by staff, contractor(s), and/or volunteer(s), the alleged victim may be provided access to an acute medical evaluation at a designated center, supported by a Memorandum of Agreement, to include the following mandatory standards and components. The policy also states the forensic exam should be completed in a manner consistent with the DOJ guidelines when it states, "The acute medical evaluations shall be in full compliance with standards established through the "National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." [U.S. Department of Justice; Office on Violence Against Women (September 2004)]. Per this standard, the alleged sexual abuse victim(s) shall be granted access to a Sexual Assault Nurse Examiner (SANE) at the designated acute medical evaluation center;

D. The acute medical evaluation shall be in full compliance with professionally accepted standards of care, and shall include the following components:

1. Telephone-based referral/intake prior to presentation to the designated medical center,
2. Complete medical history obtained from staff, the alleged victim, and/or from caregiver or legal guardian,
3. Detailed sexual abuse history obtained from staff and from the alleged victim,
4. Comprehensive physical examination,
5. Complete sexual assault evidence-collection kit, and possible photo documentation, while maintaining the chain of evidence,
6. Testing for sexually-transmitted infections and/or pregnancy, as appropriate,
7. Prophylaxis against sexually-transmitted infections and/or pregnancy, as appropriate,
8. Treatment for sexually-transmitted infections, as appropriate,
9. Information and access to all lawful medical pregnancy-related services and interventions,

10. Mental health screening, if indicated per center-specific protocol,
11. Written documentation of: assessment; key findings, intervention; recommendations; and/or referrals,
12. Mandatory reporting to state and/or local agencies, if indicated,
13. Medical evaluator participation in the official Sexual Abuse Incident Review, if requested, and
14. Provision of expert testimony, if required”

No juveniles have needed to be sent for a forensic exam from the facility in the past year.

Indicator (b) 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 available to staff. A resident who is in need of a forensic exam will be sent to the Atrium Health Hospital's Emergency Room about 5 miles from the facility. The staff interviewed understood their role to encourage as a detainee to go to the hospital and to not do anything that would destroy or degrade the physical evidence. All staff knew to call the nurse if she was not on site. The Auditor saw the facility's emergency plan binder which had a pull-out checklist for first responders and supervisors that inform the staff about notifying medical and mental health staff.

Indicator (c) Discussions with hospital staff and facility medical staff confirm that sexual assault victims would be offered STD testing prophylaxis medications and emergency contraception. The Auditor confirmed the same medications would be offered to the resident again upon return from a forensic exam even if they initially denied it. Medical staff confirmed they would educate the resident on the importance of such medications for continued health. Medical staff at the hospital confirmed that emergency contraception and pregnancy testing is available to victims for individuals with reproductive organs.

Indicator (d) The Auditor confirmed that medical services related to sexual assault victims are provided without cost in North Carolina. 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 Auditor also confirmed that victims of sexual assault are provided initial and follow-up services at a local hospital through funding from the state. This is done to encourage all victims to come forward for help. The Medical team at CYDC would function in the same way by providing follow-up care. The Auditor was also provided with state law that confirms victims are provided services without cost to them or their parents. Mental health staff also report they would report immediately following an allegation to support the victim.

	<p>Compliance Determination</p> <p>Cabarrus Youth Development Center can quickly respond to and provide emergency care and referral to a local hospital for forensic services. The facility response plan for PREA incidents outlines the steps taken to ensure access to care. The facility has on-site medical nursing daily plus on-call services that appear to support there is sufficient resources for the population. The facility also has on-call providers that can help to facilitate the referral to an outside medical hospital. The Auditor reviewed state websites and spoke to a representative of the local hospital. Absent a PREA incident, compliance is based on policy, staff understanding of expectations, the availability of onsite medical and mental health resources, and access to SANE nursing services at local hospitals. The Auditor also considered the agency PREA policy which outlines expectations consistent with this standard and the organized response plan.</p>
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<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Coordinated Response Plan</p> <p>Medical and Mental Health Assessments</p> <p>Mental Health Services Information</p> <p>Screening tools</p> <p>NCDPS - Website Rape Victims Assistance Program</p> <p>NC Statute 14.27.2</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Medical Staff</p> <p>Interview with Resident</p>

Interview with Ester House of Stanly County

Interview with PREA Coordinator

Observation of the medical unit

Summary Determination

Indicator (a) The Cabarrus Youth Development Center ensures that all residents are provided with the appropriate level of medical and mental health services for any issues of sexual abuse. Medical staff will provide the appropriate level of care depending on how long ago the abuse occurred. If the incident has occurred recently the resident will be offered a forensic exam at a local hospital. 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 resident is more comfortable discussing the abuse with a rape crisis agency staff person that would be arranged by the Mental Health Clinician or the PREA Support Person. Medical staff confirmed juveniles in crisis can be moved within minutes to outside hospitals for critical care and that there is no conflict with custody staff on this process. NCDPS PREA Policy on pages 20-27 provides clear instructions on what to do if the assault has occurred in the past 72 hours if the abuse occurred at some other time, and what staff are expected to do if there is no medical or mental health staff on site. The facility's PREA Response plan also sets forth expected action consistent with getting juveniles access to care as soon as possible. Interviews with the facility nurse confirmed there would be an initial assessment in the medical office but that if there is a concern that the individual was a victim of sexual assault they would be transferred to Atrium Health Hospital for a forensic exam by and trained Sexual Assault Nurse Examiner (SANE).

Indicator (b) Residents who are victims of sexual assault in an NCDPS Juvenile Justice facility are immediately referred to mental health services as well as medical services. If the services are provided initially in a hospital setting, as would occur in the forensic exam, the Cabarrus Youth Development Center medical staff would provide the appropriate follow-up services. The Cabarrus Youth Development Center Medical and Mental Health staff spoke with confirmed, as did the Ester House of Stanly County representative, that they would make referrals to ensure continuity of care if the resident was released home or transferred to another facility. Medical staff confirmed that if a resident has been transported to the hospital, the facility medical staff will thoroughly review the discharge instructions, carry out orders as appropriate, and develop treatment plans for alleged victims upon returning to the facility. Facility medical staff report the steps will all be documented in the resident's electronic health care record. There was no incident so the Auditor could not review any related medical charts for this indicator

Indicator (c) NCDPS offers residents of CYDC a full array of medical and mental health services. The medical clinic addresses the needs associated with the adolescent population. The medical team can address any issue related to post-sexual assault, including prophylactic treatments for STDs and pregnancy testing and counseling. The facility has nursing services daily and on-call medical providers



when nurses are not on site. The Nurse also confirmed that residents needing specialized care can be brought to a specialist in the community if needed. The medical staff also supports they have medical autonomy and do not feel that custody would impede the juvenile from going out for a forensic exam. Mental Health services include counseling, medication management, and when needed extra support. The mental health focus is on assessing stability and managing juvenile concerns in the pretrial Juvenile Detention beds and can delve more into long term treatment issues in the Youth Development center portion of the facility.

Indicator (d) Cabarrus Youth Development Center and the representative of Atrium Health Hospital confirmed that a female victim can be offered pregnancy testing.

Indicator (e) Cabarrus Youth Development Center and the representative of Atrium Health Hospital confirmed that a female victim can be offered pregnancy-related education. The Policy states, "The alleged sexual abuse victim(s) shall be offered timely information about and/or access to: testing for sexually-transmitted infections; prophylaxis for sexually-transmitted infections, treatment for sexually-transmitted infections; pregnancy testing; emergency contraception; and all lawful pregnancy-related medical services in accordance with professionally-accepted standards of care."

Indicator (f) The Auditor confirmed with both the medical staff at Cabarrus Youth Development Center and the representative of Atrium Health Hospital that victims of sexual assault are offered testing for sexually transmitted diseases. This testing is provided free of charge, consistent with agency policy and state law. Policy language as noted in indicator (e) supports this expectation. The Nurse also confirmed that if the juvenile refuses at the hospital these suggested services they would be educated on why the hospital made the recommendations for testing and the service could be offered at the facility.

Indicator (g) Treatment services are provided without cost to the resident, including if the resident must go out for a forensic exam. Juveniles do not pay for medical services in NCDJDP facilities. State law 14.27.2 put NCDPS, (the parent organization of NCDJDP) in charge of the funds to be paid to hospitals for the treatment of victims of sexual abuse. The Nurse confirmed that the juvenile will be sent for the exam no matter if they have named the abuser or not. Hospital staff also confirmed there is no requirement to name an abuser to receive services.

Indicator (h) All individuals involved in a sexual assault, both the victim and perpetrator, are referred for mental health assessments. The Auditor was able to confirm with mental health staff that they can complete a full array of services for both the victim and perpetrator of sexual abuse. Though there have been no incidents at Cabarrus Youth Development Center, mental health staff are experienced in working with individuals with prior perpetrating behaviors in the community. Agency policy states "A comprehensive forensic mental health evaluation may be conducted at the center (The forensic mental health evaluation shall be scheduled based on review by the senior person in charge and if recommended. The evaluation should be initiated within days of concerns coming to

	<p>the attention of Juvenile Justice).”</p> <p>Compliance Determination</p> <p>The NCDPS Juvenile Justice services ensure residents have ongoing access to services that address the healthcare needs of resident victims of sexual abuse. The Auditor confirmed the capacity to support victims of sexual violence. The Cabarrus Youth Development Center health services staff would provide follow-up medical and mental health services for victims of sexual assault or perpetrators of sexual offenses. Healthcare staff would ensure that all medical needs and follow-up treatment were provided after an initial referral to the local hospital for a forensic exam. Medical staff confirms that they could educate residents about the importance of pregnancy testing, STD testing, and prophylactic treatments if they initially refused these treatments at the hospital. Compliance is based on the resources available on-site and community-based services, the interviews with medical and mental health staff, and interviews with representatives of the Ester House of Stanly County. There were no incidents of staff having to respond to sexual abuse of a juvenile at Cabarrus Youth Development Center.</p>
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<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Post Incident review form (OPA-I10)</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the facility Director</p> <p>Interview with PREA Coordinator</p> <p>Interview with PREA Compliance Manager</p> <p>Interview with Medical Staff</p> <p>Interview with Mental Health staff</p> <p>Interview with PREA Support Persons</p>

## Summary Determination

Indicator (a) The North Carolina Division of Juvenile Justice and Delinquency Prevention has a policy in place that addresses this indicator. Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures (page 9) sets forth the requirement of an incident review on all cases of sexual abuse unless the investigation has determined the allegation was unfounded. The policy states, "the PCM will conduct a Post Incident Review (PIR) after every sexual abuse investigation unless "unfounded." The PIR (OPA-I10) will occur within 30 days of the conclusion of the investigation, and a copy of the final PIR will be submitted to the PREA Office within 30 days of completion. The PCM will include a review team of management, supervisors, investigators, and medical/mental health providers to conduct the PIR.

The review team will:

1. Consider if there is a need to change policy or practice;
2. Consider if the incident was motivated by race, ethnicity, gender identity, LGBTI identification, status, gang affiliation, or was motivated by group dynamics at the center;
3. Assess if physical barriers enabled abuse;
4. Assess the adequacy of staffing levels;
5. Assess if monitoring technology should be deployed or supplemented; and
6. Prepare a report of findings, determinations, and improvement recommendations. If the center does not implement recommendations, reasons must be documented." The Auditor was provided with examples of the review form that would be used if CYDC had an incident of sexual abuse.

Indicator (b) The NCDJJD PREA policy states, consistent with standard expectations, the review should occur within 30 days of the investigation conclusion. The Policy list the review under duties described for the facility's PREA Compliance Manager. "The PIR (OPA-I10) will occur within 30 days of the conclusion of the investigation and a copy of the final PIR will be submitted to the PREA Office within 30 days of completion." Interviews with the facility Director and the PREA Compliance Manager both supported knowledge of the importance and timeliness of the reviews. Absent an actual incident of sexual abuse the Auditor confirmed with the Agency PREA Office that they would be actively involved in the review process.

Indicator (c) As noted in indicator (a) the policy language addresses the multi-discipline nature of the team. In a review of the documentation provided and various staff interviewed, the multi-disciplinary nature of the team was confirmed. The facility confirmed they have mock audits reviewed the incident in a multi-disciplinary team. The Director believes he would include the Assistant Director, PCM, line Supervisor, and a PREA Support Person as well as Medical and mental

	<p>health staff. Information requires that all reviews be forwarded to the NCDJJD PREA Office and the Regional Director for further review. The agency PREA Coordinator confirmed their review would also look at systemwide complaints to further identify consistencies that may need to be addressed through policy or training needs.</p> <p>Indicator (d) The elements described in this indicator are all covered in policy as noted in indicator (a). The Post-Incident Review form (OPA-I10) uses an agency-approved form to document the review panel’s considerations including the required information. The PIR form considers if the policy needs to be reviewed, and the underlying motivation for the incident, including if the victim was targeted due to their perceived membership of a particular group. It goes on to look at staffing, physical plant issues, and surveillance needs. Interviews with the Agency Head representative, the PREA Coordinator, the Facility Director, and the PREA Compliance Manager all support they would be assessing how policy, training, and operational practice might need to change to prevent any further incident.</p> <p>Indicator (e) The Post Incident Review form used in all NCDJJD facilities documents the findings of the questions asked in this standard indicator. It provides the reader with information if the team has determined the cause of the abuse related to the six sub-indicators described in (d) and any recommended actions. The Director and PREA Compliance Manager were both aware of the form and the importance of good documentation of the information determined through the investigation and the subsequent review.</p> <p>Compliance Determination</p> <p>The North Carolina Division of Juvenile Justice and Delinquency Prevention policy requires the completion of the steps outlined in this standard. The interviews support knowledge of the aspect of a critical incident review in PREA sexual assault cases. The policy requires what information needs to be part of the incident review. The language comes directly from the standard. Absent an actual incident, compliance was determined based on policy language, the documentation provided, the incident review member’s understanding of the requirements, and the incident review form.</p>
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<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p>

Agency annual report

Agency Website

NCDJJD Data tracking document

Memo from NCDJJD PREA Office on incident and data collection.

Individuals interviewed/ observations made.

Interview with the Agency Head representative

Interview with PREA Coordinator

#### Summary Determination

Indicator (a) The North Carolina Division of Juvenile Justice and Delinquency Prevention collects data consistent with the policy definitions which were developed to be consistent with the standard. The PREA Coordinator states each facility's PREA Compliance Manager will collect incident-based sexual misconduct data and forward that data to the Department's PREA Coordinator. All information is also forwarded in TORI the NCDJJD incident report site that allows for administrative review by agency leadership. The agency policy and annual reports define sexual abuse and sexual harassment as consistent with federal definitions. The Agency has statewide case management systems that can capture, age, gender, as well as the outcomes of all investigations. The state PREA Office has direct access to information from the state critical incident tracking system (TROI). The PREA staff confirmed that they are made aware of all incidents and will be supplied information on 16 different elements of each incident including the tracking of how long the investigation took and the outcome determination

Indicator (b) The agency completes an annual report with aggregate data from the Cabarrus Youth Development Center. There were no incidents to review but the agency PREA Coordinator was familiar with the various elements of required for the SSV and the agency's annual report. The Auditor also reviewed the agency's annual report which did not include any identifiers.

Indicator (c) The Auditor was able to confirm the various elements of the Survey of Sexual Violence are maintained and could be used to complete the report if requested by the Department of Justice. There has not been a request by the Department of Justice for a Survey of Sexual Violence reports for the Cabarrus Youth Development Center. Interviews with both the Facility PREA Compliance Manager and the State PREA Coordinator confirmed the elements would be tracked.

Indicator (d) The agency has rules on the retention of records at all NCDJJD

facilities. Copies of criminal files involving resident-on-resident contact will be retained locally with a copy to the agency PREA Coordinator. The PREA Coordinator would receive all incident outcomes and ensure data accuracy.

Indicator (e) The NCDJDP just entered into its first agreement with the Department of Corrections for a Juvenile unit with sight and sound separation from adults in a co-located facility. Contractual Language reviewed in 115.312 requires the facility to be run under PREA Juvenile rules. The Juvenile PREA Office confirmed they would receive notification on all allegations of abuse at this contracted facility.

Indicator (f) The Department of Justice has not requested PREA-related information from the NCDPS in the past year for CYDC.

**Compliance Determination**

The Auditor has found the standard to be compliant. The NCDJDP has a system in place for collecting uniform data that could be used to complete the Survey of Sexual Violence. The North Carolina Department of Public Safety Prison Rape Elimination Act (PREA) Sexual Abuse Annual Report 2021 outlines the efforts, including data for each of NCDPS’s adult and juvenile facilities. The 2022 report will be finalized shortly. The agency has not been required to complete the Survey of Sexual Violence by the DOJ for this year for this facility or at the statewide level. The State PREA Coordinator reports she has all the information available to complete the report and provided the previous year’s report to further support their compliance. The Auditor also took into consideration the tracking system NCDJDP has in place that allows for facility and systemwide analysis to occur.

115.388	Data review for corrective action
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Annual Report on agency Website</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the Regional Director</p>

Interview with the Agency Head

Interview with the Facility Director

Interview with Agency PREA Coordinator

#### Summary Determination

Indicator (a) The North Carolina Division of Juvenile Justice and Delinquency Prevention utilizes both data related to PREA incidents and data related to other critical safety incidents to determine program improvements. The department's central office staff and the facility's administrative team review critical incidents with an eye toward improving safety. Interviews with the Facility Director, the Agency PREA Coordinator, and the Regional Director who was on-site during the audit support critical analysis occurs not only at the facility level but also at a system level. Both the Director and the PREA Coordinator also confirmed trends are used to further guide policy/ procedural practices or the disbursement of resources.

Indicator (b) The NCDJJD annual report has a comparison by each facility on the number of sexual assault and sexual harassment claims. Each facility's data compares the current year to the prior year's data. The report shows if the accused was a staff or a resident and provided the outcome determination.

Indicator (c) The Agency Head representative confirms the Secretary of NCDJJD approves the PREA report developed by the agency PREA Coordinator before being placed on the agency's website.

Indicator (d) The Division of Juvenile Justice and Delinquency Prevention remove all identifiers from summary reports. The Auditor was able to review several documented reports on PREA that show cumulative data without utilizing identifiers.

#### Compliance Determination

North Carolina Department of Public Safety meets the requirements of this standard. The data elements are required to be reviewed by the agency PREA Coordinator to ensure consistent data. Interviews with the Agency Head, Regional Director, PREA Coordinator, and facility Director supported they utilize data to make informed decisions on programmatic and policy needs. This is consistent with the standard expectation to do a critical review of data to identify problem areas and enact corrective actions. Since the PREA Coordinator works in the Analysis, Research, and External Affairs unit of NCDJJD, trends can be reviewed, and changes supported either from the facility level; such as supporting the need for additional staff or electronic surveillance equipment; or from a central administrative level such as policy/procedural modifications. The agency also showed compliance with PREA standards through the annual report that combines data, graphs, and narrative information on NCDJJD's efforts since 2015 are posted on the agency website. The report highlights each facility and tracks trends of incidents without identifying information as the agency attempts to provide an environment free of

	sexual abuse or harassment.
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<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Youth Development Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Intake staff persons</p> <p>Medical and Mental health staff</p> <p>File Security</p> <p>Summary Determination</p> <p>Indicator (a) The North Carolina Department of Public Safety has policies that protect the security of information. The Auditor spoke with facility leadership and medical and mental health staff on the confidentiality of records. In discussions with the PREA Coordinator and medical and mental health staff, they described the layers of controls to ensure no unnecessary disclosure. The Administrative Investigative files have similar protections to ensure only those individuals who need access to the information discovered. Criminal Investigation files will be maintained in accordance with state law. NCDJJD will keep copies of their documentation and the final criminal investigative report.</p> <p>Indicator (b) The North Carolina Division of Juvenile Justice and Delinquency Prevention ensures the information related to PREA incidents and the agency's efforts to support a zero-tolerance culture are published in an annual report available on the agency website. The Website provides information on the department's efforts to create and maintain environments free of sexual abuse and sexual harassment.</p>



	<p>Indicator (c) The Auditor’s review of the NCDPS PREA annual report located on the state’s website does not include any identifiers.</p> <p>Indicator (d) Agency policy states the Juvenile record will be destroyed 5 years after the juvenile’s involvement with the agency ends. The agency’s PREA Coordinator is aware that all PREA-related data should be maintained for a period of no less than 10 years.</p> <p>Compliance Determination:</p> <p>The standard is compliant. North Carolina Department of Public Safety policies ensures that records are maintained securely. Since much of the documentation lies within the TORI information system, it is secure and only accessible by approved individuals. Aggregate data for all DPS juvenile facilities are available annually. The Auditor reviewed the agency website to ensure the report was posted without any identifying information.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Juvenile Detention Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>North Carolina Department of Public Safety website</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator (a) The North Carolina Department of Public Safety website shows all its current and former facilities have been audited for PREA Compliance starting in 2014. The website includes the Division of Juvenile Justice and Delinquency Prevention supports that the audits are ongoing every three years since the initial</p>

audits. The Auditor's review of the website confirmed that Cabarrus Juvenile Detention was audited in the previous cycle of PREA Audits. This is the first year of the current cycle and the Auditor is scheduled to complete a third of the PREA audits.

Indicator (b) The NCDJJD has no less than one-third of Juvenile facilities audited in a year. The number of overall NCDJJD facilities audited per year has been impacted by the COVID-19 pandemic during the previous audit cycle. The agency has PREA Audits scheduled out with this Auditor across all three audit cycle years. There are four audits in the first year of this cycle out of a total of 10 facilities.

Indicator (h) The Auditor did have open access to all parts of the facility. The Auditor was able to move freely about the housing units on tour to be able to speak informally with juveniles to ensure they were aware of the Audit, the agency's efforts to educate juveniles, and how to seek assistance if the need arises. The Auditor was able to return to areas at request without obstruction. The workspace used for interviews also allowed the Auditor to observe daily operations to confirm that stated practices were performed.

Indicator (i) The North Carolina Division of Juvenile Justice and Delinquency Prevention provided the required access to information. The Auditor was also able to get copies of other documentation as requested on-site or during the post-audit period. The Auditor requested a random sample of information using the information on the identified population, and the housing unit population list to ensure a diverse sampling of the population. The Auditor was able to test critical functions including the phone system, outside calling access, and the interpreter line. The facility provided all documentation in a well-organized manner. The facility had corrective action exercises that will require the facility to continue to provide information over the next few months.

Indicator (m) The Auditor was able to interview juveniles throughout the facility in private spaces. The space provided was appropriate to allow the Auditor and the juvenile to speak freely without others being able to hear our conversations. The juveniles appeared to be open to speaking with the Auditor and were not hesitant to answer questions. The Auditor confirmed their willingness to participate in the Audit. The residents answer questions supporting that they understood PREA, the Zero Tolerance expectation, and how to report a concern. The Auditor also found that residents supported that the environment was a safe place from sexual abuse and that staff were approachable and will address any negative behaviors including sexualized verbal comments.

Indicator (n) The Auditor did not receive confidential correspondence from the posting of the Audit notice. The Auditor's information was posted and electronically verified in advance of the site visit and during the tour and resident interviews. During the audit, the facility PREA Compliance Manager was informed the posting should remain up until the final report is issued. The Juveniles were aware of the Audit and the posting on the wall as were the staff spoken with during my time on site. Residents confirm the notice was up for several weeks, some residents

	<p>confirmed it was up when they came a few weeks earlier. The signage was up in all units visited and in the main lobby where families or other interested parties would have access.</p> <p>Compliance Determination</p> <p>The North Carolina Department of Public Safety has had PREA audits of each of its facilities since 2014-15. The NCDJDP has spread its facility audits over the three-year PREA cycle. The Auditor was given full access to the site 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 residents. The facility did post the audit notice, it was visible on the tour and residents 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.</p>
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<b>115.403 Audit contents and findings</b>	
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Cabarrus Juvenile Detention Center Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>North Carolina Department of Public Safety website</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator: (f) The North Carolina Department of Public Safety website has all the previous PREA Audits posted since it began having audits of juvenile facilities in 2015. This was determined through a review of the state’s NCDPS website. The Auditor was able to review the previous Audit report from the agency website as part of the Audit preparation. As noted earlier the PREA Office used to service both the Department of Corrections and the Division of Juvenile Justice. The Department of Corrections has since become its own entity in North Carolina Government as a result the NCDPS Division of Juvenile Justice and Delinquency Prevention created its own PREA Office. As part of the transition, the PREA Information is available directly through the DJJ page.</p>

Compliance Determination

The North Carolina Department of Public Safety website has all previous facility PREA Audits posted under its PREA information link. The Auditor was able to see the timely posting of other audits that occurred during this audit cycle. The Auditor also took into consideration that the Agency PREA Coordinator was also aware of the timing requirement for the posting of the audit report.

<b>Appendix: Provision Findings</b>		
<b>115.311 (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>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.311 (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>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes
<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
<b>115.313 (d)</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: Prevailing staffing patterns?	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>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes



	functions of the facility? (N/A for non-secure facilities )	
<b>115.315 (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>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
<b>115.315 (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 residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

	Residents who have speech disabilities?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents 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 residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.316 (b)</b>	<b>Residents with disabilities and residents 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 residents 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>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.317 (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, or to enlist the services of any contractor, who may have contact with residents?	yes
<b>115.317</b>	<b>Hiring and promotion decisions</b>	

<b>(c)</b>		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.317 (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 residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.317 (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 residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.317 (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>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.318 (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 residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.318 (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 residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.321 (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>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (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>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where 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>115.321 (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?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.321 (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>115.321 (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 entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
<b>115.321 (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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
<b>115.322 (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>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy 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>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
<b>115.331 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
<b>115.331 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.331 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents 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>115.331 (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>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.332 (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>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.334 (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 115.321(a).)	yes

<b>115.335 (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 juvenile 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>115.335 (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.)	yes
<b>115.335 (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>115.335 (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 §115.331? (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
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes



	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

<b>115.342 (c)</b>	<b>Placement of residents</b>	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
<b>115.342 (d)</b>	<b>Placement of residents</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (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 resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	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>115.352 (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 residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	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 resident 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>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible 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?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</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 residents 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>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
<b>115.354 (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 a resident?	yes
<b>115.361 (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 they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents 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	yes



	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
<b>115.361 (f)</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>115.362 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
<b>115.363 (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>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (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	yes

	accordance with these standards?	
<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.364 (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>115.365 (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>115.366 (a)</b>	<b>Preservation of ability to protect residents 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 limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
<b>115.367 (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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident 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: Resident 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: Resident 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>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (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>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

<b>115.371 (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 does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
<b>115.371 (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 involving juvenile victims as required by 115.334?	yes
<b>115.371 (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>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</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>115.371</b>	<b>Criminal and administrative agency investigations</b>	

<b>(f)</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 resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.371 (g)</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>115.371 (h)</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>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
<b>115.371 (k)</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 facility or agency	yes

	does not provide a basis for terminating an investigation?	
<b>115.371 (m)</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 115.321(a).)	yes
<b>115.372 (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>115.373 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes



	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?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.376 (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>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (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>115.376 (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>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	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>115.377 (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 residents?	yes

<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</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 offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</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>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (c)</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>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.382 (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 staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
<b>115.383 (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 residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.383 (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>115.383 (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>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
<b>115.383 (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 § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (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	yes

	cooperates with any investigation arising out of the incident?	
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.386 (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>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (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>115.386 (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 §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.386 (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>115.387 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.387 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.387 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	yes



	the confinement of its residents.)	
<b>115.387 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<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, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes