

PREA Facility Audit Report: Final

Name of Facility: Black Mountain Substance Abuse Treatment Center for Women

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 02/25/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Kendra Prisk	Date of Signature: 02/25/2022

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	01/11/2022
End Date of On-Site Audit:	01/11/2022

FACILITY INFORMATION	
Facility name:	Black Mountain Substance Abuse Treatment Center for Women
Facility physical address:	1449 North Fork Road, Black Mountain, North Carolina - 28711
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Donald Vroman
Email Address:	donald.vroman@ncdps.gov
Telephone Number:	828-581-4501

Facility Director	
Name:	Debbie Hughes
Email Address:	debbie.hughes@ncdps.gov
Telephone Number:	828-747-2601

Facility PREA Compliance Manager	
Name:	Donald Vroman
Email Address:	donald.vroman@ncdps.gov
Telephone Number:	O: (828) 581-4501
Name:	Debbie Hughes
Email Address:	debbie.hughes@ncdps.gov
Telephone Number:	O: (828) 747-2601
Name:	Janis Wilson
Email Address:	janis.wilson@ncdps.gov
Telephone Number:	O: (828) 581-4454

Facility Characteristics	
Designed facility capacity:	64
Current population of facility:	30
Average daily population for the past 12 months:	21
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Females
Age range of population:	18+
Facility security levels/resident custody levels:	probation/parole
Number of staff currently employed at the facility who may have contact with residents:	38
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	8
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

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

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

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

SUMMARY OF AUDIT FINDINGS	
<p>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.</p> <p>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.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
41	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-01-11
2. End date of the onsite portion of the audit:	2022-01-11

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:	JDI and Our Voice

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	64
15. Average daily population for the past 12 months:	21
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	31
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

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:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
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:	37
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:	0
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:	7

<p>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:</p>	<p>Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Staff for the random interviews were chosen at random and varied across gender, race, ethnicity and post assignments. Random staff were interviewed from all three shifts. Staff selected for the specialized interviews were selected at random across varying factors, when possible. There were no volunteers interviewed as volunteers were not allowed on-site during the audit due to COVID-19 and no staff involved with youthful residents were interviewed as the facility does not house youthful residents. Interviews were conducted using the Interview Guide for a Random Sample of Staff and/or the Interview Guide for Specialized Staff.</p>
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INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>12</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Based on the population on the first day of the audit (31) the PREA auditor handbook indicated that at least ten residents were required to be interviewed. From the provided lists, the auditor selected a representative sample of residents for the targeted and random interviews. Residents for the random interviews were chosen at random and varied across race, housing assignments and time in custody. At least three residents were selected from each of the housing wings.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>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):</p>	<p>Based on the population on the first day of the audit (31) the PREA auditor handbook indicated that at least ten residents were required to be interviewed. From the provided lists, the auditor selected a representative sample of residents for the targeted and random interviews. Residents for the random interviews were chosen at random and varied across race, housing assignments and time in custody. At least three residents were selected from each of the housing wings.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>1</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>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on a review of documentation and conversation with staff and residents.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

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

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on a review of documentation and conversation with staff and residents.</p>
<p>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:</p>	<p>1</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on a review of documentation and conversation with staff and residents.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on a review of documentation and conversation with staff and residents.</p>

<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on a review of documentation and conversation with staff and residents.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility does not have a segregated housing unit.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>There were limited residents available for selection from for the targeted interviews. After a review of documentation and discussion with staff and residents it was confirmed that there was only one resident from the lesbian, gay and bisexual targeted category. Interviews were conducted using the Resident Interview Questionnaire supplemented by the Targeted Resident Questionnaire for the lesbian, gay or bisexual resident.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</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 checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Race, gender</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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):</p>	<p>Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Staff for the random interviews were chosen at random and varied across gender, race, ethnicity and post assignments. Random staff were interviewed from all three shifts.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</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>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>14</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</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>

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

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>Staff selected for the specialized interviews were selected at random across varying factors, when possible. There were no volunteers interviewed as volunteers were not allowed on-site during the audit due to COVID-19 and no staff involved with youthful residents were interviewed as the facility does not house youthful residents. Interviews were conducted using the Interview Guide for a Random Sample of Staff and/or the Interview Guide for Specialized Staff.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>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).</p>	<p>The on-site portion of the audit was conducted on January 11, 2022. The auditor had an initial briefing with the the Director and facility staff to discuss audit logistics. After the initial briefing, the auditor selected residents and staff for interview as well as documents to review. The auditor conducted a tour of the facility on January 11, 2022. The tour included housing units, the laundry room, intake, the multi-purpose room, education, maintenance, food service, health services and programming. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for residents and other factors as indicated in the below standard findings. The auditor reviewed the cameras during the tour and verified that the camera placement was appropriate.</p> <p>Interviews were conducted on January 11, 2022. All interviews were conducted in a private confidential setting.</p> <p>The auditor tested the outside reporting mechanism and received confirmation the same day that the call was received. The auditor contacted Our Voice during the on-site portion of the audit and was able to connect with a live person to confirm that services were available to the residents.</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>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?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

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

Personnel and Training Files. The facility has 38 staff assigned. The auditor reviewed a random sample of sixteen personnel and training records that included three individuals hired within the previous twelve months and three individuals hired prior to five years ago. The sample included a variety of job functions and post assignments. Most of the files that were reviewed were of the staff the auditor selected for interview. Additionally, personnel and training files for seven contractors and four medical and mental health care staff were reviewed.

Resident Files. A total of fourteen resident files were reviewed although some files were only reviewed for a specific area the auditor was reviewing. All fourteen resident files were of those that arrived within the previous twelve months.

Medical and Mental Health Records. During the previous year, there were zero allegations of sexual abuse or sexual harassment and as such there were no medical or mental health files to review.

Grievances. In the past year, the facility reported they had zero grievance of sexual abuse. The auditor reviewed the grievance log and confirmed there were zero grievances of sexual abuse during the audit period.

Hotline Calls. The agency does not have an internal inmate hotline for reporting. The hotline that is available for residents to call is the outside reporting mechanism. The auditor tested the outside reporting mechanism while on-site.

Incident Reports. The auditor reviewed the incident report log for the previous twelve months. There were zero sexual abuse allegations reported during the previous twelve months.

Investigation Files. During the previous twelve months, there were zero sexual abuse allegations reported. As such, there were zero investigative reports to review.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no reported sexual abuse or sexual harassment allegations during the audit period.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
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<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were zero sexual abuse or sexual harassment allegations reported during the audit period.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) </p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There were zero sexual abuse or sexual harassment allegations reported during the audit period.</p>
<p>SUPPORT STAFF INFORMATION</p>	
<p>DOJ-certified PREA Auditors Support Staff</p>	
<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>
<p>Non-certified Support Staff</p>	
<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>

AUDITING ARRANGEMENTS AND COMPENSATION

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

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Program Manual A.1200 – Community-Based Facility Sexual Abuse and Harassment (PREA) 4. Standard Operating Procedure C.0600 – Sexual Abuse and Sexual Harassment Procedure 5. Department of Public Safety PREA Prevention Planning (DPS-PREA-100) 6. Standard Operating Procedure D.1000 – Facility Operations and Coverage 7. Standard Operating Procedure D.0500 – Resident Property Search 8. Policy and Procedure F.0100 – Operational Searches 9. Policy and Procedure J.0100 – Conduct of Employees 10. Policy and Procedure F.1600 – Management of Security Posts 11. Policy and Procedure E.2600 – Reasonable Accommodations for Offenders with Disabilities 12. Policy and Procedure P.0400 – Non-English Speaking Offender Program 13. Policy and Procedure E.3400 – Community Volunteer & Community Leave Program 14. Policy and Procedure G.0300 – Administrative Remedy Procedure 15. Policy and Procedure B.0200 – Offender Disciplinary Procedures 16. Health Services Policy & Procedure Manual CP-18 – Sexual Abuse 17. Health and Wellness Services Policies and Procedures CC-4 – Pregnancy Management 18. Health Services Policy & Procedure Manual CC-8 – Aftercare Planning for Inmates in Health Services 19. Facility Organizational Chart <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Coordinator <p>Findings (By Provision):</p> <p>115.211 (a): The PAQ indicated that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The agency has F.3400 as well as A.1200 that outline the agency's strategies on preventing, detecting and responding to sexual abuse and include definitions of prohibited behavior. Additionally, the facility has C.0600 which outlines facility specific strategies. The policies address "preventing" sexual abuse and sexual harassment through the designation of a PC, training (staff, volunteers and contractors), staffing, intake/risk screening, resident education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors) and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, victim services, medical and mental health services, incident reviews and data collection. The policies are consistent with the PREA standards and outlines the agency's approach to sexual safety. Additionally, DPS-PREA-100, D.1000, D.0500, F.0100, J.0100, F.1600, E.2600, P.0400, E.3400, G.0300, B.0200, CC-8, CC-4 and CP-18 supplement the PREA policies and provide information related to staffing, searches, employee and resident discipline, reasonable modifications for disabled and LEP resident, grievances and medical and mental health care related to sexual abuse and sexual harassment.</p> <p>115.211 (b): The PAQ indicated that the facility employs or designates an upper-level, facility-wide PREA Coordinator with sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards. The agency's organizational chart reflects that the PC position is an upper-level, agency-wide position. The PC is the PREA</p>

Director and reports to the Chief Deputy Secretary. Additionally, the facility has a PREA Compliance Manager (PCM). Because of the facility type, the facility PCM was more equipped to answer the PC questions. As such, all questions most questions for the PC were answered by the facility PCM. The facility's organizational chart reflects that the PCM position is an upper-level, facility-wide position. The PCM is the Assistant Facility Administrator and reports to the Facility Administrator. The interview with the PC indicated that he has enough time to manage all of his PREA related responsibilities. He stated that PREA takes priority over his other duties and that he monitors to make sure that other staff are completing all of their assigned PREA duties. He stated he ensures that the facility PREA posters are up, that cameras are operational, that any allegations are investigated and handled appropriately and that residents are monitored accordingly. The PC further advised that he ensures that residents receive PREA education upon arrival and that documentation is maintained related to education. The PC stated if he identifies an issue complying with a standard they would determine the deviation from the federal standard and take any necessary steps to alleviate the issue. He provided an examples such as identifying the issue of cameras. He stated he would document the need for the cameras, work with the Facility Administrator and Regional Staff to obtain the appropriate resources to obtain the cameras for the area and reach out to the agency's PREA office for assistance as well, if needed.

Based on a review of the PAQ, F.3400, A.1200, C.0600, DPS-PREA-100, D.1000, D.0500, F.0100, J.0100, F.1600, E.2600, P.0400, E.3400, G.0300, B.0200, CC-8, CC-4 and CP-18, the organization chart and information from the interview with the PC, this standard appears to be compliant.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Memorandum from the Human Services Program Manager <p>Findings (By Provision):</p> <p>115.212 (a): The agency is an organization dedicated to helping women overcome alcohol and substance abuse problems. The agency does not contract with other entities for the confinement of its residents. The PAQ as well as the memorandum from the Human Services Program Manager indicated that this standard is not applicable as the agency does not contract for the confinement of its residents. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its residents and as such an interview was not conducted.</p> <p>115.212 (b): The agency is an organization dedicated to helping women overcome alcohol and substance abuse problems. The agency does not contract with other entities for the confinement of its residents. The PAQ as well as the memorandum from the Human Services Program Manager indicated that this standard is not applicable as the agency does not contract for the confinement of its residents. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its residents and as such an interview was not conducted.</p> <p>115.212 (c): The agency is an organization dedicated to helping women overcome alcohol and substance abuse problems. The agency does not contract with other entities for the confinement of its residents. The PAQ as well as the memorandum from the Human Services Program Manager indicated that this standard is not applicable as the agency does not contract for the confinement of its residents. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its residents and as such an interview was not conducted.</p> <p>Based on the review of the PAQ and the memo from the Human Services Program Manager this standard appears to be not applicable and as such compliant.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Standard Operating Procedure D.1000 – Facility Operations and Coverage 3. The Staffing Plan 4. Annual Staffing Plan Review 5. Deviations From the Staffing Plan <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Director 2. Interview with the PREA Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Staffing Levels 2. Video Monitoring Technology or Other Monitoring Devices <p>Findings (By Provision):</p> <p>115.213 (a): D.1000, pages 1-2 state that the Program Coordinator's primary consideration when compiling the shift schedule shall be the staffing needs of the facility. These considerations include: daily coverage for all shifts and adequate coverage to address the following needs: resident movement facility medical needs, transportation, deliveries and other special events or circumstances. The PAQ indicated that the current staffing is based off of 60 residents. The facility employs 38 staff. All staff are civilian staff and make up three shifts; 5:30am-4:00pm, 11:30am-10:00pm and 9:00pm-8:00am. A review of the facility staffing plan indicates that at least two staff are assigned to each shift, with a shift lead on each shift. Facility leadership staff and other program staff are also available during extended business hours. During the tour the auditor viewed the video monitoring system and confirmed that video monitoring was located in various areas within the facility. There were also mirrors strategically placed in hallways and buildings/rooms to alleviate blinds spots and assist with monitoring in those areas. Additionally, the auditor observed that staff were present throughout the buildings. Staffing levels appeared to be adequate to supervisor and protect the resident population. The interview with the Director confirmed that the facility has a staffing plan that provides adequate staffing levels to protect residents from sexual abuse and that the facility complies with the staffing plan on a regular basis. She indicated that video monitoring technology is part of the staffing plan and that the overall plan includes post assignments and positions. The PC and the Director stated that the staffing plan takes into consideration the facility's video monitoring, any hidden rooms and closets and they confirmed that all required components under this provision are included when developing and reviewing the plan. They stated that there is a one staff member in each unit and that rounds are conducted at least every 30 minutes. They further stated the facility has requested numerous cameras for hallways and that since all the residents are female, they ensure there is at least one female staff member working at all times, however they are female staff dominant.</p> <p>115.213 (b): The PAQ indicated that when the facility deviates from the staffing plan that they document and justify the deviations. The PAQ stated that the most common reasons for deviations included; position vacancies; staff sickness; adverse weather; family medical leave, transports due to medical discharges and child care issues. A review of documentation confirmed that deviations are documented on the daily security roster and narrative in the comments and complications section. The interview with the Director confirmed that any deviations from the staffing plan would be documented on the shift narrative.</p> <p>115.213 (c): The PAQ indicated that at least once every year the facility reviews the staffing plan to see whether adjustments are needed in: the staffing plan, prevailing staffing patterns, the deployment of video monitoring systems and other monitoring technologies, or the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. The staffing plan was most recently reviewed on December 5, 2021. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. The staffing plan review included resident population, video monitoring technology, physical layout, resources available, number of sexual abuse and sexual harassment allegations, deviation from the staffing plan and any recommendations of staffing reviews. The PC</p>

confirmed that he is consulted regarding the facility's staffing plan, but that he is brand new to doing it

Based on a review of the PAQ, D.1000, the staffing plan, the annual staffing plan review, deviations from the staffing plan, observations from the tour and information from the interviews with the PC and the Director indicate that this standard appears to be compliant.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 300">Documents:</p> <ol data-bbox="240 329 963 472" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Standard Operating Procedure D.0500 – Resident Property Search 3. Policy and Procedure F.0100 – Operational Searches <p data-bbox="240 501 363 530">Interviews:</p> <ol data-bbox="240 560 630 645" style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with Random Residents <p data-bbox="240 674 528 703">Site Review Observations:</p> <ol data-bbox="240 732 863 817" style="list-style-type: none"> 1. Observations of Privacy in Housing Units and Restrooms 2. Observation of Opposite Gender Announcement <p data-bbox="240 846 507 875">Findings (By Provision):</p> <p data-bbox="240 904 1481 1263">115.215 (a): The PAQ indicated that the facility does not conduct cross gender strip and cross gender visual body cavity searches of residents and that there have been zero searches of this kind in the previous twelve months. D.0500, page 1 states that Black Mountain facility staff do not conduct resident pat-down strip or body-cavity searches. Only Black Mountain DCC staff can conduct physical searches of resident and/or their property. For this reason, if facility staff suspect the presence of contraband, Black Mountain DCC staff shall always be the primary option for reporting and requesting any search. F.0100, page 2 states that offenders housed at male facilities will be strip searched by a male Correctional Officer, except in exigent circumstances as determined by the shift supervisor. It further states that offenders housed at female facilities will be strip searched by a female Correctional Officer, except in exigent circumstances as determined by the shift supervisor. Additionally, page 2 states strip searches are to be conducted in an area, which is readily accessible to only persons participating in the search. Privacy is ensured to the extent possible and temperature and lighting area adequately controlled.</p> <p data-bbox="240 1292 1497 1628">115.215 (b): The PAQ indicated that the facility does not conduct any type of searches and as such they do not permit cross gender pat searches of female residents, absent exigent circumstances. It further stated that the facility does not restrict female access to regularly available programming and other out-of-cell activities to comply with this provision. D.0500, page 1 states that Black Mountain facility staff do not conduct resident pat-down strip or body-cavity searches. Only Black Mountain DCC staff can conduct physical searches of resident and/or their property. For this reason, if facility staff suspect the presence of contraband, Black Mountain DCC staff shall always be the primary option for reporting and requesting any search. Page 2 states that staff will not permitted cross gender pat down searches of female persons in the community-based facilities, absent exigent circumstances. Facilities shall not restrict female persons in the community-based facilities access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. Interviews with random staff and random residents confirmed that no searches of any kind are conducted at the facility.</p> <p data-bbox="240 1657 1497 1881">115.215 (c): The PAQ indicated that facility policy requires all cross gender strip searches, all cross gender visual body cavity searches and all cross gender pat searches of female residents to be documented. D.0500, page 1 states that Black Mountain facility staff do not conduct resident pat-down strip or body-cavity searches. Only Black Mountain DCC staff can conduct physical searches of resident and/or their property. For this reason, if facility staff suspect the presence of contraband, Black Mountain DCC staff shall always be the primary option for reporting and requesting any search. Page 2 further states that staff will document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female persons in the community-based facilities.</p> <p data-bbox="240 1910 1497 2134">115.215 (d): The PAQ indicated that the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The PAQ further indicated that policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit. D.0500, page 2 states staff will implement procedures that enable persons in the community-based facilities to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances when such viewing is incidental to routine cell checks.</p>

Policies and procedures require staff of the opposite gender to announce their presence when entering a housing unit. During the tour, the auditor did not hear the opposite gender announcement being made as all staff in the tour group were female. The auditor observed that all housing units afforded residents privacy through solid entrance doors and shower curtains inside. Interviews with ten residents indicated that none of the ten had ever been naked in front of an opposite gender staff member and as such have privacy when showering, using the restroom and changing their clothes. All twelve random staff interviewed confirmed that residents have privacy when showering, using the restroom and changing their clothes. Additionally, all twelve staff and all ten residents interviewed confirmed that an announcement is made when opposite gender staff enter resident living areas.

115.215 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status and that no searches of this nature have occurred within the previous twelve months. D.0500, page 2 states that staff will not search or physically examine a transgender or intersex person in the community-based facilities or under supervision for the sole purpose of determining the person's genital status. If the person's genital status is unknown, it may be determined during conversation with the person, 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. D.0500, page 1 states that Black Mountain facility staff do not conduct resident pat-down strip or body-cavity searches. Interviews with twelve random staff confirm that the agency has a policy that prohibits staff from physically searching a transgender or intersex resident for the sole purpose of determining the residents' genital status. The facility did not house any transgender or intersex residents at the time of the on-site portion of the audit and as such no interviews were conducted.

115.215 (f): The PAQ indicated that 0% of staff had received training on conducting cross gender pat down searches and searches of transgender and intersex residents. The PAQ, policy as well as further communication with facility staff confirm that staff were not trained on searches because staff are not permitted to conduct physical searches of any resident. D.0500, page 1 states that Black Mountain facility staff do not conduct resident pat-down strip or body-cavity searches. Page 3 further states that staff will conduct cross-gender pat-down searches, and searches of transgender and intersex persons in the community-based facilities, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. All twelve of the random staff interviewed confirmed that they are not authorized to conduct physical searches of any kind on residents.

Based on a review of the PAQ, D.0500, F.0100, observations made during the tour to include solid doors and shower curtains as well as information from interviews with random staff and random residents indicates this standard appears to be compliant.

115.216 Residents with disabilities and residents who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Department of Public Safety PREA Prevention Planning (DPS-PREA-100)
3. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment
4. Policy and Procedure E.2600 – Reasonable Accommodations for Offenders with Disabilities
5. Policy and Procedure P.0400 – Non-English Speaking Offender Program
6. Language Resource Center (LRC) Interpretation & Translation Services
7. Sexual Abuse Awareness for Offenders Brochure (PREA Brochure)
8. PREA Posters

Interviews:

1. Interview with the Agency Head Designee
2. Interview with Random Staff

Site Review Observations:

1. Observations of PREA Posters

Findings (By Provision):

115.216 (a): The PAQ stated that the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. F.3400, page 10 states that appropriate provisions shall be made as necessary for offenders not fluent in English, persons with disabilities and those with low literacy levels. A review of PREA posters, the PREA brochure and resident distributed information confirmed that information can be provided in large font and bright colors and can be read to residents in terminology that they understand. E.2600, describes that each facility has an Americans with Disabilities Act (ADA) Coordinator who handles reasonable modification requests and assists inmates with obtaining necessary items and equipment related to his/her disability. Additionally, the agency indicated that they have posters for opposite gender staff and blinking colored lights in specific housing units for deaf residents. The auditor verified the opposite gender posters were displayed at the facility, however there were not blinking colored lights during the on-site portion of the audit. It should be noted that the facility was not an ADA designated facility. The interview with the Agency Head Designee confirmed that the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. She stated that every facility has an Americans with Disabilities Act (ADA) Coordinator to ensure that disabled inmate's needs are met and access is available to everything, including orientation and telephone access. Once diagnostic services are provided, each disabled inmate is provided a case worker. She further stated that postings are provided in Spanish and that other languages and video conference is available if needed. There were zero LEP residents and zero disabled residents identified during the on-site portion of the audit and as such no interviews were conducted. During the tour the auditor observed that information was posted in the housing units in large font and bright colors.

115.216 (b): The PAQ indicates that the agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. F.3400, page 10 states that appropriate provisions shall be made as necessary for offenders not fluent in English, persons with disabilities and those with low literacy levels. P.0400 describes the Non-English Speaking Offender Program which is located at certain facilities and provides special service to meet the needs of the LEP population. The facility also has a contract with Language Resource Center Interpretation & Translation Services. This company provides the facility a number that they can call that connects the staff member with a translator who can will translate information between the staff member and LEP resident. While the auditor did not utilize LRC during the on-site portion of the Black Mountain, the auditor did utilize the service at another NCDPS audit and confirmed the services functionality and accessibility. A review of PREA posters, the PREA brochure and resident distributed information confirmed that information is available in both English and Spanish and can be translated into other languages, as needed. There were

zero LEP residents and zero disabled residents identified during the on-site portion of the audit and as such no interviews were conducted. During the tour, it was observed that PREA information was posted throughout the facility in English and Spanish.

115.216 (c): The PAQ indicated that agency policy prohibits use of resident interpreters, resident readers, or other type 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 allegation. The PAQ further stated that there were no instances where a resident was utilized to interpret, read or provide other types of assistance. DPS-PREA-100, page 10 states that each facility shall take appropriate steps to ensure residents have an equal opportunity to participate in or benefit from all aspects of DPS's effort to prevent, detect and respond to sexual abuse and sexual harassment by not relying on resident interpreters, readers or other types of 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 allegation. Interviews with twelve random staff indicated that all twelve were aware of a policy that prohibits utilizing resident interpreters, translators and assistants. None of the twelve were aware of a time that another resident was utilized as a translator for sexual abuse allegations. There were zero LEP residents and zero disabled residents identified during the on-site portion of the audit and as such no interviews were conducted.

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

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 331 1034 701" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Department of Public Safety PREA Prevention Planning (DPS-PREA-100) 3. Form HR 005 Applicant Verification 4. Form HR 013 DPS Employment Statement 5. Form HR 004 Criminal History Record Check 6. Personnel Files of Staff 7. Contractor Background Files <p data-bbox="240 730 363 757">Interviews:</p> <ol data-bbox="240 790 667 817" style="list-style-type: none"> 1. Interview with Human Resource Staff <p data-bbox="240 846 507 873">Findings (By Provision):</p> <p data-bbox="240 907 1485 1332">115.217 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may come in contact with residents, and shall not enlist the services of any contractor who may have contact with residents if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. DPS-PREA-100, page 5 states that DPS shall not hire or promote anyone who may have contact with offenders, residents, or safekeepers, and shall not enlist the services of any contractor who may have contact with offenders, residents, or safekeepers who: has engaged in sexual abuse in prison, jail, lockup or any other institution; has been convicted of engaging or attempting to engage in sexual activity in the community; has a substantiated finding of abuse, neglect, or other rights infringement on any applicable North Carolina registry, criminal justice standard commission, or other relevant licensing authorities or bodies; or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. A review of personnel files for three staff who were hired in the previous twelve months confirmed that all three had a criminal background records check completed. Additionally, both contractors reviewed had a criminal background records check completed.</p> <p data-bbox="240 1361 1485 1556">115.217 (b): The PAQ indicated that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with a resident. DPS-PREA-100, page 5 states that DPS shall consider any incident of sexual harassment in determining whether to hire or promote anyone, or enlist the services of any contractor or custodial agents, who may have contact with offenders, residents or safekeepers. The interview with the Human Resource staff member confirmed that sexual harassment is considered when hiring or promoting any staff or contractor.</p> <p data-bbox="240 1585 1485 2116">115.217 (c): The PAQ indicated that agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. DPS-PREA-100, pages 5-6 state that before hiring new employees who may have contact with offenders, residents or safekeepers DPS shall: perform a criminal and administrative background records check, to include any applicable North Carolina registry, criminal justice standards commission, or other licensing authorities or bodies; and consistent with Federal, State and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation of an allegation of sexual abuse. The PAQ indicated that five or 100% of those hired in the past twelve months that may have contact with residents had a criminal background records check completed. A review of three personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background records check completed. One of the three had a prior institutional employer contacted related to prior sexual abuse and sexual harassment, however that employer required the agency to pay for the check and as such the agency was unable to confirm the history. The Human Resource staff member confirmed that a criminal background records check is completed on all new employees who have contact with residents and any prior institutional employers are contacted. The staff member stated that there is an application that they check criminal history, driving records, domestic abuse history and sexual abuse history.</p>

115.217 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. The PAQ indicated that there has been one contract at the facility within the past twelve months and all contractors under the contract have had a criminal background records check completed. DPS-PREA-100, page 6 states that DPS shall perform a criminal background records check before enlisting the services of any contractor who may have contact with offenders, residents or safekeepers. A review of two contractor personnel files indicated that a criminal background records check had been conducted for both. The Human Resource staff member confirmed that a criminal background records check is completed for all contractors that have contact with residents.

115.217 (e): The PAQ indicated that agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents, or that a system is in place for otherwise capturing such information for current employees. DPS-PREA-100, page 6 states that for current employees and contractors who have contact with offenders, residents, or safekeepers, DPS shall conduct criminal background records check at least every five years. A review of three staff hired over five years ago as well as two contractors hired over five years ago indicated that all five had a criminal background records check completed at least twice over the last six years. The interview with the Human Resource staff member indicated that criminal background records checks are completed every five years and upon promotion.

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

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

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

Based on a review of the PAQ, DPS-PREA-100, Form HR 005 Applicant Verification, Form HR 013 DPS Employment Statement, Form HR 004 Criminal History Record Check, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard appears to be compliant.

115.218	Upgrades to facilities and technology
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 376 300">Documents:</p> <ol data-bbox="242 329 1031 414" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Department of Public Safety PREA Prevention Planning (DPS-PREA-100) <p data-bbox="242 443 363 472">Interviews:</p> <ol data-bbox="242 501 711 586" style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Director <p data-bbox="242 616 528 645">Site Review Observations:</p> <ol data-bbox="242 674 909 759" style="list-style-type: none"> 1. Observations of Absence of Modification to the Physical Plant 2. Observations of Video Monitoring Technology <p data-bbox="242 788 505 817">Findings (By Provision):</p> <p data-bbox="242 846 1485 1308">115.218 (a): The PAQ indicated that the agency/facility has acquired a new facility or made substantial expansion or modifications to existing facilities the last PREA audit. The PAQ stated that Black Mountain had moved to a new facility in September 2020. DPS-PREA-100, page 10 states that when designing or acquiring any new facility or when planning any substantial expansion or modification of existing facilities, shall consider the effects of the design, acquisition, expansion, or modification upon the agency's ability to protect offenders, residents and safekeepers for sexual abuse. During the tour, the auditor observed that Black Mountain had moved into the new facility and that they were in the process of remodeling the second building of the facility. The facility had a plan related to the physical plant and video monitoring in the building. The interview with the Agency Head Designee confirmed that any plan to design, acquire or modify an agency facility would include consideration of protecting staff and offenders from any form or abuse. She indicated that they would review to identify if there were any potential blind spots, if there was a need for additional staffing and that they would review with stakeholder any potential concerns. The interview with the Director confirmed that there has been substantial expansion or modifications since the last PREA audit. She indicated that the facility is still a work in progress and that they have requested cameras and security mirrors for the new facility. She stated that they were expecting a full renovation and since they did not get that they are trying to come up with a way to make what they have currently the safest they can for the residents.</p> <p data-bbox="242 1337 1485 1767">115.218 (b): The PAQ indicated that the agency/facility has installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. DPS-PREA-100, page 11 states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, shall consider how such technology may enhance their ability to protect offenders, residents and safekeepers from sexual abuse. During the tour, the auditor observed video monitoring technology in certain areas of the facility. The interview with the Agency Head Designee confirmed that any use of newly updated or installed monitoring technology would be utilized to assist in enhancing the agency's ability to protect inmates from sexual abuse. She stated that any technology would be utilized as a preventative measure and would assist with; viewing and scanning what is occurring; keeping staff alert of situations; identifying any patterns and investigating allegations. The Director confirmed that when the facility installs or updates video monitoring technology that they consider how the technology will protect residents from sexual abuse. She stated that the current video monitoring technology records so that they can utilize the video for viewing and monitoring. She stated they try to place video monitoring in blind spots or areas that are hidden. The Director stated that the facility is using a lot of security mirrors right now and ideally they would like to supplement them in the future with cameras.</p> <p data-bbox="242 1796 1477 1859">Based on a review of the PAQ, DPS-PREA-100, observations made during the tour and information from interviews with the Agency Head Designee and Director indicate that this standard appears to be compliant.</p> <p data-bbox="242 1888 435 1917">Recommendation</p> <p data-bbox="242 1946 1461 2040">The auditor recommends that the facility install cameras and mirrors in the second building and limit access to the building when not in use. The auditor recommends that all areas be locked when not in use and that the facility increase staff presence in the area through rounds during the renovation process.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Program Manual A.1200 – Community-Based Facility Sexual Abuse and Harassment (PREA) 3. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment 4. Health Services Policy & Procedure Manual CP-18 – Sexual Abuse 5. Memorandums with Local Law Enforcement 6. PREA Support Person (PSP) Role and Responsibilities 7. PREA Support Person Lesson Plan 8. Memorandum of Understanding with Our Voice <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with the PREA Coordinator <p>Findings (By Provision):</p> <p>115.221 (a): The PAQ indicated that the agency is responsible for conducting administrative and criminal investigations. It further indicated that when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. Further discussion with the Director indicated that the agency would be responsible for conducting administrative investigations while the Buncombe County Sheriff’s Department would be responsible for conducting criminal investigations. F.3400, page 25 and A.1200, page 17 state that investigations into allegations of sexual abuse and sexual harassment, shall be conducted promptly, thoroughly, and objectively for all allegations. Pages 25-29 of F.3400 and pages 17-18 describes the uniform evidence protocol including evidence preservation/collection and documentation. Interviews with twelve random staff indicated that all twelve were aware of and understood the protocol for obtaining usable physical evidence. Additionally, all twelve staff stated they knew who was responsible for conducting sexual abuse investigations.</p> <p>115.221 (b): The PAQ indicates that the evidence protocol is not developmentally appropriate for youth and that it was not adapted from or otherwise based on the most recent edition of the DOJ’s Office of Violence Against Women publication “A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents”. Further clarification with the PCM indicated that it was not developed for youth as they do not house youth, however it was developed based on the most recent edition of the DOJ’s publication. A review of F.3400 and A.1200 indicates that facility staff would transport a resident to the local hospital for a forensic medical examination and evidence collection and that facility staff would secure the crime scene and local law enforcement would be responsible for collecting evidence and releasing the crime scene.</p> <p>115.221 (c): The PAQ indicated that the facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility. The PAQ stated that forensic medical examinations are offered without financial cost to the victim. It further indicated examinations are conducted by SAFE or SANE, and when SAFE or SANE are not available examinations are conducted by a qualified medical practitioner. A.1200, page 14 states that medical services will follow medical protocol, which includes provisions for examination, documentation and transportation to the local emergency department when appropriate, where the following will occur collection of forensic evidence, testing for sexually transmitted diseases, counseling, prophylactic treatment. Forensic evidence collected by the emergency room hospital will only be released to law enforcement. F.3400, page 20 states that if an alleged act of sexual abuse occurred and there may be forensic medical evidence, the offender may be in need of medical assistance, or other circumstances dictate, arrangements shall be promptly made to have the alleged offender-victim examined by medical services. Medical services will follow medical protocol, which includes provisions for examinations, documentation and transport to the local emergency department when appropriate, where the following will occur: collection of forensic evidence, testing for sexually transmitted diseases, counseling, and prophylactic treatment. CP-18, page 2 states that the inmate will be transported to the local Emergency Department for: examination, treatment, prophylactic treatment, counseling and collection of lab specimen for forensic purposes. The PAQ indicated that during the previous twelve months there have been zero forensic medical examinations. There were zero sexual abuse allegations reported during the audit period and as such there were no documents to review.</p>

115.221 (d): The PAQ indicated that the facility attempts to make available to the victim a victim advocate from a rape crisis center and if a rape crisis center is not available a qualified staff member from a community-based organization or a qualified agency staff member. F.3400, page 21 and A.1200, page 14 state that victim support shall be offered by a PREA Support Person. The PSP shall be made available to provide victim advocate services and as requested by the victim, the PSP, of the same gender, shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. The facility has a Memorandum of Understanding with Our Voice which was signed on March 2, 2018. The MOU states that Our Voice agrees to respond to requests to provide advocacy when residents are brought to Mission Hospital for sexual assault forensic services and provide follow-up services and crisis intervention contacts to victims of sexual assault at Black Mountain. Additionally, the facility has a PREA Support Person program that is a system based advocate. The PREA Support Person Role and Responsibilities states that the PSP role will be to link services and support to inmates who reported sexual abuse and harassment by an offender, juvenile or DPS staff, contractor and/or volunteer. The PSP will connect the alleged victim to the investigative process and professional resource offered by community-based advocates and/or mental health professionals found in a confinement setting. PSP attend the PREA Support Person Training, which includes effects of victimization and sexual abuse, key active listening techniques, victim centered approach, responsibilities, how to maintain boundaries and professionalism, resources for PSP and the investigative process. The interview with the PC confirmed that the facility attempts to make available to the victim a victim advocate from a rape crisis center. The PC stated that the facility has an MOU with Our Voice to provide services. The PC also indicated that the facility has a PSP that talks with residents and provides victim support services and talks with the resident about outside victim advocacy and advocates meeting the resident at the hospital. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.221 (e): The PAQ indicated that as requested by the victim, the victim advocate, qualified agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. F.3400, page 21 and A.1200, page 14 state that victim support shall be offered by a PREA Support Person. The PSP shall be made available to provide victim advocate services and as requested by the victim, the PSP, of the same gender, shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. The facility has a Memorandum of Understanding with Our Voice which was signed on March 2, 2018. The MOU states that Our Voice agrees to respond to requests to provide advocacy when residents are brought to Mission Hospital for sexual assault forensic services and provide follow-up services and crisis intervention contacts to victims of sexual assault at Black Mountain. Additionally, the facility has a PREA Support Person program that is a system based advocate. The PREA Support Person Role and Responsibilities states that the PSP role will be to link services and support to inmates who reported sexual abuse and harassment by an offender, juvenile or DPS staff, contractor and/or volunteer. The PSP will connect the alleged victim to the investigative process and professional resource offered by community-based advocates and/or mental health professionals found in a confinement setting. PSP attend the PREA Support Person Training, which includes effects of victimization and sexual abuse, key active listening techniques, victim centered approach, responsibilities, how to maintain boundaries and professionalism, resources for PSP and the investigative process. The interview with the PC confirmed that the facility has an MOU with the local rape crisis center, Our Voice to provide victim advocacy services to residents at the hospital during forensic medical examinations. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.221 (f): The PAQ indicated that this provision was not applicable, however further discussion with the Director indicated that the Buncombe County Sheriff's Department is responsible for conducting criminal investigations. A review of documentation indicated that in March 2016 the agency sent memos to outside law enforcement agencies related to PREA investigations and compliance. The memos requested that all assisting law enforcement entities adhere to the requirements of PREA standard 115.221.

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

115.221 (h): The auditor is not required to audit this provision.

Based on a review of the PAQ, A.1200, F.3400, CP-18, the MOU with Our Voice, the memo to local law enforcement, PSP roles and responsibilities, PSP training documentation and information from interviews with random staff and the PREA Coordinator indicates that this standard appears to be compliant.

115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Program Manual A.1200 – Community-Based Facility Sexual Abuse and Harassment (PREA) 3. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with Investigative Staff <p>Findings (By Provision):</p> <p>115.222 (a): The PAQ indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. F.3400, page 18 states that the facility shall report all allegation of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators. F.3400, page 25 and A.1200, page 17 state that investigations into allegations of sexual abuse and sexual harassment, shall be conducted promptly, thoroughly, and objectively for all allegations. The PAQ indicated there have been zero allegations reported within the previous twelve months. A review of documentation confirmed there were zero sexual abuse and sexual harassment allegations reported over the previous twelve months. The interview with the Agency Head Designee confirmed that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. She stated that the investigative process would include a look at allegation (letter, grievance, etc.) to initiate the tracking mechanism and that for administrative investigations each facility has a response plan to follow to investigate the allegation. She stated that they document the allegation and investigation and that there are checks and balances. She further indicated that during the investigation they monitor the resident/staff and that if it involves a criminal investigation they keep in touch with law enforcement about the status. The Agency Head Designee stated that when an allegation is received the Warden of the facility and other staff are notified, including the PREA office.</p> <p>115.222 (b): The PAQ indicated that the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. F.3400, page 18 states that the facility shall report all allegation of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators. F.3400, page 25 and A.1200, page 17 state that investigations into allegations of sexual abuse and sexual harassment, shall be conducted promptly, thoroughly, and objectively for all allegations. A review of the agency website indicates that F.3400 and A.1200 are published and accessible to the public. A review of documentation confirmed there were zero sexual abuse and sexual harassment allegations reported during the previous twelve months. The interview with the investigator confirmed that all allegations are referred to an investigative agency with the authority to conduct criminal investigations</p> <p>115.222 (c): The Buncombe County Sheriff's Department is responsible for conducting criminal investigations. A review of documentation indicated that in March 2016 the agency sent memos to outside law enforcement agencies related to PREA investigations and compliance. The memos requested that all assisting law enforcement entities adhere to the requirements of PREA standard 115.221.</p> <p>115.222 (d): The auditor is not required to audit this provision.</p> <p>115.222 (e): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, A.1200, F.3400, the agency's website and information obtained via interviews with the Agency Head Designee and the investigator indicate that this standard appears to be compliant.</p>

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Program Manual A.1200 – Community-Based Facility Sexual Abuse and Harassment (PREA) 3. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 4. PREA: Sexual Abuse and Sexual Harassment 101 Training Curriculum 5. PREA: Sexual Abuse and Sexual Harassment 201 Training Curriculum 6. Staff Offender Relations Curriculum 7. Maintaining an Atmosphere of Professionalism Brochure 8. Sample of Staff Training Records <p>Documents During Interim Report Period:</p> <ol style="list-style-type: none"> 1. Memorandum from the Facility Administrator <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff <p>Findings (By Provision):</p> <p>115.231 (a): The PAQ indicates that the agency trains all employees who may have contact with residents on the requirements under this provision. F.3400 pages 5-6 and A.1200, pages 4-5 state that new employees shall receive sexual abuse and harassment 101 training that addresses the following: the agencies standard of zero tolerance of sexual abuse and sexual harassment toward offenders, either by staff, contractors, volunteers or by offenders; employees' responsibilities when responding to sexual abuse and harassment; offenders' right to be free from sexual abuse and sexual harassment, offenders' and employees' right to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in confinement, common reactions of sexual abuse and sexual harassment victims, detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with offenders, how to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; relevant laws related to age of consent; and unique attributes of working with males and/or females in confinement/supervision. A review of the PREA: Sexual Abuse and Sexual Harassment 101 training curriculum confirms that the training includes information on: the agency's zero-tolerance policy (pages one & two), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (pages six & seven), the inmates' right to be free from sexual abuse and sexual harassment (pages four & five), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (pages four & five), the dynamics of sexual abuse and sexual harassment in a confinement setting (pages nine through eleven), the common reactions of sexual abuse and sexual harassment victims (pages seven through nine, twelve and thirteen), how to detect and respond to signs of threatened and actual sexual abuse (pages six through thirteen), how to avoid inappropriate relationship with inmates (pages thirteen & fourteen), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (page fifteen & sixteen) and how to comply with relevant laws related to mandatory reporting (page five). Additionally, the Staff and Offender Relations training curriculum and the Maintaining an Atmosphere of Professionalism brochure indicate that staff are provided additional education on professional boundaries with offenders. A review of ten staff training records indicated that 100% of those reviewed received PREA training. Interviews with twelve random staff confirmed that all twelve had received PREA training. Staff confirmed that training covered the required components under this provision. The staff stated they receive training upon hire and then at least annually thereafter. Staff indicated training covers first responder duties, zero-tolerance, the certain groups that are more at risk of victimization and reporting options.</p> <p>115.231 (b): The PAQ indicated that training is tailored to the gender of resident at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. F.3400 page 6 states that new employees shall receive sexual abuse and harassment 101 training that addresses unique attributes of working with males and/or females in confinement/supervision. A review of the PREA: Sexual Abuse and Sexual Harassment 101 training curriculum confirms that pages seven through nine outline male, female and LGBTI specific training.</p>

115.231 (c): The PAQ indicated that between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment and that staff are provided training annually. A.1200, page 5 states that all staff shall receive annual training on resident sexual abuse and sexual harassment issues emphasizing the zero-tolerance and duty to report, as well as covering current sexual abuse and sexual harassment policies and procedures to include limits to cross gender viewing and searches. F.3400, page 6 states that all staff shall receive the PREA 101 refresher training every two years and receive the PREA 201 refresher information during the alternate years on offender sexual abuse and sexual harassment issues emphasizing the zero tolerance and duty to report, as well as covering current sexual abuse and sexual harassment policies and procedures. A review of the PREA 201 training curriculum indicated that staff are provided training on PREA prevention strategies, definitions, relevant North Carolina General Statutes, sexual abuse and harassment policies, ways to report sexual abuse, first responder duties and disciplinary sanctions. A review of ten staff training records indicated that five had PREA training the previous two years. With regard to the five that did not have training every other year, only one did not have training more than once. Three had training previously but the most recent prior to 2021 was in 2016 or 2017 and one staff member had the second training in 2021, six months prior to the most recent 2021 training. Because all of the staff had current PREA training, during the interim report period the Facility Administrator provided the auditor with a training memo from the staff responsible for staff training. The memo indicated that the staff would utilize an excel tracking system to ensure that staff training is completed at least annually. The memo was signed by the appropriate staff confirming he was aware of his responsibilities related to the tracking mechanism. Based on the memo and that all staff are current on PREA training, the auditor determined this provision is corrected during the interim report period.

115.231 (d): The PAQ indicated that the agency documents that employees who may have contact with residents understand the training they have received through employee signatures or electronic verification. F.3400 and A.1200 page 6 state that certification of employee understanding of materials shall be documented by signing the PREA Acknowledgment form (OPA-T10); or electronic signature when completing the E-Learning course authorized by the agency. A review of a sample of ten staff training records indicated that all ten had acknowledged their completed training.

Based on a review of the PAQ, F.3400, A.1200, the PREA 101 and 102 training curriculums, the Staff and Offender Relations training curriculum, the Maintaining an Atmosphere of Professionalism brochure, the memo received during the interim report period, a review of a sample of staff training records as well as interviews with random staff indicate that the facility has corrected this standard during the interim report period and as such this standard is compliant.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Program Manual A.1200 – Community-Based Facility Sexual Abuse and Harassment (PREA) 3. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 4. Policy and Procedure E.3400 – Community Volunteer & Community Leave Program 5. PREA: Sexual Abuse and Sexual Harassment 101 Training Curriculum 6. A Guide for the Prevention and Reporting of Undue Familiarity and Sexual Abuse with Offenders/Inmates Brochure 7. Sample of Contractor Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Volunteers or Contractors who have Contact with Residents <p>Findings (By Provision):</p> <p>115.232 (a): The PAQ indicated that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. F.3400 and A.1200 page 6 state that volunteers (with the exception of one-time volunteers who have no direct contact with offenders), custodial agents, contractors and other persons providing services to offenders: shall receive the sexual abuse and harassment 101 training as part of the initial orientation which addresses: the agencies standard of zero tolerance of sexual abuse and sexual harassment toward offenders, either by staff, contractors, volunteers, or by offenders; and applicable methods to report incidents of sexual abuse and sexual harassment. The policy indicates that volunteers and contract agents shall receive training annually. E.3400, page 5 states that volunteers will receive at least a two hour orientation and training including but not limited to: PREA; a review of relevant prison policies, procedures and guidelines; and best practices for volunteering with the inmate population, including "Undue Familiarity Guidelines." The PAQ indicated that eight volunteers and contractors had received PREA training, which is equivalent to over 100% of the total volunteers and contractors. A review of the PREA 101 training curriculum confirms that the zero tolerance policy is discussed on pages one and two. The brochure states that "you have a duty to report incidences of undue familiarity and offender/inmate sexual abuse!!!" and outlines methods to report, including: facility or judicial district office, facility or section administrator, officer in charge or supervisor, agency contact or PREA administration through email (prea@doc.state.nc.us). A review of a sample of training documents for five contractors indicated that all five had received PREA training. The interview with the contractor confirmed that she had received training on the agency's sexual abuse and sexual harassment policies and the training was conducted through the online system. She stated she receives the training annually. It should be noted that there have been no volunteers authorized to enter the facility over the previous twelve months due to COVID-19.</p> <p>115.232 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. Additionally, the PAQ indicates that all volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. F.3400 and A.1200 page 6 state that volunteers (with the exception of one-time volunteers who have no direct contact with offenders), custodial agents, contractors and other persons providing services to offenders: shall receive the sexual abuse and harassment 101 training as part of the initial orientation which addresses: the agencies standard of zero tolerance of sexual abuse and sexual harassment toward offenders, either by staff, contractors, volunteers, or by offenders; and applicable methods to report incidents of sexual abuse and sexual harassment. One time volunteers shall receive information on OPA-T10 which addresses; the agencies standard of zero tolerance of sexual abuse and sexual harassment, toward offenders, either by staff, contractors, volunteers, or by offenders; and how to report incidents of sexual abuse and harassment. E.3400, page 5 states that volunteers will receive at least a two hour orientation and training including but not limited to: PREA; a review of relevant prison policies, procedures and guidelines; and best practices for volunteering with the inmate population, including "Undue Familiarity Guidelines." A review of a sample of training documents for five contractors indicated that all five had received PREA training. The contractor stated that she received the training through the online training system and she gets the training annually. She confirmed the training included information on the agency's zero tolerance policy and how to report. It should be noted that there have been no volunteers authorized to enter the facility over the previous twelve months due to COVID-19.</p>

115.232 (c): The PAQ indicated that the agency maintains documentation confirming that volunteers and contractors understand the training they have received. F.3400, page 7 and A.1200 pages 6-7 indicate that volunteers and contractors must review and sign a PREA Acknowledgment Form (OPA-T10). E.3400, page states that all volunteers shall sign an "Acknowledgment of Volunteer Training and Orientation Form." A review of training documents for five contractors indicated that 100% of those reviewed has signed that they received the PREA training.

Based on a review of the PAQ, F.3400, A.1200, E.3400, the PREA 101 training curriculum, the Undue Familiarity Guideline brochure, a review of a sample of contractor training records as well as the interview with the contractor indicate that this standard appears to be compliant.

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 300">Documents:</p> <ol data-bbox="240 329 1225 987" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Program Manual A.1200 – Community-Based Facility Sexual Abuse and Harassment (PREA) 3. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 4. Policy and Procedure E.2600 – Reasonable Accommodations for Offenders with Disabilities 5. Policy and Procedure P.0400 – Non-English Speaking Offender Program 6. Language Resource Center (LRC) Interpretation & Translation Services 7. Orientation Talking Points 8. Sexual Abuse Awareness for Offenders Brochure (PREA Brochure) 9. PREA Video 10. PREA Poster (English and Spanish) 11. External Reporting Agency Acknowledgement Form 12. Resident Training Records (OPA-T100 English and OPA-T100 Spanish) <p data-bbox="240 1016 363 1046">Interviews:</p> <ol data-bbox="240 1075 630 1160" style="list-style-type: none"> 1. Interview with Intake Staff 2. Interview with Random Residents <p data-bbox="240 1189 528 1218">Site Review Observations:</p> <ol data-bbox="240 1247 604 1332" style="list-style-type: none"> 1. Observations of Intake Area 2. Observations of PREA Posters <p data-bbox="240 1361 505 1391">Findings (By Provision):</p> <p data-bbox="240 1420 1493 2150">115.233 (a): The PAQ stated that during the intake process, residents shall receive information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The PAQ indicated that residents watch a PREA video during orientation. A.1200, page 8 states that during orientation all residents shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse and sexual harassment. All residents shall receive comprehensive education about sexual abuse and/or sexual harassment. Such education shall be completed within 30 days of intake and upon transfer to a different facility. Comprehensive education shall include: resident's rights to be free from sexual abuse and sexual harassment; resident's right to be free from reporting incidents of sexual abuse and sexual harassment; agency's policies and procedures for responding to incidents of sexual abuse and/or sexual harassment and the toll free PREA telephone number for reporting sexual abuse and sexual harassment directly to the PREA Office. The PAQ indicated that 98 residents received information on the zero tolerance policy and how to report at intake. The is equivalent to less than 100% of residents that arrived in the previous twelve months. Further communication with the Director indicated that all residents are provided education the same day they arrive, however some residents abscond the same day they arrive at the facility prior to the education and some residents are deemed inappropriate for the program prior to education and as such not all 98 received the information. A review of the PREA video, orientation talking points, PREA brochure, PREA poster and external acknowledgement form confirm that residents are provided information about the zero-tolerance policy, their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting such incidents and how to report sexual abuse and sexual harassment. A review of fourteen resident files of those received within the previous twelve months indicated that all fourteen were documented with receiving PREA education. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Prior to COVID-19 the residents met in the multi-purpose room. Staff went over</p>

the PREA information with the residents and they watched the PREA video. Since COVID-19, the staff meet the residents on the wings and go over the PREA information. The interview with the intake staff confirmed that residents receive information the agency's sexual abuse and sexual harassment policies during intake. She stated that education is completed with everyone that comes into the facility. The staff stated that there is a teaching binder that has information that she goes over with them. The information discusses healthy boundaries, expectations and different scenarios. She stated they then watch a DVD which is about 25 minutes long. She stated she tells the residents to approach staff to ask for help and that everything they tell staff is confidential. The staff stated that residents are provided this education the following day after they arrive. All ten of the residents interviewed indicated that they had received information on the agency's sexual abuse and sexual harassment policies. All ten also stated that they were provided information about the zero-tolerance policy, how to report sexual abuse and sexual harassment and their rights under PREA. Most of the residents indicated they received the information the next day, or within 48 hours of arrival.

115.233 (b): The PAQ indicated that the agency does not provide refresher information whenever a resident is transferred as residents are not transferred from another community confinement facility. The PAQ further indicated there were zero residents who transferred from a different community confinement facility over the previous twelve months. As such this provision does not apply.

115.233 (c): A.1200, page 8 states that appropriate provisions shall be made as necessary for residents not fluent in English, person with disabilities and those with low literacy levels. F.3400, page 10 states that appropriate provisions shall be made as necessary for offenders not fluent in English, persons with disabilities and those with low literacy levels. P.0400 describes the Non-English Speaking Offender Program which is located at certain facilities and provides special service to meet the needs of the LEP population. E.2600, describes that each facility has an Americans with Disabilities Act (ADA) Coordinator who handles reasonable modification requests and assists inmates with obtaining necessary items and equipment related to his/her disability. Additionally, the agency indicated that they have posters for opposite gender staff and blinking colored lights in specific housing units for deaf residents. The auditor verified the opposite gender posters were displayed at the facility, however there were not blinking colored lights during the on-site portion of the audit. It should be noted that the facility was not an ADA designated facility. The facility also has a contract with Language Resource Center Interpretation & Translation Services. This company provides the facility a number that they can call that connects the staff member with a translator who can will translate information between the staff member and LEP residents. While the auditor did not utilize LRC during the on-site portion of the audit at Black Mountain, the auditor did utilize the service at another NCDPS audit and confirmed the services functionality and accessibility. A review of PREA posters, the PREA brochure and resident distributed information confirmed that information can be provided in large font, bright colors , is available in both English and Spanish and can be translated into other languages, as needed. The facility has not had any disabled or LEP residents during the audit period and as such no documents were available for review.

115.233 (d): The PAQ indicated that the agency maintains documentation of resident participation in PREA education sessions. F.3400, page 10 and A.1200, page 8 state that each offender/resident will sign the Orientation Form and it will be placed in his/her field jacket. A review of fourteen resident files confirmed that all fourteen were documented to have received PREA education.

115.233 (e): The PAQ indicated that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks or other written formats. F.3400, page 10 and A.1200, page 8 state that additional sexual abuse and sexual harassment information shall be provided through offender/resident brochures, handbooks and posters. A review of the PREA brochure and PREA posters confirmed information is accessible to residents through these avenues. Additionally, during the tour, the auditor observed the PREA reporting information (posters) and victim advocacy information (posters) were located in each housing unit.

Based on a review of the PAQ, F.3400, A.1200, E.2600, P.0400, Language Resource Center (LRC) Interpretation & Translation Services, the orientation talking points, the PREA Brochure, the PREA Poster, the education packet, the PREA video, the External Reporting Agency Acknowledgement Form observations made during the tour to include the availability of PREA information via signage as well as information obtained during interviews with intake staff and random residents indicate that this standard appears be compliant.

115.234	Specialized training: Investigations
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 376 300">Documents:</p> <ol data-bbox="240 331 1417 586" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Program Manual A.1200 – Community-Based Facility Sexual Abuse and Harassment (PREA) 3. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 4. North Carolina Department of Public Safety (NCDPS) Specialized Investigations: Sexual Abuse and Harassment 5. Investigator Training Records <p data-bbox="240 618 363 645">Interviews:</p> <ol data-bbox="240 676 616 703" style="list-style-type: none"> 1. Interview with Investigative Staff <p data-bbox="240 734 504 761">Findings (By Provision):</p> <p data-bbox="240 792 1485 1151">115.234 (a): The PAQ indicates that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. F.3400, page 8 and A.1200, page 7 state that investigators shall complete appropriate employee training defined in .3406(a)/.1205(a) and shall receive training on conducting sexual abuse and harassment investigations in a confinement setting. Such training shall include: techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in a confinement setting; and criteria and evidence required to substantiated a case for administrative action or prosecution referral. The agency utilizes their own training for this standard; NCDPS Specialized Investigations: Sexual Abuse and Harassment Response. A review of documentation indicated that two staff were documented with the specialized investigations training. The interview with the investigator indicated she received specialized training regarding conducting sexual abuse and sexual harassment investigations in a confinement setting. She stated it was many years ago in Raleigh. She stated it was an all-day training related to interviews and the investigative process.</p> <p data-bbox="240 1182 1485 1576">115.234 (b): F.3400, page 8 and A.1200, page 7 state that investigators shall complete appropriate employee training defined in .3406(a)/.1205(a) and shall receive training on conducting sexual abuse and harassment investigations in a confinement setting. Such training shall include: techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in a confinement setting; and criteria and evidence required to substantiated a case for administrative action or prosecution referral. The agency utilizes their own training for this standard; NCDPS Specialized Investigations: Sexual Abuse and Harassment Response. A review of the training curriculum confirmed it includes the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. The interview with the investigator confirmed that the specialized investigator training included the topics required under this provision: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative case.</p> <p data-bbox="240 1608 1485 1800">115.234 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that two facility investigators have completed the specialized training. F.3400, page 8 and A.1200, page 7 state that completion of training shall be documented on form OSDT-1 and in appropriate agency training tracking system. A review of documentation indicated that two staff were documented with the specialized investigations training. There were zero sexual abuse allegations reported during the previous twelve months and as such there were no investigations completed by any investigative staff.</p> <p data-bbox="240 1832 858 1859">115.234 (d): The auditor is not required to audit this provision.</p> <p data-bbox="240 1890 1485 1948">Based on a review of the PAQ, F.3400, A.1200, the Specialized Investigations: Sexual Abuse and Harassment curriculum, a review of investigator training records as well as the interview with the investigator, indicates that this standard is compliant.</p>

115.235	Specialized training: Medical and mental health care
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 376 300">Documents:</p> <ol data-bbox="242 329 1264 584" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Program Manual A.1200 – Community-Based Facility Sexual Abuse and Harassment (PREA) 3. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 4. Sexual Abuse and Sexual Harassment Medical and Mental Health Response Training Curriculum 5. Medical and Mental Health Staff Training Records <p data-bbox="242 616 363 645">Interviews:</p> <ol data-bbox="242 674 758 703" style="list-style-type: none"> 1. Interview with Medical and Mental Health Staff <p data-bbox="242 732 504 761">Findings (By Provision):</p> <p data-bbox="242 790 1489 1283">115.235 (a): The PAQ indicated that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. F.3400, page 8 and A.1200, page 7 state that all full and part time medical and mental health care practitioners who work regularly in its facilities shall be trained in: detecting and assessing signs of sexual abuse and sexual harassment; preserving physical evidence of sexual abuse; responding effectively and professionally to victims of sexual abuse and sexual harassment; and how and whom to report allegations or suspicions of sexual abuse and sexual harassment. The training is conducted via the Sexual Abuse and Sexual Harassment Medical and Mental Health Response training. A review of the training curriculum confirmed that it includes the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has five medical and mental health staff and that 100% of these staff received the specialized training. A review of four medical and mental health staff training records indicated that all four had received specialized medical and mental health training. Interviews with medical and mental health staff confirmed that they had received specialized training. The staff stated the training discussed certain populations that are more vulnerable, not to leave patients alone, the protocol to take and to separate the victim. Both staff confirmed that the required elements under this provision were covered in their training.</p> <p data-bbox="242 1314 1445 1406">115.235 (b): The PAQ indicated that this provision does not apply as agency medical and mental health care staff do not perform forensic medical examinations. Interviews with medical and mental health staff confirm that they do not perform forensic medical examinations.</p> <p data-bbox="242 1438 1477 1568">115.235 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. F.3400, page 9 and A.1200, page 8 state that verification of employee training shall be documented on form OSDT-1 and in appropriate agency training tracking system. A review of four medical and mental health staff training records indicated that all four had received specialized medical and mental health training.</p> <p data-bbox="242 1599 1453 1758">115.235 (d): F.3400, page 8 and A.1200, page 7 state that medical and mental health care practitioners shall complete mandated training defined in section .3406(a)/1205(a) for employees; or mandated training defined in section .3406(b)/.1205(b) for volunteers, custodial agents, contractors and other persons providing services to offenders for contractor's. A review of four medical and mental health staff training records indicated that three had received contractor training and one had received staff training.</p> <p data-bbox="242 1789 1493 1881">Based on a review of the PAQ, F.3400, A.1200, Sexual Abuse and Sexual Harassment Medical and Mental Health Response training curriculum, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate that this standard appears to be compliant.</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Program Manual A.1200 – Community-Based Facility Sexual Abuse and Harassment (PREA) 3. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 4. Alcoholism and Chemical Dependency Programs Screening for Victimization and Abusiveness 5. Alcoholism and Chemical Dependency Programs Reassessment for Victimization and Abusiveness 6. Resident Assessment and Reassessment Documents <p>Documents Received During the Interim Report Period:</p> <ol style="list-style-type: none"> 1. Updated Alcoholism and Chemical Dependency Programs Screening for Victimization and Abusiveness 2. Updated Alcoholism and Chemical Dependency Programs Reassessment for Victimization and Abusiveness <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with Random Residents 3. Interview with the PREA Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Risk Screening Area 2. Observations of Where Resident Files are Located <p>Findings (By Provision):</p> <p>115.241 (a): The PAQ indicated that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. F.3400, page 10 and A.1200, page 9 state that all offenders/residents and safekeepers shall receive a mental health screening (MHSI), administered via the web-based Offender Population Unified System (OPUS) intake system or documented on the ACDP Screening for Victimization and Abusiveness form, within 72 hours after admission to prison/the facility. Staff shall conduct screening to determine an offender/resident's risk of being sexually abused by other offenders/residents or their risk of being sexually abusive toward other offenders/residents. During the tour, the auditor observed the intake area. The risk screening is conducted in the computer room one-on-one. The interview with the staff responsible for the risk screening confirmed that residents are screened for their risk of victimization and abusiveness during intake. Interviews with ten residents that arrived within the previous twelve months indicated that all ten were asked questions related to risk of victimization and abusiveness.</p> <p>115.241 (b): The PAQ indicated that the policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. F.3400, page 10 and A.1200, page 9 state that all offenders/residents and safekeepers shall receive a mental health screening (MHSI), administered via the web-based Offender Population Unified System (OPUS) intake system or documented on the ACDP Screening for Victimization and Abusiveness form, within 72 hours after admission to prison/the facility. Staff shall conduct screening to determine an offender/resident's risk of being sexually abused by other offenders/residents or their risk of being sexually abusive toward other offenders/residents. The PAQ indicated that 98 residents were screened within 72 hours over the previous twelve months. This indicates that 100% of those whose length of stay was for 72 hours or more received a risk screening within 72 hours. A review of fourteen resident records of those that arrived within the previous twelve months indicated that all fourteen had an initial risk screening within the 72 hour timeframe. The interview with the staff responsible for the risk screening confirmed that residents are screened for their risk of victimization and abusiveness within 72 hours. Interviews with ten residents that arrived within the previous twelve months indicate that all ten were asked the questions related to risk of victimization and abusiveness within 48 hours or the following day after their arrival.</p>

115.241 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. F.3400, page 10 and A.1200, page 9 state that the screening shall use an objective screening instrument that obtains the following minimum biographical data about the offender/resident: whether the offender/resident has a mental, physical or developmental disability; the age of the offender/resident; the physical build of the offender/resident; whether the offender/resident has previously been incarcerated; whether the offender/resident's criminal history is exclusively nonviolent; whether the offender/resident has prior convictions for sex offenses against an adult or child; whether the offender/resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the offender/resident has previously experienced sexual victimization; the offender/resident's own perception of vulnerability and whether the offender/resident is detained solely for civil immigration purposes. F.3400, page 10 and A.1200, page 9 state that the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing offenders for risk of being sexually abusive. A review of the Alcohol and Chemical Dependency Program Screening for Victimization and Abusiveness form indicates that residents are asked about mental, physical and developmental disabilities; whether he/she feels they are at risk of being attacked by another resident; if they have ever been attacked or abused by another person; if they are gay, lesbian, bisexual, transgender, intersex, or gender nonconforming and if they have experienced sexual victimization. The form directs the staff to review the residents record to determine if the offender has a physical, mental or developmental disability; the resident's age; the resident's previous criminal history, including prior incarcerations, non-violent versus violent and any sex offenses against an adult or child; and any record of prior sexual victimization. The staff then is advised to observe the residents stature and whether the resident is perceived to be LGBTI. Each response has a score indicated in parenthesis. The score is totaled at the bottom and a score of eleven or more indicates a high risk of sexual victimization. A review of the Alcohol and Chemical Dependency Program Screening for Victimization and Abusiveness form indicates the risk for abusiveness section has three questions including: history of prior sexual acts, prior violent offenses and prior institutional violence or sexual abuse. If all three responses are yes the resident is considered at risk of abusiveness.

115.241 (d): F.3400, page 10 and A.1200, page 9 state that the screening shall use an objective screening instrument that obtains the following minimum biographical data about the offender/resident: whether the offender/resident has a mental, physical or developmental disability; the age of the offender/resident; the physical build of the offender/resident; whether the offender/resident has previously been incarcerated; whether the offender/resident's criminal history is exclusively nonviolent; whether the offender/resident has prior convictions for sex offenses against an adult or child; whether the offender/resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the offender/resident has previously experienced sexual victimization; the offender/resident's own perception of vulnerability and whether the offender/resident is detained solely for civil immigration purposes. A review of the Alcohol and Chemical Dependency Program Screening for Victimization and Abusiveness form indicates that residents are asked about mental, physical and developmental disabilities; whether he/she feels they are at risk of being attacked by another resident; if they have ever been attacked or abused by another person; if they are gay, lesbian, bisexual, transgender, intersex, or gender nonconforming and if they have experienced sexual victimization. The form directs the staff to review the residents record to determine if the offender has a physical, mental or developmental disability; the resident's age; the resident's previous criminal history, including prior incarcerations, non-violent versus violent and any sex offenses against an adult or child; and any record of prior sexual victimization. The staff then is advised to observe the residents stature and whether the resident is perceived to be LGBTI. Each response has a score indicated in parenthesis. The score is totaled at the bottom and a score of eleven or more indicates a high risk of sexual victimization. The staff responsible for the risk screening indicated that she asks the questions on the form and she also reviews the demographic information in their electronic system (OPUS). She stated that the initial risk screening considers if the resident has a disability, their sexual orientation, if they have ever been sexually assaulted, if they have ever been physically assaulted, their age, if they had prior incarcerations, if they have any violent charges and if they have any sexual abuse charges against a child.

115.241 (e): F.3400, page 10 and A.1200, page 9 state that the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing offenders for risk of being sexually abusive. A review of the Alcohol and Chemical Dependency Program Screening for Victimization and Abusiveness form indicates the risk for abusiveness section has three questions including: history of prior sexual acts, prior violent offenses and prior institutional violence or sexual abuse. If all three responses are yes the resident is considered at risk of abusiveness. The staff responsible for the risk screening indicated that she asks the questions on the form and she also reviews the demographic information in their electronic system (OPUS). She stated that the initial risk screening considers if the resident has a disability, their sexual orientation, if they have ever been sexually assaulted, if they have ever been physically assaulted, their age, if they had prior incarcerations, if they have any violent charges and if they have any sexual abuse charges against a child.

115.241 (f): The PAQ did not indicate that the policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. However, communication with the Director indicated this should have been marked yes and that they do reassess each resident's risk level. A.1200, page 10 states that within 30 days of the resident's arrival at the facility, the facility will reassess the resident's risk of victimization or abusiveness based upon any additional relevant information received by the facility since the intake screening. The PAQ

indicated that 76 residents were reassessed within 30 days. A review of the Alcohol and Chemical Dependency Programs Reassessment for Victimization and Abusiveness form indicated that residents are asked "since the questions asked at intake, have there been any sexual assaults or threats of sexual assaults against you?" and if the answer yes they reevaluate the resident and the information is reported. The interview with the staff responsible for the risk screening indicated that residents are reassessed within 30 days. Interviews with ten residents that arrived within the previous twelve months indicated that five have been asked questions related to their risk of victimization and abusiveness more than once. The five stated that the second instance was a week or two after they arrived. A review of fourteen resident files of those that arrived in the previous twelve months indicated that eleven had a reassessment completed. One resident was discharged before the 30 days, one absconded before the 30 days and one had not yet been at the facility for 30 days. Of the eleven that were completed, eight were documented with being completed within 30 days. Three did not have a date they were completed, so the auditor was unable to determine if they were completed within the 30 days. During the interim report period, the facility updated their current initial assessment and reassessment form to include a section for date of completion of the form. As such, the facility alleviated the potential issue with the competition date through the updated form during the interim report period.

115.241 (g): The PAQ indicated that the policy requires that an resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. A.1200, page 10 states that a resident's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. The interview with staff responsible for the risk screening indicated that she was unaware that residents are to be reassessed when warranted due to referral, request, incident of sexual abuse or receipt of additional information that bears on the residents risk of sexual victimization or abusiveness. Further conversation with the Director confirmed that they would reassess the resident if information did warrant. Interviews with ten residents that arrived within the previous twelve months indicated that five have been asked questions related to their risk of victimization and abusiveness more than once. The five stated that the second instance was a week or two after they arrived. There were zero sexual abuse allegations reported and as such there were no reassessments required based on incidents of sexual abuse. A review of fourteen resident files of those that arrived in the previous twelve months indicated that eleven had a reassessment completed. One resident was discharged before the 30 days, one absconded before the 30 days and one had not yet been at the facility for 30 days. Of the eleven that were completed, eight were documented with being completed within 30 days. Three did not have a date they were completed, so the auditor was unable to determine if they were completed within the 30 days. During the interim report period, the facility updated their current initial assessment and reassessment form to include a section for date of completion of the form. As such, the facility alleviated the potential issue with the competition date through the updated form during the interim report period.

115.241 (h): The PAQ indicated that policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the resident has previously experienced sexual victimization; and (d) the resident's own perception of vulnerability. F.3400, page 11 and A.1200, page 9 state that offenders/residents may not be disciplined for refusing to answer or for not disclosing complete information during screening or assessment. The interview with the staff responsible for risk screening confirmed that residents are not disciplined for refusing to answer any of the risk screening questions.

115.241 (i): A.1200, page 10 states that responses to questions asked pursuant to this standard shall be considered confidential and disseminated on a need-to-know basis only to ensure that sensitive information is not exploited to the resident's detriment by employees or other residents. The facility manager shall implement and document appropriate controls to ensure appropriate use of confidentiality and dissemination of information. The interview with the PREA Coordinator indicated that agency has outlined who should have access to the risk screening information so that it is not exploited. He stated that the risk screening staff member completes the risk screening and the information comes straight to the Facility Administrator office and is kept in locked in that location. The staff responsible for risk screening confirmed that the agency has outlined who should have access to the risk screening information so that it is not exploited. She stated that the information is confidential and that is kept in the Facility Administrators office.

Based on a review of the PAQ, F.3400, A.1200, Alcohol and Chemical Dependency Programs Screening for Victimization and Abusiveness, Alcohol and Chemical Dependency Programs Reassessment fore Victimization and Abusiveness, a review of resident files, the updated forms received during the interim report period and information from interviews with the PREA Coordinator, staff responsible for conducting the risk screenings and random residents indicate that this standard is compliant.

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 331 1233 589" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Program Manual A.1200 – Community-Based Facility Sexual Abuse and Harassment (PREA) 3. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 4. Housing Assignments of Residents at Risk of Sexual Victimization and/or Sexual Abusiveness 5. LGBTI Housing Assignments <p data-bbox="240 618 363 645">Interviews:</p> <ol data-bbox="240 678 810 813" style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with PREA Coordinator 3. Interview with Gay, Lesbian and Bisexual Residents <p data-bbox="240 846 528 873">Site Review Observations:</p> <ol data-bbox="240 907 715 1041" style="list-style-type: none"> 1. Location of Resident Records 2. Housing Assignments of LGBTI Residents 3. Shower Area in Housing Units <p data-bbox="240 1075 504 1102">Findings (By Provision):</p> <p data-bbox="240 1135 1493 1697">115.242 (a): The PAQ indicated that the agency/facility uses information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. F.3400, page 13 and A.1200, page 10 state that the information from the screening for risk of victimization and abusiveness shall be used to inform housing, bed, work, education and program assignments with the goal of keeping separate those offenders/residents at high risk of being sexually victimized for those at high risk of being sexually abusive. A.1200 states that ADCP Community-Based Facilities do not use double cell housing; designated personnel will generate a lists of high risk residents; the list will be reviewed at least weekly by the facility manger; and the facility will make individualized determinations for bed assignments, based on the housing design, to ensure the safety of each resident. The policy also outlines proper work assignments and program/education assignments. During the tour the auditor observed that resident files are behind locked door with limited access a to ensure sensitive information is not disseminated. The interview with the PREA Coordinator indicated that the information from the risk screening is utilized to determine risk level and then the risk level is utilized individual to determine housing. The interview with the staff responsible for the risk screening indicated that if a resident has a high risk score or indicator of sexual abuse the counselor is notified and they make sure that the resident has the appropriate roommate and is placed in the appropriate housing area of the facility. A review of housing documentation confirmed there were zero residents at high risk of abusiveness at the facility. There were residents at high risk of victimization at the facility during on-site portion of the audit and based on the housing documentation the auditor confirmed housing was done on an individualized basis.</p> <p data-bbox="240 1731 1493 1955">115.242 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each resident. F.3400, page 13 and A.1200, page 11 state that the facility shall make individualized determination for bed assignments, based on facility housing designs, to ensure the safety of each offender/resident. A.1200 outlines how to appropriately house residents as well as how to place residents in work, program and education assignments. The interview with the staff responsible for the risk screening indicated that if a resident has a high risk score or indicator of sexual abuse the counselor is notified and they make sure that the resident has the appropriate roommate and is placed in the appropriate housing area of the facility.</p> <p data-bbox="240 1989 1493 2145">115.242 (c): The PAQ indicated that the agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis. F.3400, page 14 and A.1200, page 11 state that in deciding whether to assign a transgender or intersex offender/resident to a facility for male or female offenders/residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the offender/resident's health and safety, and whether the placement would present management or security</p>

problems. The PC confirmed that housing assignments for transgender and intersex residents are made on a case-by-case basis. He further stated that the resident's placement would take into consideration the safety of the resident and any security or management problems the placement may cause. There were zero transgender and intersex residents at the facility over the audit period and during the on-site portion of the audit and as such there was no documentation to review nor any interviews conducted.

115.242 (d): F.3400, page 14 and A.1200, page 11 state that transgender and intersex offender/resident's own views with respect to his or her own safety shall be given serious consideration. The interviews with the PC and the staff responsible for risk screening confirmed that the residents' views with respect to his/her safety would be given serious consideration. There were zero transgender and intersex residents at the facility over the audit period and during the on-site portion of the audit and as such there was no documentation to review nor any interviews conducted.

115.242 (e): F.3400, page 14 and A.1200, page 11 state that transgender and intersex offenders/residents shall be given the opportunity to shower separately from other offenders/residents. During the tour the auditor observed that all showers had a solid entrance door and a curtain. The interview with the PC and the staff responsible for risk screening confirmed that transgender and intersex residents are afforded the opportunity to shower separately. The PC stated that all showers are single person and have a curtain. There were zero transgender and intersex residents at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.242 (f): F.3400, page 14 and A.1200, page 12 state that the agency shall not place lesbian, gay, bisexual, transgender or intersex offenders/residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit or wing established in connection with a consent decree, legal settlement or legal judgment for the purpose of protecting such offenders. The interview with the PC confirmed that they are not subject to a consent decree and that there is not a dedicated facility for LGBTI residents. He stated the facility only has two wings total and so that would never come into play. He stated all housing determinations are based on other factors other than sexual orientation/gender identity. The interview with the one LGB resident confirmed that she did not believe she was placed in a dedicated facility, unit or wing solely based on her sexual preference. A review of the housing assignment for the one LGBTI resident confirmed that because there was only one identified she was not placed in one dedicated wing or unit based on her gender identity/sexual preference.

Based on a review of the PAQ, F.3400, A.1200, residents at risk of sexual abusiveness and sexual victimization housing determinations, LGBTI resident housing assignments, observations made during the tour and information from interviews with the PC, staff responsible for conducting the risk screening and the LGB resident, indicates that this standard appears to be compliant.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 331 1225 584" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Program Manual A.1200 – Community-Based Facility Sexual Abuse and Harassment (PREA) 3. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 4. Sexual Abuse Awareness Offender Brochure (PREA Brochure) 5. PREA Posters <p data-bbox="240 618 363 645">Interviews:</p> <ol data-bbox="240 678 660 815" style="list-style-type: none"> 1. Interview with the PREA Coordinator 2. Interview with Random Staff 3. Interview with Random Residents <p data-bbox="240 848 528 875">Site Review Observations:</p> <ol data-bbox="240 909 732 936" style="list-style-type: none"> 1. Observation of PREA Reporting Information <p data-bbox="240 969 504 996">Findings (By Provision):</p> <p data-bbox="240 1028 1485 1547">115.251 (a): The PAQ indicated that the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other resident or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. F.3400, page 16 and A.1200, page 12 state that multiple internal ways shall be provided for offenders/residents to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. A.1200, page 12 states that ways of reporting incidents of sexual abuse and sexual harassment include: to any employee; through the administrative remedy process; through the PREA/Grievance locked box and through the toll free PREA telephone number. Additionally, the policies states that third party reporting can be made via email, phone or letter. A review of additional documentation to include the PREA brochure and PREA posters indicated how to report, including to any departmental employee, through the administrative remedy process, by writing the PREA Office, to a third party, to the local rape crisis center (a signed consent form must be received before the facility can be informed) and/or through the external reporting entity, Project Offender Reporting Sexual Abuse (ORSA). Interviews with ten residents confirm that all ten were aware of at least one method to report sexual abuse and sexual harassment. Most stated they would report through the phone number, through staff, through the drop box or through a grievance. Interviews with twelve random staff indicated that residents can report through the phone number, a letter and through their family.</p> <p data-bbox="240 1581 1485 2141">115.251 (b): The PAQ stated that the agency provides at least one way for residents to report sexual abuse to a public or private entity or office that is not part of the agency. Additionally, the PAQ states that the facility does not house residents solely for civil immigration purposes. F.3400, page 16 and A.1200, page 12 state that at least one way shall be provided for offenders to report abuse or sexual harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to agency officials, allowing the offender/resident to remain anonymous upon request. A review of the PREA poster confirmed that residents can report externally to Project Offender Reporting Sexual Abuse by calling 972-535-3499. The poster states that anonymous report will be investigated. A review of the PREA brochure indicates that residents are provided information on Project ORSA, which is a partnership between the NCDPS and Forgiven Ministry. The brochure advises that information will be provided to the facility for investigation and that the resident has a right to remain anonymous. The PREA brochure further provides residents information on when the number is monitored and how to report if there is an immediate safety concern. The auditor tested the external reporting line while on-site and received confirmation the following day that the call was received. The interview with the PC indicated that residents can report to Forgiven Ministry Project as the outside reporting entity. He stated they can report through the number that is posted around the facility. The PC stated that once the call is placed Forgiven Ministry Project informs the PREA Office about the allegation and the allegation is forwarded for investigation. Interviews with ten residents indicated that nine were aware of the outside reporting entity and nine were aware they could anonymously report.</p>

115.251 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. It further indicated that staff are required to document verbal reports immediately. A.1200, page 13 states that all reports of sexual abuse and/or sexual harassment, however made, are to be forwarded to the Facility Manager and the PREA Office. F.3400, page 17 states that all reports of sexual abuse and sexual harassment, however made are to be forwarded to the Facility Head and the PREA office. Additionally, both policies state that all staff are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against offenders or staff who reported such incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews with ten residents indicate that all ten knew they could report verbally and/or in writing and eight knew they could report through a third party. Interviews with twelve random staff indicated that twelve were aware that residents could report verbally, in writing and anonymously. Eleven stated they were aware that residents could report through a third party. The staff stated if residents reported verbally they would document it immediately through a written report.

115.251 (d): The PAQ indicates the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. It further states that staff can report through the hotline number and that staff are informed of this method through staff training, the staff handbook and through PREA posters around the facility. F.3400, page 17 states that staff may report allegations privately. Ways to report include but are not limited to: the PREA office by email (PREA@ncdps.gov) or by telephone (919-825-2754), anonymous by contacting the Fraud, Waste, Abuse & Misconduct Hotline (844-208-4018) or by calling local law enforcement. Interviews with twelve random staff indicate that ten were aware that they could privately report sexual abuse of a resident.

Based on a review of the PAQ, F.3400, A.1200, the PREA brochure, the PREA posters, observations during the tour, information from interviews with the PC, random residents and random staff, indicates this standard appears to be compliant.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 300">Documents:</p> <ol data-bbox="240 329 957 472" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure G.0300 – Administrative Remedy Procedure 3. Grievance Log <p data-bbox="240 501 504 530">Findings (By Provision):</p> <p data-bbox="240 560 1449 620">115.252 (a): G.0300 is the policy related to grievance procedures for residents. The PAQ indicated that the agency is not exempt from this standard.</p> <p data-bbox="240 649 1477 844">115.252 (b): The PAQ indicated that agency policy or procedure allows a residents to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The PAQ further indicated that residents are not required to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. G.0300, page 3 states that if a grievance complains about sexual abuse or harassment of an inmate(s), immediate notification shall be made to the Department of Public Safety’s PREA office. Further, the policy states that no inmate grievance alleging sexual abuse or harassment shall be rejected.</p> <p data-bbox="240 873 1477 1104">115.252 (c): The PAQ stated that agency policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. It further stated that agency policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. G.0300, page 3 that no employee who appears to be involved in a grievance shall participate in any capacity in the resolution process, except as a witness where necessary. In addition, no employee who appears to be involved in an inmate sexual abuse or sexual harassment allegation shall accept a grievance which suggest such personal involvement or shall participate in any capacity in the response to the grievance.</p> <p data-bbox="240 1133 1493 1664">115.252 (d): The PAQ stated that agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The PAQ indicated there were sexual abuse grievances filed in the previous twelve months The PAQ further indicates that the agency always notifies a resident in writing when the agency files for an extension, including notice of the date by which a decision will be made. G.0300, page 4 states that from filing to final disposition, all grievances shall be processed within 90 days. Within three days after submission of the grievance, the inmate who submits the grievance will be notified of the acceptance or rejection in writing upon the appropriate form. At step one, formal written response to the inmate shall be made within fifteen days from the date of acceptance of the grievance. At step two, formal written response to the inmate shall be made within 20 days from the date of request for step two review. Policy further states that if at any level of the administrative remedy process, including the final level, the inmate does not receive a response within the time provided for reply, including any properly noticed extension, the absence of a response shall be a denial at that level which the inmate may appeal, but the 24 hour time limited to request an appeal does not begin until the inmate receive a written denial. Prisons may grant an extension of time to respond for up to 70 days, if the normal time period for response in insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made. A review of the grievance log confirmed that there were zero sexual abuse grievances filed during the audit period. There were zero residents who reported sexual abuse during the on-site and as such no interviews were conducted.</p> <p data-bbox="240 1693 1477 2157">115.252 (e): The PAQ indicated that agency policy and procedure permit third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. It further indicated that agency policy and procedure requires that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident’s decision to decline. G.0300, page 2 states that third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates shall be permitted to assist inmates in submitting a grievance related to allegations of sexual abuse and shall be permitted to submit such a grievance on behalf of an inmate. If a third party submits a grievance on behalf of an inmate, the facility may require, as a condition of processing the grievance, that the alleged victim agree to have the grievance submitted on his or her behalf and also may require that alleged victim personally to pursue any subsequent steps in the grievance process. If the inmate declines to have the grievance processed on his or her behalf, the facility shall document the inmate’s decision. The PAQ indicated there were zero third-party grievances filed in the previous twelve months where the resident declined assistance and contained the resident’s decision to decline. A review of the grievance log confirmed that there were zero sexual abuse grievances filed during the audit period. There were zero residents who reported sexual abuse during the on-site and as such no interviews</p>

were conducted.

115.252 (f): The PAQ indicated that the agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. It further indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The PAQ also indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days. G.0300, page 6 states that if an emergency grievance alleges an inmate is subject to a substantial risk for imminent sexual abuse, the facility shall: immediately forward the grievance to a level of review which immediate corrective action can be taken, provide an initial response within 48 hours, and issue a final agency decision within five calendar days. Policy further states that the initial response and final decision shall document the agency's determination that the inmate is at substantial risk of imminent sexual abuse and the action take in response to the emergency grievance. The PAQ indicated there were zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. A review of the grievance log confirmed that there were zero sexual abuse grievances filed during the audit period. There were zero residents who reported sexual abuse during the on-site and as such no interviews were conducted.

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

Based on a review of the PAQ, G.0300 and the grievance log, this standard appears to be compliant.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 331 1155 584" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Memorandum of Understanding with Our Voice 4. Sexual Abuse Awareness Offender Brochure (PREA Brochure) 5. Victim Advocacy Poster <p data-bbox="240 618 874 645">Documentation Provided During the Interim Report Period:</p> <ol data-bbox="240 678 624 705" style="list-style-type: none"> 1. Updated Victim Advocacy Poster <p data-bbox="240 736 363 763">Interviews:</p> <ol data-bbox="240 797 628 824" style="list-style-type: none"> 1. Interview with Random Residents <p data-bbox="240 855 504 882">Findings (By Provision):</p> <p data-bbox="240 916 1493 1435">115.253 (a): The PAQ indicated that the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The PAQ also stated that the facility provides residents with mailing addresses and phone numbers to local, state or national victim advocacy or rape crisis centers and provides residents with access to such services by enabling reasonable communication. The MOU with Our Voice confirms that the rape crisis center agrees to respond to written correspondence from Black Mountain residents and provide follow-up services and crisis intervention contacts to victims of sexual assault. A review of the PREA brochure and Victim Advocacy poster confirmed that phone number and speed dial information is provided on both documents. During the tour the auditor observed that Victim Advocacy poster was displayed throughout the facility. The auditor tested the victim advocacy number during the on-site portion of the audit and reached Our Voice. The staff member confirmed the hotline is accessible and functionable to the residents at Black Mountain. Interviews with ten residents indicated that nine were aware of outside victim advocacy services and were provided a telephone number and mailing address to a local, state and/or nation rape crisis center. Most of the residents were not certain on specifics of the information but knew they were provided the information and that it was located around the facility. There were zero residents who reported sexual abuse and as such no interviews were conducted. During the interim report period the facility updated the Victim Advocacy poster to include the mailing address of Our Voice as well as information on mandatory reporting laws and required consent for Our Voice to report any allegations of sexual abuse. The facility provided photos with the new poster displayed around the facility.</p> <p data-bbox="240 1469 1493 2029">115.253 (b): The PAQ indicated that the facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. It further stated that the facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The MOU with Our Voice confirms that the rape crisis center agrees to respond to written correspondence from Black Mountain residents and provide follow-up services and crisis intervention contacts to victims of sexual assault. A review of the PREA brochure and Victim Advocacy poster confirmed that phone number and speed dial information is provided on both documents. During the tour the auditor observed that Victim Advocacy poster was displayed throughout the facility. The auditor tested the victim advocacy number during the on-site portion of the audit and reached Our Voice. The staff member confirmed the hotline is accessible and functionable to the residents at Black Mountain. Interviews with ten residents indicated that nine were aware of outside victim advocacy services and were provided a telephone number and mailing address to a local, state and/or nation rape crisis center. Most of the residents were not certain on specifics of the information but knew they were provided the information and that it was located around the facility. There were zero residents who reported sexual abuse and as such no interviews were conducted. During the interim report period the facility updated the Victim Advocacy poster to include the mailing address of Our Voice as well as information on mandatory reporting laws and required consent for Our Voice to report any allegations of sexual abuse. The facility provided photos with the new poster displayed around the facility.</p> <p data-bbox="240 2063 1493 2157">115.253 (c): The PAQ indicated that the facility maintains a memorandum of understanding or other agreement with a community service provider that is able to provide residents with emotional support services related to sexual abuse. The PAQ indicated the facility maintains copies of the agreement. A review of documentation confirmed that the facility has an</p>

MOU with Our Voice, a local rape crisis center. The MOU was signed March 2, 2018 and the facility maintains a copy of the MOU.

Based on a review of the PAQ, the MOU with Our Voice., the PREA brochure, the victim advocacy poster, the updated poster provided during the interim report period and interviews with random residents, this standard appears to be corrected and as such compliant.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Program Manual A.1200 – Community-Based Facility Sexual Abuse and Harassment (PREA) 3. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy <p>Findings (By Provision):</p> <p>115.254 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and the agency publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of a resident. F.3400, page 17 and A.1200, page 12 state that third partying reporting can be made via email, phone or letter. A review of the agency's website (https://www.ncdps.gov/adult-corrections/prison-rape-elimination-act) confirms that there is a link available to report via email. Additionally, the website advises the public that reports of sexual abuse can be made via: the prison facility or judicial district office, to the officer in charge or probation officer, to the facility or division administrator, to any correction employee, to the division director's office, to the Department of Public Safety Communications Office (1-800-368-1985) and through the PREA administration office (919-825-2754 or prea@ncdps.gov).</p> <p>Based on a review of the PAQ, F.3400, A.1200 and the agency's website indicates that this standard appears to be compliant.</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 373 297">Documents:</p> <ol data-bbox="240 327 1225 470" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Program Manual A.1200 – Community-Based Facility Sexual Abuse and Harassment (PREA) 3. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy <p data-bbox="240 501 362 528">Interviews:</p> <ol data-bbox="240 557 759 757" style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with Medical and Mental Health Staff 3. Interview with the Director 4. Interview with the PREA Coordinator <p data-bbox="240 788 504 815">Findings (By Provision):</p> <p data-bbox="240 844 1485 1272">115.261 (a): The PAQ indicated that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against residents or staff who reported such an incident; and/or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. F.3400, page 17 and A.1200, page 12 state that all staff are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Staff have a duty to report any allegations that offenders/residents are having sexual relationships with other offenders or with staff. Policy further states that any retaliation against offenders/residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews with twelve staff confirm that policy requires that they are report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation. Staff stated they would immediately report to their supervisor (lead) and the PC.</p> <p data-bbox="240 1303 1477 1697">115.261 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. F.3400, page 32 states that the facility investigator and all others involved in the PREA process, to the extent possible, will ensure confidentiality of PREA complaints except as required in the following circumstances: to cooperate with law enforcement in any investigation and prosecution of the incidents alleged in such complaints; to take and enforce disciplinary action against any staff member as a result of the incidents alleged in the complaint; to defend against claims brought by the offender for violation of the offender's rights for having been subjected to sexual abuse; and to otherwise comply with the law. Interviews with twelve staff confirm that policy requires that they are report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation. Staff stated they would immediately report to their supervisor (lead) and the PC.</p> <p data-bbox="240 1729 1469 1921">115.261 (c): F.3400, page 18 and A.1200, page 13 state that unless otherwise precluded by Federal, State or local law, medical and mental health practitioners shall be required to report sexual abuse to inform offenders/residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Interviews with medical and mental health care staff confirmed that at the initiation of services they disclose limitations of confidentiality and their duty to report. The staff stated they are required to report any knowledge, suspicion or information related an incident of sexual abuse or sexual harassment. Both staff members stated they were not aware of any of these reports.</p> <p data-bbox="240 1953 1477 2114">115.261 (d): F.3400, page 18 and A.1200, page 13 state that if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statue, reporting such allegations to the Department of Social Services is required. The interview with the PREA Coordinator indicated policy requires that they contact the Department of Social Services (DSS), the PREA office and the Regional office. The Director stated that that they do not have anyone under eighteen or any vulnerable adults at the facility as these populations would be screened out.</p>

115.261 (e): F.3400, page 18 and A.1200, page 13 state that the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. The interview with the Director confirmed that all allegations are reported to the facility investigator. There were zero allegations of sexual abuse and sexual harassment reported during the audit period and as such there were no documents to review.

Based on a review of the PAQ, F.3400, A.1200 and information from interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Director indicates that this standard appears to be compliant.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Program Manual A.1200 – Community-Based Facility Sexual Abuse and Harassment (PREA) 3. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Director 3. Interview with Random Staff <p>Findings (By Provision):</p> <p>115.262 (a): The PAQ indicated that when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). F.3400, page 18 and A.1200, page 13 states that when the staff learns that an offender/resident is subject to a substantial risk of imminent sexual abuse immediate action shall be taken to protect the offender. Policy further describes first responder duties, including indicated there were zero residents determined to be at risk of imminent sexual abuse. The interview with the Agency Head Designee indicated that if there is an instance where an inmate is determined to be at imminent risk of sexual abuse the facility staff would immediately implement the response plan. She stated that the inmate would be removed from the location and that staff would speak to the inmate one-on-one. An investigation would be initiated and the inmate would be separated from the potential abuser to try to prevent the issue from occurring. The Agency Head Designee further stated that staff and supervisors should be aware of the vulnerability of the inmate in order to keep them safe. Possible measures that can be taken include transferring the inmate to another housing unit or to a different facility. The interview with the Director indicated that she would separate the individuals. She stated if it was a staff member they would have to work at another facility or have them stay at home and if it was another resident they would move housing units. She stated if it was investigated and found true, the resident would be discharged (the resident perpetrator). Interviews with random staff confirm that the majority would take action to separate the residents (i.e. room change) and contact the supervisor.</p> <p>Based on a review of the PAQ, F.3400, A.1200 and information from interviews with the Agency Head Designee, Director and random staff indicates that this standard appears to be compliant.</p>

115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Program Manual A.1200 – Community-Based Facility Sexual Abuse and Harassment (PREA) 3. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Director <p>Findings (By Provision):</p> <p>115.263 (a): The PAQ indicated that the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. F.3400, page 18 and A.1200, page 13 state that upon receiving an allegation that an offender/resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The PAQ indicated there were zero residents that reported that they were abused while confined at another facility. A review of documentation confirmed there were zero residents who reported sexual abuse that occurred at another facility.</p> <p>115.263 (b): The PAQ indicated that agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. F.3400, page 18 and A.1200, page 13 state that such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. A review of documentation confirmed there were zero residents who reported sexual abuse that occurred at another facility.</p> <p>115.263 (c): The PAQ indicated that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. F.3400, page 18 and A.1200, page 13 state that the Facility Head/Manager shall document such notifications by completing a memorandum to file, and uploading into the correspondence tracking system (CTS). A review of documentation confirmed there were zero residents who reported sexual abuse that occurred at another facility.</p> <p>115.263 (d): The PAQ indicated that the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. F.3400, page 18 and A.1200, page 13 state that upon receiving notification from another facility or agency that an allegation of sexual abuse or sexual harassment has been reported, the Facility Head/Manager shall ensure that the allegation is investigated in accordance with these standards. The PAQ indicated there were zero allegations reported from another facility in the previous twelve months. The Agency Head Designee stated that the designated point of contact would be the Warden, who would then contact the PREA office. She indicated that if another agency calls the PREA office and makes an allegation or a report, the office would immediately contact the facility. In all instances, whether reported to the Warden or the PREA office, an investigation would be initiated and if criminal, local law enforcement would be contacted. The Agency Head Designee confirmed that the agency has received allegations from outside agencies. The interview with the Director indicated that if an allegation is received they would call the PREA Office. If it is an allegation of sexual abuse they would contact local law enforcement to conduct the investigation and if it is sexual harassment the facility/agency would conduct the investigation. She confirmed there have been no examples of this during the audit period. A review of documentation confirmed there were zero sexual abuse allegation reported during the previous twelve months.</p> <p>Based on a review of the PAQ, F.3400, A.1200 and interviews with the Agency Head Designee and Director, this standard appears to be compliant.</p>

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 300">Documents:</p> <ol data-bbox="240 329 1225 640" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Program Manual A.1200 – Community-Based Facility Sexual Abuse and Harassment (PREA) 3. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 4. Sexual Abuse Incident Response Plan 5. PREA: Sexual Abuse and Sexual Harassment 101 Training Curriculum 6. PREA Card <p data-bbox="240 674 363 703">Interviews:</p> <ol data-bbox="240 732 608 815" style="list-style-type: none"> 1. Interview with First Responders 2. Interviews with Random Staff <p data-bbox="240 848 504 878">Findings (By Provision):</p> <p data-bbox="240 907 1485 1630">115.264 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse and that the policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser. It further states that the policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence and if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim and ensure that the alleged perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. F.3400, pages 19-20 and A.1200, pages 13-14 state that upon learning of an allegation that an offender/resident was sexually abuse, the first staff member to respond to the report shall be required to: take the necessary steps to separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim/ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. A.1200 states that if the resident does not cooperate to call 911. In addition, the Sexual Abuse Incident Response Plan and the PREA 101 staff training outline first responder duties under this provision. The PAQ indicated there were zero sexual abuse allegations reported and as such no first responder duties were required. The PAQ as well as the Director stated that each staff member is issued a first responder card which outlines first responder duties. A review of the card confirmed that it has the four requirements outlined in policy as well as outlines the ways to report. The first responder stated that she would separate the individuals, keep someone with the resident at all times, report the information, not let the individual shower, use the restroom, brush their teeth, etc., and preserve any evidence. There were zero residents who reported sexual abuse and as such no interviews were conducted. There were zero sexual abuse allegations reported during the previous twelve months.</p> <p data-bbox="240 1664 1485 2159">115.264 (b): The PAQ indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. It further indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. A.1200, pages 12-13 indicate that ACDP Community-Based Facility staff are not correctional officers and as such are not security. Policy still requires that they: take the necessary steps to separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim/ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. If the resident does not cooperate staff are instructed to call 911. F.3400, page 20 states that if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The PAQ indicated there were zero allegations of sexual abuse reported during the previous twelve months. The first responder stated that she would separate the individuals, keep someone with the resident at all times, report the information, not let the individual shower, use the restroom, brush their teeth, etc., and preserve any evidence. Random staff interviews confirmed that all staff were familiar with first responder duties. Staff stated they would</p>

keep individuals separated, secure the area where it occurred, and not let the individuals destroy any evidence through washing, using the restroom, changing clothes, etc. There were zero residents who reported sexual abuse and as such no interviews were conducted. There were zero sexual abuse allegations reported during the previous twelve months.

Based on a review of the PAQ, F.3400, A.1200 the Sexual Assault Response Plan, the staff PREA training, the PREA Card and interviews with random staff and first responders, this standard appears to be compliant.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Program Manual A.1200 – Community-Based Facility Sexual Abuse and Harassment (PREA) 3. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 4. Sexual Abuse Institutional Response Plan <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Director <p>Findings (By Provision):</p> <p>115.265 (a): The PAQ indicated that the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. A review of the Sexual Abuse Institutional Response Plan confirms that the facility has a document that outlines duties for first responders, medical staff, investigators, the PCM, the PSP, mental health care staff and the sexual abuse response team. The Director confirmed that the facility has a plan that coordinates actions among staff first responders, medical and mental health practitioners, investigators and facility leadership. She stated that the plan is a step by step response for what to do if sexual abuse is reported, including PSP information, contact information for all necessary staff, forensic evidence instructions and evidence preservation instruction.</p> <p>Based on a review of the PAQ, the Sexual Abuse Institutional Response Plan and information from the interview with the Director, this standard appears to be compliant.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 376 297">Documents:</p> <p data-bbox="244 331 536 358">1. Pre-Audit Questionnaire</p> <p data-bbox="244 392 363 418">Interviews:</p> <p data-bbox="244 452 711 479">1. Interview with the Agency Head Designee</p> <p data-bbox="244 512 504 539">Findings (By Provision):</p> <p data-bbox="244 573 1493 689">115.266 (a): The PAQ indicated that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. The interview with the Agency Head Designee confirmed that the agency does not have collective bargaining agreements.</p> <p data-bbox="244 723 858 750">115.266 (b): The auditor is not required to audit this provision.</p> <p data-bbox="244 784 1453 810">Based on a review of the PAQ, and the interview with the Agency Head Designee, this standard appears to be compliant.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 331 1225 584" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Program Manual A.1200 – Community-Based Facility Sexual Abuse and Harassment (PREA) 3. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 4. PREA Offender/Juvenile Retaliation Monitoring and Period Status Checks (OPA-I24) 5. PREA Staff Retaliation Monitoring and Period Status Checks (OPA-I22) <p data-bbox="240 618 363 645">Interviews:</p> <ol data-bbox="240 678 1054 815" style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Director 3. Interview with Designated Staff Member Charged with Monitoring Retaliation <p data-bbox="240 848 507 875">Findings (By Provision):</p> <p data-bbox="240 909 1485 1099">115.267 (a): The PAQ indicated that the agency has 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. F.3400, page 22 and A.1200, page 15 state that the PSP shall monitor retaliation against the victim and the offender/resident who either report allegations, or cooperate with investigations, of sexual abuse or sexual harassment. The PAQ indicated that the agency designates staff members charged with monitoring for retaliation and that the PREA Support Staff monitors for retaliation.</p> <p data-bbox="240 1133 1485 1827">115.267 (b): F.3400, page 22 and A.1200, page 15 state that the PSP shall monitor retaliation against the victim and the offender/resident who either report allegations, or cooperate with investigations, of sexual abuse or sexual harassment. Policy further states that upon notification of a sexual abuse or sexual harassment allegation the PSP will initiate monitoring the alleged victim and offender/resident who reported the allegation or cooperated with officials during the investigation. A review of documents indicated that there have been no reported sexual abuse allegations or reports of retaliation. Interviews with the Agency Head Designee, Director and staff responsible for monitoring retaliation all indicated that protective measures would be taken if resident or staff member expressed fear of retaliation. The interview with the Agency Head Designee indicated that each facility has a PCM and a PSP. The PCM is the staff member responsible for monitoring staff for retaliation while the PSP is responsible for monitoring the resident for retaliation. The Agency Head Designee stated that inmates and staff are offered support services and that potential protective actions include housing changes, facility transfers, a change in work schedule and monitoring for 90 days. The Director stated that the facility would take a couple protective actions including the PSP following up with the resident victim periodically. She stated a lot of times the victim resident leaves the facility and the staff will even call them after they leave to check in to make sure they are not being retaliated against. She further stated they could make housing changes, discharge one of the residents from the program, remove the staff from contact with the resident and provide mental health follow-up services for the resident. The staff responsible for monitoring stated that as the PSP she has a document that she reviews for the person who reported sexual abuse. She stated she follows them for the remainder of their treatment and that if it is substantiated the perpetrator would be discharged from the program. The staff member indicated that protective measures would include separating the individuals, which can be done through a housing change or through a program discharge. The staff member also stated that she does periodic status checks about once a week and she also sees them in group every two weeks. There were zero residents who reported sexual abuse and as such no interviews were conducted.</p> <p data-bbox="240 1861 1485 2152">115.267 (c): The PAQ indicated that the agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The PAQ stated that the agency/facility monitors the conduct or treatment for 90 days. The PAQ further stated that the agency/facility acts promptly to remedy any retaliation and that the agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. F.3400, page 22 and A.1200, page 15 state that upon notification of a sexual abuse or sexual harassment allegation the PSP will initiate monitoring the alleged victim and offender/resident who reported the allegation or cooperated with officials during the investigation. Continue monitoring for a minimum of 90 days or beyond 90 days if the initial monitoring indicates a continuing need. Upon completion of the monitoring period, complete and document results on OPA-I24. The PAQ indicated there were</p>

zero incidents of retaliation reported. The interview with the Director indicated that if retaliation is suspected or reported they would take immediate action to separate the individuals and investigate. The interview with the staff member responsible for monitoring retaliation indicated that she conducts monitoring for as long as the resident is in treatment (treatment is for 90 days). The staff member stated that she checks any notes that are passed, body language, any room changes, any disciplinary issues and anything out of the norm for that resident. There were zero allegations of sexual abuse reported during the audit period and as such there were no documents to review.

115.267 (d): F.3400, page 22 states that upon notification of a sexual abuse or sexual harassment allegation the PSP will initiate monitoring the alleged victim and offender who reported the allegation or cooperated with officials during the investigation. In the case of offenders, such monitoring shall also include periodic status checks. The interview with the staff member responsible for monitoring retaliation confirmed that she would meet with the individual once a week and she would also see them every two weeks in group. There were zero allegations of sexual abuse reported during the audit period and as such there were no documents to review.

115.267 (e): F.3400, page 22 and A.1200, page 15 state that the PSP shall monitor retaliation against the victim and the offender/resident who either report allegations, or cooperate with investigations, of sexual abuse or sexual harassment. The Agency Head Designee stated that if an individual who cooperates with an investigation expresses fear of retaliation they would offer emotional support and crisis intervention services and that they would look at the area to see if any housing changes are necessary. She further stated that there is an open door policy and that all individuals have a right to call the PREA office directly. The Director stated that the facility would take a couple protective actions including the PSP following up with the resident victim periodically. She stated a lot of times the victim resident leaves the facility and the staff will even call them after they leave to check in to make sure they are not being retaliated against. She further stated they could make housing changes, discharge one of the residents from the program, remove the staff from contact with the resident and provide mental health follow-up services for the resident. The Director further indicated that if retaliation is suspected or reported they would take immediate action to separate the individuals and investigate.

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

Based on a review of the PAQ, F.3400, A.1200, and interviews with the Agency Head Designee, Director and staff charged with monitoring for retaliation, this standard appears to be compliant.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 300">Documents:</p> <ol data-bbox="240 329 1225 528" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Program Manual A.1200 – Community-Based Facility Sexual Abuse and Harassment (PREA) 3. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 4. Investigator Training Records <p data-bbox="240 560 363 589">Interviews:</p> <ol data-bbox="240 618 660 757" style="list-style-type: none"> 1. Interview with Investigative Staff 2. Interview with the Director 3. Interview with the PREA Coordinator <p data-bbox="240 788 504 817">Findings (By Provision):</p> <p data-bbox="240 846 1485 1072">115.271 (a): The PAQ indicated that the agency/facility has a policy related to criminal and administrative agency investigations. F.3400, page 25 and A.1200, page 17 state that investigations into allegations of sexual abuse and sexual harassment, shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. There were zero allegations of sexual abuse and sexual harassment reported at the facility over the previous twelve months. The interview with the investigator confirmed that an administrative investigation would be initiated in less than 24 hours. She stated that she did not believe that an anonymous or third party reported allegation would be investigated any different, but she had not had to investigate any of those types.</p> <p data-bbox="240 1104 1485 1498">115.271 (b): F.3400, page 8 and A.1200, page 7 state that investigators shall complete appropriate employee training defined in .3406(a)/.1205(a) and shall receive training on conducting sexual abuse and harassment investigations in a confinement setting. Such training shall include: techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in a confinement setting; and criteria and evidence required to substantiated a case for administrative action or prosecution referral. The agency utilizes their own training for this standard; NCDPS Specialized Investigations: Sexual Abuse and Harassment Response. A review of the training curriculum confirmed it includes the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. The interview with the investigator confirmed that the specialized investigator training included the topics required under this provision: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative case.</p> <p data-bbox="240 1529 1485 1861">115.271 (c): F.3400, page 26 and A.1200, page 18 state that investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data including video and/or audio recordings; shall interview alleged victims, suspected perpetrators, and witnesses. Policy further describes steps to take to ensure the appropriate preservation of evidence. The interview with the investigator indicated that her initial steps would be to contact Raleigh to ensure she was doing things correctly. She indicated she would make sure the PSP met with the individual, she would get a statement from the victim and make sure that the person is separated from the person the allegation is made against. The investigator stated this would occur within 24 hours. The investigator further stated she would then interview the victim and other parties involved in the allegation, look at video footage and reach out to Raleigh for further direction. She stated she would be responsible for collecting evidence including statements, video and physical. There were zero allegations reported during the audit period and as such there were no investigations to review.</p> <p data-bbox="240 1892 1485 2018">115.271 (d): F.3400, page 27 and A.1200, page 18 state that when the quality of evidence appears to support criminal prosecution, the Department of Public Safety sexual abuse and harassment investigators shall only be permitted to continue interviews after consulting with local law enforcement agency as to whether interviews may be an obstacle for subsequent criminal prosecution. The investigator stated that she would reach out to Raleigh about this to get direction.</p> <p data-bbox="240 2049 1485 2141">115.271 (e): F.3400, page 27 and A.1200, page 18 state that an offender/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. Page 28 and page 18 further states that the credibility of an alleged victim, suspect, or witness shall be</p>

assessed on an individual basis not be determined by the person's status as offender or staff. The interview with the investigator confirmed that the agency does require resident victims of sexual abuse to submit to a polygraph tests or any other truth-telling devices. She further stated that credibility is not judged based on the individual alone (i.e. that the person is a resident or staff). There were zero residents who reported sexual abuse and as such no interviews were conducted.

115.271 (f): F.3400, page 28 and A.1200, page 18 state that investigations shall include an effort to determine whether staff actions or failure to act contributed to the abuse. Policies further state that investigations shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The interview with investigative staff confirmed that all administrative investigations are documented in a written report and include witness statements, corroborating statements, description of steps taken, description of evidence, other paperwork and the conclusion. The investigator stated she would conduct interviews and review policy to see if staff did what they were supposed to do. There were zero allegations reported during the audit period and as such there were no investigations to review.

115.271 (g): F.3400, page 28 and A.1200, page 28 state that investigations shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The interview with investigative staff confirmed that all administrative investigations are documented in a written report and include witness statements, corroborating statements, description of steps taken, description of evidence, other paperwork and the conclusion. There were zero allegations reported during the audit period and as such there were no investigations to review.

115.271 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal are referred for prosecution. F.3400, page 28 and A.1200, page 19 state that substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. The PAQ indicated there were zero allegations referred for prosecution since the last PREA audit. The interview with the investigator indicated that an allegation would be referred for prosecution when through the investigation she determined that it was substantiated.

115.271 (i): The PAQ indicated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. F.3400, page 28 and A.1200, page 19 state that all written reports reference in paragraph (g) of this section shall be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

115.271 (j): F.3400, page 28 and A.1200, page 19 state that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The interview with the investigator confirmed that all investigations are completed no matter if staff leave/resign or if residents depart the facility or agency's custody.

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

115.271 (l): F.3400, page 28 and A.1200, page 19 state that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The Director and PC stated that they would keep in touch with the agency weekly for status updates on the investigation. The interview with the investigative staff indicated that she would provide them with whatever she did as part of the initial investigation.

Based on a review of the PAQ, F.3400, A.1200, training records and information from interviews with the PREA Coordinator, Director and investigative staff indicate that this standard appears to be compliant.

Recommendation

While most sexual abuse allegations would be investigation by an outside law enforcement the auditor highly recommends that the facility investigator be retrained on conducting sexual abuse investigations in case she has to conduct any future investigations. She admitted herself she was unfamiliar with a lot of the questions that were asked. Many of her responses were inadequate related to the proper investigative process.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Investigative Staff <p>Findings (By Provision):</p> <p>115.272 (a): The PAQ indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. F.3400, page 2 states that this standard is satisfied if the evidence shows that it is more probable than not that an event occurred and that the agency shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The interview with the investigator indicated that she was unaware of the standard of evidence to substantiate a case but it would be based on the statements, interviews, medical evidence and video footage. There were zero sexual abuse allegations reported during the audit period and as such there were no documents to review.</p> <p>Based on a review of the PAQ, F.3400 and information from the interview with the investigator, it is determined that this standard appears to be compliant.</p>

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 373 297">Documents:</p> <ol data-bbox="240 331 1225 528" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Program Manual A.1200 – Community-Based Facility Sexual Abuse and Harassment (PREA) 3. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 4. PREA Support Services Status Notification (OPA-I30) <p data-bbox="240 562 360 589">Interviews:</p> <ol data-bbox="240 622 616 703" style="list-style-type: none"> 1. Interview with the Director 2. Interview with Investigative Staff <p data-bbox="240 736 504 763">Findings (By Provision):</p> <p data-bbox="240 797 1493 1120">115.273 (a): The PAQ indicated that the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. F.3400, page 22 and A.1200, page 15 states that following an investigation into an offender/resident's allegation that he or she suffered sexual abuse in a facility, the PSP shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Notifications shall be documented on OPA-I30. The PAQ indicated there were zero sexual abuse allegations reported and as such zero notifications made during the audit period. The interviews with the Director and the investigator confirmed that residents are informed of the outcome of the investigation into their allegation. There were zero residents who reported sexual abuse and as such there were no interviews conducted. There were zero sexual abuse allegations reported during the audit period and as such no documentation was available for review.</p> <p data-bbox="240 1153 1493 1375">115.273 (b): The PAQ indicate that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. The PAQ indicated there were zero sexual abuse allegations reported during the previous twelve months and zero notifications related to outside entity investigations. F.3400, page 22 and A.1200, page 15 state that if the Department of Public Safety did not conduct the investigation, the PSP shall request, through the chain of command, the relevant information from the investigative agency in order to inform the offender/resident. There were zero sexual abuse allegations reported during the audit period and as such no documentation was available for review.</p> <p data-bbox="240 1408 1493 1904">115.273 (c): The PAQ indicated following an resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Additionally, the PAQ indicated that there has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months. F.3400, page 23 and A.1200, page 15 state that following a resident's allegation that a staff member has committed sexual abuse against the resident, the PSP shall subsequently inform the offender/resident (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the offender's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Notifications shall be documented on OPA-I30. There were zero residents who reported sexual abuse and as such there were no interviews conducted. There were zero sexual abuse allegations reported during the audit period and as such no documentation was available for review.</p> <p data-bbox="240 1937 1493 2159">115.273 (d): The PAQ indicated following an resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. F.3400, page 23 and A.1200, page 15 state that following an offender/resident's allegation that he or she has been sexually abused by another offender/resident, the agency shall subsequently inform the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been</p>

convicted on a charge related to sexual abuse within the facility. There were zero residents who reported sexual abuse and as such there were no interviews conducted. There were zero sexual abuse allegations reported during the audit period and as such no documentation was available for review.

115.273 (e): The PAQ indicated the agency has a policy that all notifications to residents described under this standard are documented. F.3400, page 23 and A.1200, page 16 state that all such notifications or attempted notification shall be documented. The PAQ indicated there were zero sexual abuse investigations completed within the previous twelve months and zero notifications. There were zero sexual abuse allegations reported during the audit period and as such no documentation was available for review.

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

Based on a review of the PAQ, F.3400, A.1200, and information from interviews with the Director and the investigator, this standard appears to be compliant.

115.276	Disciplinary sanctions for staff
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 376 300">Documents:</p> <ol data-bbox="242 329 1225 472" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Program Manual A.1200 – Community-Based Facility Sexual Abuse and Harassment (PREA) 3. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy <p data-bbox="242 501 504 530">Findings (By Provision):</p> <p data-bbox="242 560 1485 651">115.276 (a): The PAQ indicated that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. F.3400, page 30 and A.1200, page 20 state that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="242 680 1497 875">115.276 (b): F.3400, page 30 and A.1200, page 20 state that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The PAQ indicated there were zero staff members who violated the sexual abuse or sexual harassment policies in the previous twelve months and that zero staff were terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. A review of documents confirmed that there were zero substantiated sexual abuse and sexual harassment allegations against a staff member. Therefore, there were no disciplinary records to review.</p> <p data-bbox="242 904 1490 1234">115.276 (c): The PAQ indicated that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PAQ indicated there were zero staff that were disciplined short of termination for violating the sexual abuse or sexual harassment policies. F.3400, page 30 and A.1200, page 20 state that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. A review of documents confirmed that there were zero substantiated sexual abuse and sexual harassment allegations against a staff member. Therefore, there were no disciplinary records to review.</p> <p data-bbox="242 1263 1493 1561">115.276 (d): The PAQ indicated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. F.3400, page 30 and A.1200, page 20 state that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal and to any relevant licensing bodies. The PAQ indicated there were no staff members who were reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual or sexual harassment policies. A review of documents confirmed that there were zero substantiated sexual abuse and sexual harassment allegations against a staff member. Therefore, there were no disciplinary records to review.</p> <p data-bbox="242 1590 1142 1619">Based on a review of the PAQ, F.3400 and A.1200, this standard appears to be compliant.</p>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Program Manual A.1200 – Community-Based Facility Sexual Abuse and Harassment (PREA) 3. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Director <p>Findings (By Provision):</p> <p>115.277 (a): The PAQ indicated that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies and that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. F.3400, page 30 and A.1200, page 20 state that any contractor or volunteer who engages in sexual abuse shall be immediately prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Policy further states that if an allegation of sexual abuse is which a volunteer or contracting agent is the alleged abuser is substantiated the volunteer or contracting agent shall be terminated from the relationship with NCDPS. The PAQ indicated that there have been no contractors or volunteers who violated the sexual abuse or sexual harassment policies nor were there any who were reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of documents confirmed there were zero contractors or volunteers who violated the agency’s sexual abuse or sexual harassment policies.</p> <p>115.277 (b): The PAQ indicated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. F.3400, page 30 and A.1200, page 20 state that appropriate remedial measures shall be considered whether to prohibit further contact with offenders in the case of any other violation of sexual abuse or sexual harassment policies. The interview with the Director indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor no longer being allowed at the facility anymore. She also stated that the facility would also contact the PREA Office and local law enforcement and report the information for investigation. The Director confirmed they have not had any contractors or volunteers violate the sexual abuse or sexual harassment policies during the audit period.</p> <p>Based on a review of the PAQ, F.3400, A.1200 and information from the interview with the Director, this standard appears to be compliant.</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 327 1225 528" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Program Manual A.1200 – Community-Based Facility Sexual Abuse and Harassment (PREA) 3. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 4. Policy and Procedure B.0200 – Offender Disciplinary Procedures <p data-bbox="240 557 363 584">Interviews:</p> <ol data-bbox="240 613 759 701" style="list-style-type: none"> 1. Interview with the Director 2. Interview with Medical and Mental Health Staff <p data-bbox="240 730 504 757">Findings (By Provision):</p> <p data-bbox="240 786 1497 1016">115.278 (a): The PAQ indicated that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding and/or a criminal finding that a resident engaged in resident-on-resident sexual abuse. F.3400, page 30 and A.1200, page 20 state that offenders/residents shall be subject to disciplinary sanctions pursuant to formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender (resident-on-resident) sexual abuse or following a criminal finding of guilt for offender-on-offender (resident-on-resident) sexual abuse. The PAQ indicated there were zero administrative or criminal finding of guilt for resident-on-resident sexual abuse. There were zero sexual abuse allegations reported during the previous twelve months.</p> <p data-bbox="240 1046 1497 1308">115.278 (b): F.3400, page 30 and A.1200, page 21 state that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender/resident's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories. B.0200 outlines the offender disciplinary procedures, including level of offenses and sanctions. The Director stated that if a resident violates the sexual abuse and sexual harassment policy they would be immediately discharged from the program and depending on their commitment with probation or parole they would go back to prison or jail or they could be given other sanctions. The Director confirmed that discipline would be 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.</p> <p data-bbox="240 1337 1469 1500">115.278 (c): F.3400, page 31 and A.1200, page 21 states that the disciplinary process shall consider whether an offender/resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanctions, if any, should be imposed. The interview with the Director confirmed that the disciplinary process considers whether the resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p data-bbox="240 1529 1497 1792">115.278 (d): The PAQ indicated the facility does not offer therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for abuse. The PAQ stated that the abuser would be discharged from the program immediately. A.1200, page 21 states that if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. Interviews with medical and mental health staff confirmed that they would offer services, however they would be immediately discharged from the program so they would not receive any services at the facility. The staff indicated that services at the facility are all voluntary and they cannot compel anyone to participate in services unless they are a condition from the court.</p> <p data-bbox="240 1821 1489 1948">115.278 (e): The PAQ indicated that the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. F.3400, page 31 and A.1200, page 21 state that the agency may not discipline an offender/resident victim for sexual contact with staff unless a finding that the staff member did not consent to such contact.</p> <p data-bbox="240 1977 1489 2141">115.278 (f): The PAQ indicated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. F.3400, page 31 and A.1200, page 21 state that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate</p>

the allegation.

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

Based on a review of the PAQ, F.3400, A.1200, B.0200, and information from interviews with the Director and medical and mental health care staff, this standard appears to be compliant.

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Program Manual A.1200 – Community-Based Facility Sexual Abuse and Harassment (PREA) 3. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 4. Health Services Policy & Procedure Manual CP-18 – Sexual Abuse <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Medical and Mental Health Staff 2. Interview with First Responders <p>Findings (By Provision):</p> <p>115.282 (a): The PAQ indicated that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature of scope of services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further indicates that medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. F.3400, page 20 and A.1200, page 14 state that medical services will follow medical protocol, which includes provision for examination, documentation and transport to the local emergency department, when appropriate, where the following will occur: collection of forensic evidence, testing for sexually transmitted disease, counseling and prophylactic treatment. Medical services will ensure that the offender/resident receives medical follow-up and is offered a referral for mental health services. During the tour, the auditor noted that the medical and mental health areas consisted of an exam room, a pharmacy room and a tele-med room. Interviews with medical and mental health care staff confirm that residents receive timely and unimpeded access to emergency medical treatment and crisis intervention service. The staff stated that services would be provided immediately and that the scope of services would be based on their professional judgement. There were zero resident who reported sexual abuse and as such no interviews were conducted. There were zero sexual abuse allegations reported and as such no documentation was available for review.</p> <p>115.282 (b): A.1200, page 14 states if an alleged act of sexual abuse has occurred and there may be forensic medical evidence, the resident may need medical assistance, or other circumstances dictate, arrangements shall be promptly made to have the alleged resident-victim examined by medical services. In preparation for transportation the resident to the hospital's emergency room medical protocol shall be followed in order to preserve any possible evidence with an appropriate chain of evidence form attached. The first responder stated that she would separate the individuals, keep someone with the resident at all times, report the information, not let the individual shower, use the restroom, brush their teeth, etc., and preserve any evidence. There were zero resident who reported sexual abuse and as such no interviews were conducted.</p> <p>115.282 (c): The PAQ indicated that resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. F.3400, page 20 and A.1200, page 14 state that medical services will follow medical protocol, which includes provision for examination, documentation and transport to the local emergency department, when appropriate, where the following will occur: collection of forensic evidence, testing for sexually transmitted disease, counseling and prophylactic treatment. Medical services will ensure that the offender/resident receives medical follow-up and is offered a referral for mental health services. There were zero resident who reported sexual abuse and as such no interviews were conducted. There were zero sexual abuse allegations reported and as such no documentation was available for review.</p> <p>115.282 (d): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. CP-18, page 4 states that all care for sexual abuse will be provided at no cost.</p> <p>Based on a review of the PAQ, F.3400, A.1200, CP-18 and information from interviews with medical and mental health care staff and first responders indicate that this standard appears to be compliant.</p>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Program Manual A.1200 – Community-Based Facility Sexual Abuse and Harassment (PREA) 3. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 4. Health and Wellness Services Policies and Procedures CC-4 – Pregnancy Management 5. Health Services Policy & Procedure Manual CP-18 – Sexual Abuse 6. Health Services Policy & Procedure Manual CC-8 – Aftercare Planning for Inmates in Health Services <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Medical and Mental Health Staff <p>Findings (By Provision):</p> <p>115.283 (a): The PAQ indicated the facility offers 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. F.3400, page 20 and A.1200, page 14 state that medical services will follow medical protocol, which includes provision for examination, documentation and transport to the local emergency department, when appropriate, where the following will occur: collection of forensic evidence, testing for sexually transmitted disease, counseling and prophylactic treatment. Medical services will ensure that the offender/resident receives medical follow-up and is offered a referral for mental health services. CC-8 describes follow-up and aftercare planning for inmates who have an anticipated release date of less than six months. During the tour, the auditor noted that the medical and mental health areas consisted of an exam room, a pharmacy room and a tele-med room.</p> <p>115.283 (b): F.3400, page 20 and A.1200, page 14 state that medical services will follow medical protocol, which includes provision for examination, documentation and transport to the local emergency department, when appropriate, where the following will occur: collection of forensic evidence, testing for sexually transmitted disease, counseling and prophylactic treatment. Medical services will ensure that the offender/resident receives medical follow-up and is offered a referral for mental health services. CP-18, page 2 states that upon return to the institution (from the ED), a registered nurse will evaluate and document the inmate's health status, review treatment rendered and assess follow-up needs. CC-8 describes follow-up and aftercare planning for inmates who have an anticipated release date of less than six months. Interviews with medical and mental health care staff confirm that they provide ongoing and follow-up services to resident victims of sexual abuse. A few of the services include physical examinations, mental health follow-up, counseling, laboratory testing, pregnancy testing, treatment plans and community service referrals. There were zero resident who reported sexual abuse and as such no interviews were conducted. There were zero sexual abuse allegations reported and as such no documentation was available for review.</p> <p>115.283 (c): The facility provides access to routine medical and mental health care on-site and also transports residents to the local hospital for treatment that is not available at the facility. All medical and mental health care staff are required to have the appropriate license and credentials. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.</p> <p>115.283 (d): The PAQ indicated that female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. F.3400, page 20 and A.1200, page 14 state that medical services will follow medical protocol, which includes provision for examination, documentation and transport to the local emergency department, when appropriate, where the following will occur: collection of forensic evidence, testing for sexually transmitted disease, counseling and prophylactic treatment. Medical services will ensure that the offender/resident receives medical follow-up and is offered a referral for mental health services. CC-4, page 1 states that all offenders of reproductive age will have a pregnancy test as part of routine processing labs and whenever medically indicated. Comprehensive counseling and medical care are given to pregnant offenders in keeping with their expressed desires in planning for their unborn children. There were zero resident who reported sexual abuse and as such no interviews were conducted. There were zero sexual abuse allegations reported and as such no documentation was available for review.</p> <p>115.283 (e): The PAQ indicated that If pregnancy results from sexual abuse while incarcerated, victims receive timely and</p>

comprehensive information about, and timely access to, all lawful pregnancy-related medical services. F.3400, page 20 and A.1200, page 14 state that medical services will follow medical protocol, which includes provision for examination, documentation and transport to the local emergency department, when appropriate, where the following will occur: collection of forensic evidence, testing for sexually transmitted disease, counseling and prophylactic treatment. Medical services will ensure that the offender/resident receives medical follow-up and is offered a referral for mental health services. CC-4, page 1 states that all offenders of reproductive age will have a pregnancy test as part of routine processing labs and whenever medically indicated. Comprehensive counseling and medical care are given to pregnant offenders in keeping with their expressed desires in planning for their unborn children. Interviews with medical and mental health care staff confirm that resident victims of sexual abuse are offered access and information to all lawful pregnancy related information as soon as the resident is determined to be pregnant. The staff stated that the resident would be transferred to Raleigh for care. There were zero resident who reported sexual abuse and as such no interviews were conducted. There were zero sexual abuse allegations reported and as such no documentation was available for review.

115.283 (f): The PAQ indicated that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. F.3400, page 20 and A.1200, page 14 state that medical services will follow medical protocol, which includes provision for examination, documentation and transport to the local emergency department, when appropriate, where the following will occur: collection of forensic evidence, testing for sexually transmitted disease, counseling and prophylactic treatment. Medical services will ensure that the offender/resident receives medical follow-up and is offered a referral for mental health services. There were zero resident who reported sexual abuse and as such no interviews were conducted. There were zero sexual abuse allegations reported and as such no documentation was available for review.

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

115.283 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. The PAQ indicated that any abusers would be immediately discharged from the program as it would be a violation of their probation. CP-18, page 4 states that once an investigation has been completed and an inmate has been determined to be an inmate-on-inmate abuser, within 60 days, a mental health clinician will attempt to conduct an evaluation and offer treatment when deemed appropriate. The interviews with medical and mental health care staff confirm that resident-on-resident abusers would be offered mental health services however they would be immediately discharged from the program, so they would not be offered services at Black Mountain. There were zero sexual abuse allegations reported during the audit period and as such there were no resident-on-resident abusers.

Based on a review of the PAQ, F.3400, A.1200, CP-18, CC-8, CC-4, observations made during the tour and information from interviews with medical and mental health care staff, this standard appears to be compliant.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Program Manual A.1200 – Community-Based Facility Sexual Abuse and Harassment (PREA)
3. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy
4. Post Incident Review (PIR) – OPA-I10

Interviews:

1. Interview with the Director
2. Interview with the PREA Coordinator
3. Interview with Incident Review Team

Findings (By Provision):

115.286 (a): The PAQ indicated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. F.3400, page 24 and A.1200, page 16 state that a PIR shall be completed for all substantiated and unsubstantiated allegations of sexual abuse and documented on form OPA-I10 Post Incident Review (PIR). The PAQ indicated that there were zero sexual abuse incident reviews completed within the previous twelve months. There were zero sexual abuse allegations reported during the audit period and as such there was no documentation to review.

115.286 (b): The PAQ indicated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. F.3400, page 25 and A.1200, page 16 state that the PIR shall be completed by the facility within 30 days of the conclusion of the sexual abuse investigation. There were zero sexual abuse allegations reported during the audit period and as such there was no documentation to review.

115.286 (c): The PAQ indicated that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. F.3400, page 24 and A.1200, page 16 state that the PIR is completed with input from upper-level management officials, investigators, and medical and mental health practitioners. The interview with the Director confirmed that the facility conducts sexual abuse incident reviews and the review team includes upper level management officials and has input from line supervisors, medical and mental health staff and investigators.

115.286 (d): The PAQ indicated that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. F.3400, pages 24-25 states that the review team shall consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender or intersex identification, status or perceived status, gang affiliation, or was motivated or otherwise cause by other group dynamics; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enabled abuse; assess the adequacy of staffing levels in the area during the different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. The policy further states that the review team shall prepare a report of its findings pursuant to standards, and any recommendations for improvement. Interviews with the Director, PC and incident review team member confirmed that the facility conducts sexual abuse incident reviews and that these review include the required elements under this provision. The Director stated that the team reviews any corrective action that is needed and that they talk through any changes that can be made and what they need to do in order to make the changes. The PC stated that he reviews the reports and they have no that any over the years so there has not been any trends. He stated that they utilize the information to determine if there is any necessary corrective action and once it is submitted he would follow-up with any of the necessary action pertaining to the corrective action.

115.286 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. F.3400, page 25 states that the review team prepare a report of its findings pursuant to standards, and any recommendations for improvement. Policy indicates such reports should be submitted to the facility head and PCM. A review of form confirmed that a section exists for recommendations.

Based on a review of the PAQ, F.3400, A.1200, and information from interviews with the Director, the PC and a member of the sexual abuse incident review team, this standard appears to be compliant.

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Program Manual A.1200 – Community-Based Facility Sexual Abuse and Harassment (PREA) 3. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 4. Investigative Report Form 5. Sexual Abuse Annual Report <p>Findings (By Provision):</p> <p>115.287 (a): The PAQ indicated that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. A.1200, page 21 state that accurate, uniform data for every allegation of sexual abuse shall be documented on the OPA-1100 (investigative report form) by all facilities. All investigative report forms are retained and forwarded for data collection if the OPUS system is not utilized.</p> <p>115.287 (b): The PAQ indicated that the agency aggregates the incident-based sexual abuse data at least annually. F.3400, page 31 and A.1200, page 21 state that the agency shall aggregate the incident-based sexual abuse data at least annually. A review of the Sexual Abuse Annual Report confirmed that data is aggregated annually and documented in the report with a comparison of the prior years aggregated data.</p> <p>115.287 (c): The PAQ indicated that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. F.3400, page 32 and A.1200, page 21 state that the incident-based data collected shall include, at minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>115.287 (d): The PAQ indicated that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. F.3400, page 32 states that the agency shall maintain, review, and collect data as needed from all available incident-based documents, including incident reports, investigative files and sexual abuse incident reviews. A.1200, page 21 state that accurate, uniform data for every allegation of sexual abuse shall be documented on the OPA-1100 (investigative report form) by all facilities.</p> <p>115.287 (e): The PAQ indicated that the agency does not contract for the confinement of its residents and as such this provision does not apply. Further communication with the agency indicated that the agency currently has an expired contract for the confinement of its residents. The agency is working on a renewal to the contract. F.3400, page 32 states that the agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders.</p> <p>115.287 (f): The PAQ indicated that the facility provides data to the Department of Justice annually via the Survey of Sexual Victimization. F.3400, page 32 states that upon request, the agency shall provide all such data from previous calendar year to the US Department of Justice no later than June 30.</p> <p>Based on a review of the PAQ, F.3400, A.1200, the OPUS Manual, Investigative Report form, and the Sexual Abuse Annual Report this standard appears to be compliant.</p>

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

Documents:

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

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the PREA Coordinator

Findings (By Provision):

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

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

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

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

Based on a review of the PAQ, F.3400, the Sexual Abuse Annual Report, the website and information obtained from interviews with the Agency Head Designee and PC, this standard appears to be compliant.

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Program Manual A.1200 – Community-Based Facility Sexual Abuse and Harassment (PREA) 3. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 4. Sexual Abuse Annual Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Coordinator <p>Findings (By Provision):</p> <p>115.289 (a): The PAQ indicated that the agency ensures that incident-based and aggregate data are securely retained. F.3400, page 32 and A.1200, page 21 indicate that the agency must ensure that data is securely retained. The interview with the PREA Coordinator indicated that the agency reviews data collected and aggregated pursuant to 115.87 and that it is securely retained. He stated that the information is confidential and secured and that most data is profile driven through the OPUS system.</p> <p>115.289 (b): The PAQ indicated that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. F.3400, page 32 states that the agency shall maintain, review, and collect data as needed from all available incident-based document, including reports, investigative files and sexual abuse incident reviews. Policy also states that the agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its offender. Page 32 further states that the agency's report shall be approved by the agency head and made readily available to the public through its website, or if it does not have one, through other means. A review of the website (https://www.ncdps.gov/adult-corrections/prison-rape-elimination-act) confirmed that the current annual report, which includes aggregated data, as well as prior annual reports are available for review.</p> <p>115.289 (c): The PAQ indicated that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. A review of the Sexual Abuse Annual Report confirmed that there was no personal identifying information included nor any security related information. The report did not contain any redacted information.</p> <p>115.289 (d): The PAQ indicated that the agency maintains sexual abuse data collected pursuant to Standard 115.87 for at least ten years after the date of initial collection, unless federal, state or local law requires otherwise. F.3400, page 32 states that all written investigation reports will be retained as long as the alleged abuser is incarcerated or employed by the agency, plus five years; or sexual abuse data collected for at least ten years after the date of the initial collection unless Federal, State or local law requires otherwise, whichever is greater. A review of prior Sexual Abuse Annual Reports confirmed that data is available from 2015 to current.</p> <p>Based on a review of the PAQ, F.3400, A.1200, the Sexual Abuse Annual Report, the agency website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.</p>

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

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Findings (By Provision): 115.403 (f): The facility was previously audited on August 27-28, 2018. The final audit report is publicly available via the agency website.

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	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.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	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.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	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?	yes

115.215 (e)	Limits to cross-gender viewing and searches	
	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 the resident's genital status is unknown, does the facility 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?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	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: Residents who have speech 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: 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
115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to 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

115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	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 safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	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 two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the 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 the 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 the 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 questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	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, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.217 (f)	Hiring and promotion decisions	
	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 employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	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
115.218 (b)	Upgrades to facilities and technology	
	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 any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA 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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	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
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	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 confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	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?	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
115.231 (b)	Employee training	
	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

115.231 (c)	Employee training	
	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
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	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
115.232 (b)	Volunteer and contractor training	
	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
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	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
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	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
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	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
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	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
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	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: 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
115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward 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
115.251 (c)	Resident reporting	
	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
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address 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.	no
115.252 (b)	Exhaustion of administrative remedies	
	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 a 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
115.252 (c)	Exhaustion of administrative remedies	
	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
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by 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 is 70 days per 115.252(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
115.252 (e)	Exhaustion of administrative remedies	
	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 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

115.252 (f)	Exhaustion of administrative remedies	
	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
115.252 (g)	Exhaustion of administrative remedies	
	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
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents 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 enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide 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
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against 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 information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	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
115.263 (a)	Reporting to other confinement facilities	
	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
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	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
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that 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
115.267 (a)	Agency protection against retaliation	
	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
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, 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 for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of 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 of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any 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:4. 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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as 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
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	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
115.273 (c)	Reporting to residents	
	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 has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following 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
115.273 (d)	Reporting to residents	
	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
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	
	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
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	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, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are 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
115.278 (c)	Disciplinary sanctions for residents	
	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
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	Disciplinary sanctions for residents	
	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

115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	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
115.282 (a)	Access to emergency medical and mental health services	
	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
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	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
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes

115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 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 § 115.287 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 § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	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
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes