

PREA Facility Audit Report: Final

Name of Facility: Mountain View Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/27/2022

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: Brian Sutherland	Date of Signature: 05/27/2022

AUDITOR INFORMATION	
Auditor name:	Sutherland, Brian
Email:	bcsuther@gmail.com
Start Date of On-Site Audit:	03/14/2022
End Date of On-Site Audit:	03/16/2022

FACILITY INFORMATION	
Facility name:	Mountain View Correctional Institution
Facility physical address:	545 Amity Park Rd, Spruce Pine, North Carolina - 28777
Facility mailing address:	

Primary Contact	
Name:	Cody Stewart
Email Address:	Cody.Stewart@ncdps.gov
Telephone Number:	828-766-1990

Warden/Jail Administrator/Sheriff/Director	
Name:	Mike Slagle
Email Address:	Mike.Slagle@ncdps.gov
Telephone Number:	828-612-8977

Facility PREA Compliance Manager	
Name:	Cody Stewart
Email Address:	cody.stewart@ncdps.gov
Telephone Number:	
Name:	Kella Phillips
Email Address:	kella.phillips@ncdps.gov
Telephone Number:	
Name:	Jonathan Renfro
Email Address:	jonathan.renfro@ncdps.gov
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Norma Melton
Email Address:	norma.melton@ncdps.gov
Telephone Number:	828-766-2430

Facility Characteristics	
Designed facility capacity:	576
Current population of facility:	561
Average daily population for the past 12 months:	542
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	21-83
Facility security levels/inmate custody levels:	medium/minimum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	176
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	6
Number of volunteers who have contact with inmates, 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:	
45	
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:	2022-03-14
2. End date of the onsite portion of the audit:	2022-03-16

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:	Oasis, Inc.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	576
15. Average daily population for the past 12 months:	542
16. Number of inmate/resident/detainee housing units:	3
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:	569
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:	5
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:	3
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:	1

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:	1
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:	0
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:	2
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:	3
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:	1
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The facility houses a male, medium to minimum offender population, ages 21 and over, in 3 housing units. There is a total of 48 segregation cells (24 control beds and 24 segregation cells), and no youthful offenders were reported during the past 12 months. The population reported on the first day of the on-site review was 569 offenders and a capacity of 576.

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:	175
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:	6
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:	The staff count on the first day of the audit was 175 and 6 contractors. No volunteers have been authorized to enter the facility in the past 12 months due to the COVID-19 Virus. The facility reported a staff vacancy of 1 and medical staff are present at the facility.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
If "Other," describe:	Requested at random the fifth offender on the housing roster based on the selected criteria and include offenders from all housing units.
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor attempted to select offenders from each housing unit to ensure the sample size demonstrated a diverse mix of the population.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor was able to interview a sample of offenders from all housing units as the facility was not experiencing a quarantine because of the COVID-19 Virus. Interviews were conducted with offenders and the auditor was able to identify additional specialty categories during the informal offender interviews such as the hearing impaired.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	15
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	5

<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>3</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>1</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>1</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>The interview with the medical staff, facility staff, and offender population did not indicate any reference to offenders that may be limited English proficient. The PREA Compliance Manager could not produce an offender for interview within this category.</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>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 interview with the medical staff, facility staff that conduct risk screenings, and offender population did not indicate any reference to offenders that may identify as lesbian, gay, or bisexual. The PREA Compliance Manager could not produce an inmate for interview within this category.</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>2</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:	3
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:	1
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor conducted interviews with the staff that supervise segregated housing, the facility PREA Compliance Manager, and facility Warden and all confirmed no offenders have been housed in segregation for high-risk victimization in the past 12 months. During the on-site review the auditor spoke with offenders in segregated housing, reviewed samples of segregation forms, and did not identify any offenders under this category.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	All interviews were conducted using COVID-19 safety protocols such as social distancing, both the auditor and interviewees wearing masks, and safety barriers.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	12
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None

73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The random sample of staff included selecting the fifth staff member on the daily duty roster, utilizing staff availability, minimizing scheduling conflicts, and ensuring the samples were selected from all shifts.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	18
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input checked="" type="checkbox"/> Other
<p>If "Other," provide additional specialized staff roles interviewed:</p>	<p>Outside Victim Advocate for Oasis, Inc.</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>The interviews with the specialized staff attempted to assist the auditor to determine whether roles and responsibilities are being completed. No interviews were conducted with volunteers during the on-site review. The facility is prohibiting access for volunteers into the facility because of the COVID-19 Virus. Once the agency has lifted the restriction on access for volunteers to the facility, all volunteers will have to complete the biometric clearance process and PREA training before being allowed authorization into the facility.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

<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. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<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>During the site review, the auditor verified the cross-gender presence of staff as announcements were made while entering the housing units. The auditor verified the use of the language line services, tested the outside reporting mechanisms, identified areas of signage that may need to be posted, and inspected all areas for blind spots and cross-gender viewing capabilities. The auditor conducted 7 informal staff and 3 informal offender interviews. The auditor reviewed the TARC committee meeting with one offender that identifies as transgender. The auditor identified the Spanish posters needed to be posted in the segregation areas (corrected while on-site). The facility agreed to present the offenders in segregation with the PREA pamphlet upon entry to include the reporting address.</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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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>During the on-site review the auditor reviewed 20 employee files for PREA questions, criminal history checks, and reference checks. The auditor reviewed 20 employee training files for initial and annual PREA training. The auditor reviewed 6 investigative files, and 21 inmate files for initial intake screenings, 30-day reassessments, initial PREA information, and 30-day comprehensive PREA education. The auditor reviewed the high risk victim and abuser lists and reviewed 5 contractor training files.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	3	0	3	0
Staff-on-inmate sexual abuse	9	0	9	0
Total	12	0	12	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	5	0	5	0
Staff-on-inmate sexual harassment	9	0	9	0
Total	14	0	14	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	3	0	0
Staff-on-inmate sexual abuse	0	2	7	0
Total	0	5	7	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	5	0	0
Staff-on-inmate sexual harassment	0	6	2	1
Total	0	11	2	1

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:	3
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input 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:	1
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files

103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	3
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<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)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<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)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	3

<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any 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 checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The facility reported no substantiated allegations of sexual abuse and one substantiated allegation of sexual harassment reported in the past 12 months. All administrative investigations were conducted by certified PREA investigators. The facility reported 10 facility investigators that have received the PREA training for investigators.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

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

<p>121. Who paid you to conduct this audit?</p>	<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>
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<p>Identify the name of the third-party auditing entity</p>	<p>DX Consultants, LLC.</p>
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Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Standard 115.11 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire responses 2. Agency Policy 3400, Offender Sexual Abuse and Sexual Harassment 3. Reviewed the Agency Website, https://www.ncdps.gov, Organizational Chart, December 6, 2021 4. Facility Policy .3200, Offender Sexual Harassment and Abuse, pages 1-33, March 25, 2019 <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Staff performing cross-gender announcements upon entry to all housing units. 2. Supervisory staff documenting unannounced security rounds in the post logs. 3. Signs and posters indicating zero tolerance posted throughout the facility. 4. Reviewed the facility training materials, power point, and lesson plan information. <p>Findings (By Provision):</p> <p>115.11 (a) - Agency policy 3400, page 5 mandates a zero tolerance toward all forms of sexual abuse, sexual assault, staff sexual misconduct, and sexual harassment. The agency policy 3400 describes the approach toward prevention, detection, reporting, and response to all forms of sexual abuse and sexual harassment. This includes facility preventive measures necessary to reduce and prevent sexual abuse and sexual harassment of offenders such as: architectural design, security supervision, video monitoring equipment, offender orientation procedures, medical screening within 24 hours of arrival, housing considerations, separate showers, classification screenings, 30-day reassessments, facility staffing plan, staff referrals, supervisory notifications, mental health screenings, unannounced supervisory rounds, opposite gender housing announcements, community corrections procedures, and training.</p> <p>During the on-site review, the auditor identified staff performing opposite gender housing announcements when entering all housing units, and unannounced supervisory rounds. The rounds were documented as unannounced in the unit logbooks, and the cross-gender announcements were made verbally by staff entering the units and announced over the loudspeaker during shift changes. The auditor noted postings throughout the facility indicating zero tolerance toward all forms of sexual abuse, sexual assault, and sexual harassment. The policy includes definitions of prohibited behaviors in policy 3400, Section Definitions, pages 1-4, and these definitions include sexual abuse, sexual assault, staff sexual misconduct, and sexual harassment. There is a total of 5 pages included within this policy as a complete glossary of terms.</p> <p>Policy 3400, Section H, Disciplinary Sanctions, pages 29-31 explain the presumptive approach toward staff, volunteers, and contractors who engage in sexual abuse will be termination and prosecution referral. Policy 3400, Section H, page 30 describes the sanctions for contractors, volunteers, and referrals to law enforcement. Agency policy 3400, Section H, page 30 includes disciplinary sanctions for offenders found to have participated in all forms of sexual abuse, sexual harassment,</p>

and inappropriate physical contact. "Offenders shall be subject to disciplinary sanctions pursuant to formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse."

Training is provided for all offenders, staff, volunteers, and contractors for the education of the duties and responsibilities toward prevention, detection, reporting, and response procedures. The auditor reviewed the facility training plan, and power point presentations that described the facility methods toward prevention, detection, reporting, and response procedures. The training materials also provided information relating to performing cross gender strip searches, body cavity searches, and pat-down searches. The training provided information relating to avoiding inappropriate relationships and communicating effectively with special populations. Agency policy 3400, Section Training, pages 5-10 provide information relating to employee, volunteer, contractor, and offender training regarding zero tolerance for sexual abuse and sexual harassment. This policy also informs the staff how to fulfill their responsibilities toward prevention, detection, reporting, and response procedures. This information was also confirmed in the facility policy .3200 pages 1-33.

115.11 (b) – Agency policy 3400, explains the agency employs an upper-level, agency wide PREA Coordinator and designates a PREA Compliance Manager for each facility. The PREA Coordinator position reports directly to the Chief Deputy Secretary of Professional Standards, Policy and Planning, and this position is documented in the agency organizational chart as an upper level PREA Director position. The interview with the PREA Coordinator indicated enough time and authority to develop, implement, and oversee efforts to comply with the PREA Standards. The PREA Coordinator explained the duties and responsibilities associated with the position, direct communication with leadership staff, and confirmed the agency support toward improving the sexual safety of the facility.

115.11 (c) - The PREA Compliance Manager reports directly to the facility Warden and communicates with the agency wide PREA Coordinator. This position is in the facility organizational chart as the Correctional Captain. There is a total of 1 agency wide PREA Coordinator that reports to the agency Chief Deputy Secretary of Professional Standards, Policy, and Planning, and 55 agencies wide PREA Compliance Managers. The interview with the PREA Compliance Manager indicated enough time and authority to develop, implement, and oversee efforts to comply with the PREA Standards. The PREA Compliance Manager explained the duties and responsibilities associated with the position, direct communication with leadership staff, and confirmed the agency support toward improving the sexual safety of the facility.

Conclusion: Interviews conducted with the PREA Coordinator and the PREA Compliance Manager confirmed enough time and authority to develop, implement, and oversee the efforts toward PREA compliance. Communication between this auditor, PREA Coordinator, and the PREA Compliance Manager was professional, timely, and deeply knowledgeable. Interviews conducted with staff, offenders, volunteers, and contractors indicated knowledge regarding the facilities zero tolerance policy toward all forms of sexual abuse and sexual harassment. The PREA Coordinator and the PREA Compliance Manager were always accessible throughout the auditing process, responded to emails and phone calls immediately, and provided adequate responses during the on-site review. The auditor confirmed an agency policy mandating zero tolerance of all forms of sexual abuse and sexual harassment. The facility has a documented implementation plan outlining the facilities approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The Mountain View Correctional Institution is fully compliant with this standard.

115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Standard 115.12 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire responses 2. Mountain View CI, PREA Audit Report, December 28, 2018 3. Agency website https://www.ncdps.gov <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Contract Administrator 2. Agency PREA Coordinator 3. Facility Warden <p>115.12 (a-b) The Mountain View Correctional Institution does not contract with other entities for the confinement of offenders. The auditor confirmed this statement during the facility Warden interview. This statement was also confirmed during the 2018 PREA audit report. Mountain View CI does not have any responsibility, separate from that on the agency level, to enter or maintain contracts for confinement of offenders with other agencies or jurisdictions. This statement was confirmed during the PREA Coordinator interview. The auditor was not able to interview the Agency Contract Administrator as these interviews were conducted on an agency level by certified auditor Ms. Dorothy Xanos.</p> <p>Conclusion: Based upon the review and analysis of all evidence provided, the auditor has determined standard 115.12 does not apply to Mountain View CI and this standard is not applicable. The Mountain View Correctional Institution has not entered any contracts in the last 12 months for the confinement of offenders.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.13 Analysis</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire responses 2. Facility Staffing Analysis Report 3. Policy 1600, Chapter F, Management of Security Posts, August 12, 2019, pages 1-3 4. Policy 143B-709, Security Staffing, page 1 5. Facility Logbook entries 6. Policy 1607, Post Chart, Pull Post Listings, pages 13-14 7. Policy 1600, Unannounced Rounds, page 3 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Warden 2. Intermediate and Higher-Level Facility Staff 3. Agency PREA Coordinator 4. Facility PREA Compliance Manager 5. 7 Informal Staff Interviews 6. 12 Random Staff Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Viewed video camera footage, monitors, and storage 2. Inspected facility identified blind spots for locking devices, staff patrols, and log entries <p>Findings (By Provision):</p> <p>115.13 (a) - The facility employs 196 total staff. The staffing plan is within accepted guidelines and is reviewed annually by Mountain View CI staff and the administrative leadership. Overtime is used to fill mandatory posts, if needed, and a preferred staffing level is mandated and monitored by the Mountain View CI Associate Warden. The Mountain View CI also indicates 7 contractors and 0 volunteers processed in the last 12 months facility wide. There were no volunteer services offered during the past 12 months because of the COVID-19 virus. The facility reports 10 specialized PREA investigators are employed by the facility who are responsible for conducting administrative investigations into allegations of sexual abuse or sexual harassment. The health care services are provided by 18 Mountain View CI full-time staff, and 2 contract medical positions. The facility Warden advised a total of 175 staff were present on day one of the on-site review and the facility reported 21 vacant positions.</p> <p>The institutional staffing plan is reviewed on a regular basis by the facility PREA Compliance Manager, and the staffing plan is reviewed annually by the agency PREA Coordinator. This is a very thorough process described in policy 1600, chapter F,</p>

page 6 that includes the following: A Division Operations Manager, reporting to the Deputy Director will be responsible for conducting on site post reviews of each prison at least once every three years, conducting regular reviews of post charts through the automated post-audit system, and conducting other staffing reviews, as necessary. The Operations Manager will be responsible for tracking changes made in post charts, tracking identified staffing deficits, and training of all Facility Heads and Assistant Wardens in security staffing practices and concepts. The Operations Manager will maintain an automated post staffing chart on each facility. This will include ensuring that the number of Officer positions assigned to a prison is consistent with the number of positions identified in BEACON.

The facility utilizes video monitoring equipment, positioned in specific locations for the operators to view. The video monitoring is recorded with digital video recording and network video recording. Each camera has its own specific DVR and the retention rate for each camera recording is 30 days. The facility has 156 cameras that are monitored by duty post staff, controlled, and accessed by investigators and supervisors as needed. These cameras monitor the perimeter and key areas of the facility. There are interior cameras that are also Pan – Tilt - Zoom and fixed devices that are monitored from the Control Room. The Mountain View CI camera coverage is monitored twenty-four hours-a-day by a dedicated officer located in the control center and the onsite review did not indicate any concerns with cross gender monitoring. The current staffing plan and video monitoring system is adequate for the protection of offenders from sexual abuse. The facility has identified blind spot areas throughout the facility where enhanced camera coverage will eliminate potential soft spots, including the outer perimeter. The facility has implemented preventive measures until the installation of the cameras can be fulfilled and that is additional unannounced security rounds documented within these areas.

The auditor confirmed the security levels for each shift, support staff, administrative staff, maintenance staff, and management by comparing the staff assigned to the daily duty rosters. The facility Warden interview indicated the factors considered in the development of this staffing plan includes, accepted detention and correctional practices, and no judicial findings of inadequacy from Federal, internal, or external bodies. The composition of the offender population averaged 542 offenders and the facility staffing plan predicated to include 576 offenders. Correctional officers and supervisors monitor each housing unit and conduct unannounced rounds throughout the day. All programming activities are during dayshift hours and the facility provides additional staff to accommodate these needs with the addition of staff to monitor these areas. This auditor verified this process during the site inspection as the staffing levels were consistent with the daily roster report. The elements of State, Local Laws, Regulations, Standards, and other relevant factors are considered when developing the staffing plan. There was 1 substantiated allegation of sexual abuse reported by the facility and 12 total incidents considered prior to the review of the current staffing plan.

115.13 (b) - The facility provided information during the Pre-Audit Questionnaire process indicating 0 deviations within the staffing plan in the last 12 months. The agency policy 1607, pages 13-14 explain the post chart, pull post, and relief factor evaluations designed to enhance staffing efforts within the facility.

Post Charts - A central automated post chart on each facility detailing identified posts by name, number of hours of operation, and applied a relief factor for each post will be maintained at the division level on a Web-based computer program. Management of Security Posts and the current approved post chart for each facility will be available to all Region Directors and Facility Heads. Annual reviews of the post charts will be conducted by the Facility Head and submitted to the Prisons Operations Manager via their Regional Director. Recommended Post Changes will be documented on the Recommend Post Modification Form. The annual review of all post charts and a report of changes to security staffing will be conducted by the Division Operations Manager.

Pull Posts – Are posts to provide coverage elsewhere in the facility, reduce overtime, or designated as a first responders. Pulling (Level I) posts should still allow for full delivery of services, programs, and facility operations. Overtime is normally never authorized to fill these posts. A (Level II) post is the second priority post to be pulled if coverage is needed in another area. The facility should be able to maintain minimal normal operations. Programs, education, and work activities may be scaled back as necessary. Post assignments should be prioritized with overtime authorized based on population requirements and duration of reduced staff availability. This post should only be pulled in emergency situations. Pull posts (Level III) are considered critical posts and are almost never pulled unless there is a riot or emergency. Pulling a (Level III) post would normally require minimal or no program activities and restrictive/lockdown status to enhance custody and control, staff and offender safety, and public protection requirements. Overtime for Level III posts will normally be authorized. These posts are considered critical to the safety and welfare of the public, staff, and offenders. The most common overtime needs consisted of FMLA status, sick leave, annual leave, and training. The facility Warden indicated in the formal interview there are mandates within the policy that require every post to be filled. The auditor reviewed a list of current staff documented on the overtime list.

Post Relief Factor - A standard division wide security staffing relief factor formula is the calculated numerical multiplier applied to the number of posts identified to produce the numbers of staff needed to ensure coverage. The relief factor is a formula based on staff absences for vacations, holidays, personal days, sick leave, workers' compensation leave, training days, military leave, and other factors. The relief factor formula shall be updated at least every three years. All post charts will clearly state the relief factor for each designated post, determined by the number of hours per day, the number of days per week, and the actual need to replace the post when the assigned Officer is unavailable. All deviations from the post chart are

documented in an incident report. In circumstances of non-compliance with the staffing plan, the facility Shift Commander shall document, in writing, and justify all deviations from the plan. This documentation shall be forwarded to the facility Warden for review. The auditor reviewed 0 incident reports indicating deviations within the staffing plan. The facility reported all post assignments are filled with overtime hiring or pull posts.

115.13 (c) - Agency policy 1600, page 2, includes the specific requirement regarding an annual review of the facility staffing plan by the PREA Coordinator and the facility Warden. The PREA Coordinator and the facility Warden interviews confirmed the staffing plan is discussed numerous times throughout the year and changes are necessitated as required. The Warden confirmed no litigation, and no federal mandates are currently present that may affect the sexual safety of the facility. The interview indicated full compliance with the provisions of this standard.

115.13 (d) - Agency policy 1600, page 3, informs staff regarding supervisor unannounced rounds must be made throughout the facility to deter sexual abuse or sexual harassment on each shift. Agency policy 1600, page 3 also includes staff are prohibited from alerting other staff members regarding the supervisor rounds and disciplinary action is the standard result of these actions. The on-site review indicated the supervisory rounds are being conducted and documented on the unit logs. The auditor reviewed documented supervisory logs and these documents indicated rounds being conducted during day and night shift activities and at random intervals by upper-level supervisors. The logs did not indicate a distinct pattern as all rounds were conducted at various times and on different shifts. The facility organizational chart indicates higher level supervisors as Lieutenant and above. All rounds were conducted at random intervals, on multiple shifts, and no distinct pattern was identified. The auditor conducted an interview with a Captain and the interview indicated conducting unannounced rounds, documenting the rounds on the supervisory logs, and attempting to conduct the rounds without staff notifications. The interview indicated the supervisor will enter the facility at random locations, double back on security rounds, and monitor the radio traffic regarding supervisory notifications. All staff interviewed indicated disciplinary action as the result of any infractions regarding unannounced rounds throughout their tours. The auditor conducted 7 informal staff and 3 informal offender interviews, and these interviews indicated higher level staff are present throughout the units on both day and night shifts. The informal staff interviews indicated supervisors are always walking through the units and documenting their presence. The informal offender interviews indicated supervisory presence within the units.

Conclusion: Based upon the review and analysis of all evidence provided, the auditor has determined that the facility is fully compliant with this standard requiring the development and review of a facility staffing plan, intermediate or higher-level supervisors conducting documented unannounced rounds, and the facility has developed a policy that prohibits staff from alerting other staff of the rounds occurring.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Standard 115.14 Analysis

The following evidence was analyzed in making the compliance determination:

Documents :

1. Mountain View CI Pre-Audit Questionnaire responses
2. Facility Population Analysis of Age Ranges Document - (12 Months)
3. Agency Website
4. Facility PREA audit September 30, 2016
5. Policy 2400, Section F, Offender Sexual Abuse and Sexual Harassment, 08-12-19, page 16

Interviews:

1. 0- Line Staff Who Supervise Youthful Offenders
2. 0 - Youthful Offenders
3. Education and Program Staff
4. PREA Compliance Manager

Site Review Observations:

1. Reviewed the daily Offender rosters and housing reports
2. Reviewed the facility intake process and classification questionnaire
3. Reviewed the Agency Web Site

Findings (By Provision):

115.14 (a-c) - The Mountain View CI has not housed any youthful offenders in the last 12 months. Agency policy 3400, Section F, Offender Sexual Abuse and Sexual Harassment, page 16 describes the considerations for a youthful offender to be housed in the North Carolina facilities. The policy states, "A youthful offender shall not be placed in a housing unit in which the youthful offender will have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters. In areas outside of housing units, the facility shall either maintain sight and sound separation between youthful offenders and adult offenders or provide direct staff supervision when youthful offenders and adult offenders have sight, sound, or physical contact. The agency shall make best efforts to avoid placing youthful offenders in isolation to comply with this provision. Absent exigent circumstances, agencies shall not deny youthful offenders daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful offenders shall also have access to other programs and work opportunities to the extent possible." Mountain View CI does not house youthful offenders in the facility and this practice was confirmed during the interview process and verified by the facility population analysis of age ranges for the past 12 months. The facility PREA Compliance Manager interview confirmed this during the on-site review. The auditor reviewed the September 30, 2016, facility PREA audit report and confirmed no youthful offenders were authorized during the time of the audit.

Conclusion: Based upon the review and analysis of all evidence provided, the auditor has determined that the facility is fully compliant with this standard requiring the youthful offender to be housed separate from sight, sound, and physical contact with any adult offenders through use of a shared dayroom or other common space, shower area, or sleeping quarters. As Mountain View CI does not house youthful offenders and no further action is required within this standard.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Standard 115.15 Analysis</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Mountain View CI Responses to the Pre-Audit Questionnaire 2. Policy 100, Chapter F, Operational Searches, 08-12-19, pages 1-6 3. Cross Gender Notification Poster, (Spanish and English) 4. Cross Gender Acknowledgement Signature and Witness Statement, 04-19-13 5. "Safe Search Practices", Training Lesson Plan, pages 1-19, Revised 07-01-21 6. Policy 700, Chapter A, Operational Searches, pages 1-8, 08-15-19 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Non-Medical Staff Involved in Strip Searches = 0 2. 12 Random Staff 3. 7 Informal Staff, and 3 Informal Offenders interviewed 4. 2 Transgender/Intersex population 5. 15 Random Offender Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Confirmation of gender specific posts compared to the daily duty rosters. 2. Intake Risk Screening and Classification Review. 3. Transgender Offenders observed during the on-site review. 4. Opposite gender announcement entering housing units. <p>Findings (By Provision):</p> <p>115.15 (a) – Policy 100, Chapter F, Operational Searches, pages 1-6 indicate the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The Mountain View CI reported no cross-gender strip or visual body cavity searches conducted in the last 12 months. This includes no searches that involved exigent circumstances or performed by nonmedical staff. This was confirmed through 12 random interviews with staff. As all 12 staff interviews advised the facility does not perform cross-gender strip or visual body cavity searches. The auditor conducted 15 random interviews with offenders and several interviews indicated no cross gender strip or visual body cavity searches have been performed. The offender population advised strip searches are always conducted by the same gender. This information was also confirmed during 7 informal interviews with staff, and 3 informal offender interviews as the interviews confirmed the female staff are only allowed to perform pat searches of male offenders and all strip searches are conducted by the same gender. During the on-site review, the auditor received notice of 2 offenders currently housed at Mountain View CI that identified as transgender. No non-medical staff involved in cross-gender searches were available for interview due to the facility reporting no cross-gender</p>

searches. Policy 100, Chapter F, page 2 indicates when an exigent circumstance exists regarding a cross-gender search, all searches will be documented on an incident report and forwarded to the Shift Commander, and the PREA Compliance Manager.

115.15 (b) - The Mountain View CI houses male offenders; however, the auditor did observe offenders classified as transgender as reported by the facility. The facility reported 2 offenders that identify as transgender population. The facility Warden confirmed this statement during the onsite review. The agency website indicated the facility houses male populations. The PREA Compliance Manager interview indicated the Mountain View CI does not conduct cross gender strip searches of offenders. The auditor reviewed housing unit logs indicating no cross gender listings for the population cited in the past 12 months.

115.15 (c) – Policy 100, page 2 requires the facility shall document all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat down searches of offenders. The facility Warden confirmed this statement during the on-site review. No cross-gender searches of offenders were observed by the auditor during the on-site review. Interviews with 15 random offenders and 12 random staff did not indicate any concerns with cross-gender searches.

115.15 (d) - Agency policy 100 addendum, page 2 explains offenders shall be able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. This policy mandates gender specific staff are assigned to special housing units, Transport Officers, Search Team Officers, Visiting Room Search Officer, Intake Officer, Sally Port, and Specialized Treatment Units will be considerate of gender specific posts. The auditor reviewed the daily post assignments during the on-site review and compared the gender assigned with the posted memo requirements. The facility offers offender shower curtains that do not create blind spots, half walls to protect from viewing during restroom functions, and mirrors that do not affect privacy.

Housing unit post orders indicate a procedure for staff of the opposite gender to announce their presence when entering an offender housing unit. This practice was observed throughout the facility site review as staff announced their presence and documented this action in the unit logbooks. The Mountain View CI provides signage at the door of each unit requiring this announcement. The auditor reviewed the Mountain View CI method of notifying the hearing-impaired offenders when a female staff member is on the unit. As this information is provided over the loudspeaker, staff announce their presence, and the facility performs a formal announcement over the intercom system during each shift change.

115.15 (e) - Agency policy 100, Operational Searches, forbids staff to examine offenders for the sole purpose of determining the offender's genital status. This policy includes transgender and intersex offenders, and if the genital status is unknown, the information will be obtained during the offender conversations, medical records, or by performing a broader examination conducted by a medical practitioner. The Health Services Administrator confirmed this through random staff and offender interviews. The PREA Compliance Manager interview and the PREA Coordinator interviews confirmed all offender information is utilized to ensure this process is adhered too. The agency Safe Search Practices lesson plan explains the departments approach to working with transgender and intersex offenders. Importantly, this training plan explains the classification process and ensures the staff effectively interact professionally and respectfully toward this specialized population.

The facility is required to develop a Plan of Action to prepare for reception and housing of transgender and intersex populations. The daily process was described to the auditor during the on-site review to include the following: caution is utilized to measure the proper placement toward housing, security, programming, and other needs. The following methods of interaction are described within this policy: Reception and Classification, Prison Rape Elimination Act (PREA) Risk Assessment Tool, Mental Health Referral Form, Access to Health Care Procedures, Committee Review, Transfers, Case Management, Searches, Commissary, and Special Accommodations. The PREA Compliance Manager stated, offenders are reviewed on a case-by-case basis. The Warden reviews the recommendation by the Administrative PREA Committee. A total of 2 offenders at Mountain View CI identifies as transgender, and the auditor was able to interview 2 offenders from this population. The offenders indicated satisfaction with current housing considerations, the facility authorizes female products to be ordered from the commissary, and the facility utilizes input from the offenders to determine housing and search preferences to staff.

115.15 (f) – Policy 100, page 2 indicates all sworn staff are trained to conduct proper pat down searches on offenders to include cross-gender searches. Mountain View CI policy 700 describes the methods to conducting clothed searches, strip searches, and body cavity searches. The training curriculum consists of a Lesson Plan titled, “Safe Search Practices.” Interviews with 12 random staff and 7 informal staff did not indicate any concerns regarding transgender and intersex strip searches. The training curriculum described proper conduct as utilizing the back of the hand to conduct the pat-down search, maintaining strict professionalism, utilizing correct terminology, providing a private area for the search, limited cross-gender viewing, and being respectful toward population needs.

Conclusion: Based upon the review and analysis of all the available evidence, interviews, onsite observations, policy, procedure and practice considerations, the auditor has determined that the facility is fully compliant with this standard. No

corrective action is required.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 504 297">Standard 115.16 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 371 530">Documents :</p> <ol data-bbox="240 560 1469 1021" style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire responses 2. Agency Policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, page 10, 08-12-19 3. Agency Policy 2600, Chapter E, Reasonable Accommodations for Offenders with Disabilities, pages 1-15, 09-05-13 4. Policy TX VII-1, Section: Care and Treatment of Patient Disabilities, Developmental Disabilities, pages 1-7, August 2007. 5. Policy TX VII-2, Section: Care and treatment of Patient Disabilities, Physical, Mental, or Cognitive Disabilities, pages 1-3, August 2009. 6. Policy 1800, Chapter E, Non-English-Speaking Offender Program, pages 1-4, 02-05-18 7. Language Resource Center Memo Document, page 1 8. Spanish Offender PREA Brochure, 02-04-14 <p data-bbox="240 1111 352 1137">Interviews:</p> <ol data-bbox="240 1167 775 1597" style="list-style-type: none"> 1. Agency Head 2. 5 - Offenders with a Physical Disability 3. 1 - Offender with a Vision Disability 4. 0 - Offender with Limited English Proficiency (LEP) 5. 3 - Offenders with Cognitive Disabilities 6. 12 Random Staff Interviews 7. 7 Informal Staff Interviews 8. 1 – Offender with Hearing Disabilities <p data-bbox="240 1686 509 1713">Site Review Observations:</p> <ol data-bbox="240 1742 1244 1998" style="list-style-type: none"> 1. Signs and posters indicating zero tolerance posted throughout the facility English/Spanish formats 2. The unit phones are available with a TTY service and Spanish options 3. Opposite Gender Announcements in the housing units 4. Written materials in multiple language formats 5. Staff interpreters on-site and available during interviews <p data-bbox="240 2087 464 2114">Findings by Provision:</p>

115.16 (a) Agency Policy 2600, Chapter E, Reasonable accommodations for Offenders with Disabilities, pages 1-15 explain the agency has established procedures to provide disabled offenders equal opportunity to participate in or benefit from all aspects of the efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy includes language associated with deaf or hard of hearing offenders, blind or having low vision, offenders who have intellectual disabilities, psychiatric disabilities, speech disabilities, and limited English proficiency. The facility did not provide an offender with a Limited English Proficiency disability, but the facility Warden interview indicated the facility has a contract to provide language line services, is required to post materials in both English and Spanish formats, there are options for the blind, a contract for language services, staff listed as interpreters, and all PREA related materials are available in multiple languages. The auditor inspected the offender phone systems, and the TTY options are available for hard of hearing populations, and the voice recorded options are available in Spanish formats.

115.16 (b) The offender PREA handouts are written in both English and Spanish format. The PREA and Americans with Disabilities Act provisions are documented in policy 1800, Non-English Speaking Offender Program, and indicate the following resources are available for the offenders: closed captioning, large print material, reading of materials to offenders by staff, department translator lists, and the language line services. Offenders are provided the PREA education pamphlet in their primary language upon request and the auditor reviewed the intake process. The auditor observed the closed captioning included within the television viewing, and the intake staff reading the PREA pamphlet to the offenders. Agency policy 1800 explains the Non-English-Speaking Offender Program as the following, "The Director of Prisons will designate certain facilities to be housing locations for those offenders unable to speak or understand English. All non-English speaking offenders are assigned to these facilities unless the designated facilities cannot satisfy the security, treatment, or other needs of the non-English speaking offender. Classification action will document the reasons for the assignment to an alternate facility if the non-English speaking offender is transferred from the designated facility." The policy further explains the programming provided to the offenders designated to participate in this program. The programs offered are English as a Second Language (ESL), and dedicated case managers.

115.16 (c) The facility provides interpreter services with a language line service known as Language Solutions. This company also requires its interpreters to undergo a medical interpreter credentialing process. A helpline number is available on the offender phone lines to report abuse. This service is available for offenders with limited reading skills in both English and Spanish. The auditor evaluated the number during the on-site review and an immediate response was provided. Email notifications were also received by the PREA Compliance Manager, and this auditor reviewed the confirmations. Posters and signs are available throughout the facility in both English and Spanish relating to reporting mechanisms, and prevention techniques. Staff training files reviewed indicated training received for managing offenders at risk of sexual abuse and identified the policy against using offender interpreters. The auditor interviewed 12 random staff and conducted 7 informal staff interviews indicating no concerns regarding offender interpreters and knowledge regarding the facility language line services. The staff identified several options to provide interpreting services and advised offenders are not to be used to interpret. Interviews conducted with offenders included an offender with a documented hearing disability, and a cognitive disability that did not reveal concerns regarding this standard.

Conclusion: The evidence reviewed by the auditor reveals a significant level of facility importance regarding offenders with disabilities or offenders with limited English proficiency having the ability to communicate effectively with staff. This includes efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The agency has met the requirements to accommodate steps to communicate effectively with offenders who are deaf or hard of hearing, have speech disabilities, are blind or low vision, intellectual disabilities, limited reading skills, psychiatric disabilities, or limited English proficient. This includes a language line contract, and staff interpreters. The agency has established dedicated housing for limited English proficiency and utilizes case workers and a testing process to enhance the communication efforts for all. The agency has a policy in a written format and the review of the training materials indicated the information aligns with the written policy. The Warden interview indicated a strong knowledge base and the expected communication results designed within the intent of the policy. The evidence provided supports an overall auditor determination of meets expectations at this time and no further action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.17 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. Mountain View CI Pre-Audit Questionnaire responses
2. Administrative Memorandum 10-2013, PREA Hiring and Promotion Prohibition, pages 1-3, August 30, 2013
3. 20 Random Staff Personnel Files
4. Addendum to Administrative Memorandum 10-2013, PREA Hiring and Promotion Prohibitions, page 1, October 11, 2013
5. Disqualifying Factors – Misdemeanor Offenses, pages 1-3, Revised May 24, 2010
6. NC Department of Public Safety, HR008 Professional Reference Check Form, pages 1-2
7. Random Volunteer Files
8. Random Contractor Files
9. NC Department of Public Safety, Employment with the Department of Public Safety form, pages 1-4, June 17, 2015
10. PREA Notice and Information Collection for Current Employees Statement Form, pages 1-2
11. NCDPS, HR 013 DPS Employment Statements Form, pages 1-2
12. NCDPS, HR005 Applicant Verification Form, page 1, September 2013

Interviews:

1. Human Resource Staff
2. PREA Compliance Manager
3. 7 Informal Interviews with Staff
4. 1 Contract Staff Interviews
5. 0 - Volunteer Interviews
6. 12 Random Staff
7. Investigators

Site Review Observations:

1. 20 Random Staff Personnel Files
2. New Employee Background Screenings Confirmed
3. Contractor Background Screenings Confirmed

Findings by Provision:

115.17 (a) The agency prohibits hiring or promoting anyone who may have contact with offenders and prohibits enlisting the services of any contractor who may have contact with offenders who has engaged in, been convicted of, or civilly/administratively adjudicated in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution. This was confirmed during the interview with the Human Resource staff member. Each staff member must provide responses to specific questions relative to PREA during the submission of the application. A background questionnaire form is completed authorizing the facility to conduct a background screening. The auditor reviewed 20 staff personnel files that indicated a response to these PREA related questions.

115.17 (b) The North Carolina Department of Public Safety requires the facility to consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders. This was confirmed during the interview with a Human Resource staff member. The auditor reviewed 20 staff personnel files indicating their signatures on the background release forms. None of the 20 staff personnel files indicated concerns regarding this provision.

115.17 (c) The agency conducts Pre-Employment Background Investigations indicating a screening is required by law prior to hiring. This includes the following: employment history checks, criminal history checks, and the National Sex Offender Registry screenings. These checks are completed prior to hiring new employees who may have contact with offenders. Criminal background records check and 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 is completed. The auditor spoke with the human resource staff and determined 20 criminal background checks were completed in the past 12 months. These record checks were through the National Crime Information Network, and all current staff background checks are performed prior to employment. The background checks include the following: biometric information, driving records, investigation files, licensure, military records, and drug related convictions.

115.17 (d) The preaudit questionnaire indicated 3 background checks were completed for staff covered under contracts for services that may have contact with offenders. The background checks would be completed prior to approving access to the facility. This information was confirmed during the human resource staff interview. The auditor reviewed the agency Professional Reference Check forms, regarding the provision of this standard that documents background checks are conducted for all applicants and employees. No new contractors or volunteers have entered the facility in 2021 because of a global pandemic (COVID-19).

115.17 (e) The North Carolina Department of Public Safety Employment Form indicates criminal background checks are conducted on all current employees, volunteers, and contractors, at least every 5 years. This is dependent upon what type of clearance badge you were awarded at the time of employment or admission into the agency. This was confirmed during the human resource staff interviews. This is captured within the agency reporting mechanism and discussed during the human resource interview. The system that captures this information is the National Crime Information Center, North Carolina Crime Information Network, and the North Carolina Department of Motor Vehicles. A centralized clearance check form is submitted, and the system consistently captures clearance information that includes driver license information, North Carolina rap sheets, Interstate Identification Rap Sheets, and prior employment information.

115.17 (f) All applicants and employees, who may have contact with offenders, will be asked about previous misconduct in all written applications, interviews for hiring or promotion, or during written evaluations. This was confirmed during the review and interview with the human resource staff members.

115.17 (g) Employees must disclose all misconduct allegations and any material omission or false information regarding misconduct will be grounds for termination. The agency HR005 Applicant Verification Form explains failure to report criminal charges and convictions may result in disciplinary action, demotion, and termination. The auditor reviewed an automatic disqualifier list of misdemeanor offenses. In addition, 20 staff personnel files were reviewed, and no issues determined regarding this practice.

115.17 (h) The facility tracking mechanism is documented on the applicant summary form and includes a criminal record check, valid driver's license, personal interview, proper documentation provided, Local Offender Data System review, social security number compliance, certification verification, correctional reference checks to include prior employers, resignations, and substantiated allegations. The Human Resource Staff interview provided documentation demonstrating a criminal history and driver history inspection was previously conducted for staff. The Human Resource Staff interview confirmed a criminal background check is conducted prior to offering promotional opportunities and the auditor verified this process during the employee file review. The HR013, DPS Employment Statement Form, provides this question on page 1 and the auditor reviewed this form during the on-site review.

Conclusion: Based on the evidence reviewed by the auditor to include spreadsheet reviews, 20 staff personnel files, volunteer files, interviews with human resource staff, agency and facility policy, contractor reviews, 12 random staff interviews, and 7 informal staff interviews, the auditor finds no discrepancies within this standard required for corrective action.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Standard 115.18 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. Mountain View CI Pre-Audit Questionnaire responses
2. Policy 1600, Chapter F, Management of Security Posts, page 2, August 12, 2019

Interviews:

1. Facility Warden
2. PREA Compliance Manager
3. Agency Head
4. PREA Coordinator

Site Review Observations:

1. Camera and monitor placement throughout the facility
2. Video and storage areas and camera footage
3. Gender Specific post assignments
4. Cross-gender viewing on video monitoring equipment

Findings by Provision:

115.18 (a) The agency policy 1600, Management of Security Posts indicates when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect offenders from sexual abuse. The facility Warden confirmed no expansions were performed to the Mountain View CI facility within the last 12 months. The interview with the Warden indicated the safety and privacy needs for offenders is always considered when plans are being developed. The analysis that would be performed includes the idea of creating areas of safety and eliminating blind spots throughout the facility. The camera committees are in place at all levels, attempting to ensure when tours are made, the camera placements and electronic monitoring data are all factors to consider in the development of the budget. The auditor verified this during the on-site review and explored the monitoring technology and DVR playback availability.

115.18 (b) The agency policy regarding PREA indicates when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect offenders from sexual abuse. The facility has performed modifications and upgrades to the video monitoring equipment within the last 12 months. A total of 156 cameras are currently at the facility and new additions were added in the past 12 months. The auditor reviewed the video footage during the on-site review in correlation with the previously documented gender specific post assignments. There were no immediate concerns identified regarding cross-gender viewing of the video monitoring equipment.

Conclusion: The facility has implemented a policy and a program to monitor the effects of upgrades, camera placement, and video monitoring equipment throughout the facility. Each camera has a full DVR recording support, and all modern additions were provided to assist in preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The efforts provided by the facility meets the requirements of this standard. The Warden advised the PREA Coordinator participates in the discussions regarding video monitoring equipment and future expansion.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Standard 115.21 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire responses 2. Agency Policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment, pages 14-15, August 12, 2019 3. NCDPS Memorandum to Local Law Enforcement Agencies and Sheriff's, PREA Investigations and Compliance, pages 1-2, March 15, 2016 4. Form OPA-I20, Incident Scene Tracking Log, Revised January 27, 2010. 5. Reviewed investigations involving a Sexual Assault Nurse Exam Referral 6. Policy CP-18, Section: Clinical Practice Guidelines, Sexual Abuse, pages 1-5, February 25, 2014 7. Policy 143B-1200, Part 1, Assistance Program for Victims of Rape and Sex Offenses, page 1 8. Reviewed 1 SANE Evaluation from Mission Memorial Campus 9. Policy OPA-I21, PREA Evidence Chain of Custody form, page 1, March 26, 2013 10. Memorandum of Understanding (MOU), Oasis, Inc., December 29, 2021 11. NCDPS, PREA Support Person Role and Responsibilities Document 12. PREA Support Training, 7 Hours, On-line curriculum-based learning <p>Interviews:</p> <ol style="list-style-type: none"> 1. 12 Random Staff 2. 0 Sexual Assault Nurse Examiner 3. PREA Compliance Manager 4. 3 Offenders who Reported Sexual Abuse 5. Non-Security First Responder 6. 7 Informal Staff Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Victim Advocate Toll-Free Number posted in all Living Units 2. PREA Signs and Posters posted in all living units in English and Spanish formats. <p>Findings by Provision:</p> <p>115.21 (a) The Mountain View CI utilizes the agency investigators for conducting administrative sexual abuse and sexual harassment investigations, and the Avery County Sheriff's Department has the responsibility for conducting criminal abuse</p>

investigations. The North Carolina Department of Public Safety utilizes a uniform evidence protocol when conducting sexual assault investigations and forensic medical examinations. The agency Sexual Abuse policy CP-18, pages 1-5 describe the uniform evidence protocol required by the facility. The auditor interviewed 12 random staff and all interviews indicated securing the scene and the Avery County Sheriff's Department would be responsible for collecting the evidence at the scene.

115.21 (b) The Mountain View CI does not house youthful offenders, and this was confirmed by the agency website, onsite interviews conducted with staff, and the population statistical data. Agency PREA policy 3400 explains the protocol established for evidentiary purposes shall be developmentally appropriate for youth. This policy was adapted in correlation with the National Protocol for Sexual Assault Medical Forensic Exams, Adult/Adolescents.

115.21 (c) The facility offers all offenders who experience sexual abuse access to forensic medical examinations and without financial cost to the victim. The agency Assistance Program for Victims of Rape and Sex Offenses policy 143B-1200 advises the facility shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without cost, where evidentiary or medically appropriate. The Mountain View CI utilizes Mission Memorial Campus as an off-site medical emergency room and for SANE evaluations. A total of 2 forensic medical exams were performed by a Sexual Assault Nurse Examiner (SANE) during the past 12 months. The number performed by a SANE was 2, and the number performed by a qualified medical practitioner was 0. This auditor was unable to speak with the SANE nurse during the onsite review. The staff indicated they would provide the necessary support at the Mission Memorial Campus during the sexual assault exam. This was also confirmed by the PREA Compliance Manager and the Health Services Administrator during the onsite review. The Health Services Administrator confirmed all medical procedures will be performed to the victim at no cost. Mountain View CI also provides on-site mental health treatment through their crisis stabilization and transitional care units, and mental health services are provided on-site to the offenders.

115.21 (d) The Mountain View CI medical staff complete the National Institute of Corrections training curriculum regarding PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting, and PREA: Behavioral Health Care for Sexual Assault victims in a Confinement Setting. Training documents were reviewed for medical staff and all training was verified. The auditor reviewed the Memorandum of Understanding (MOU) with the Oasis, Inc., for confidential support services. The auditor identified the poster in all housing units, intake, and medical sections of the facility. The poster identified the 24-hour services offered by the agency, advocacy and case management, and hospital accompaniment. The poster offers an address for offenders to write directly to the agency and the toll-free phone number for them to call. The information provided to the offenders in intake includes a facility sexual abuse awareness pamphlet and the address for the victim advocate is included within the pamphlet. The auditor observed this pamphlet being provided to the offenders during the intake processes. All offenders are required to sign for receipt of the PREA pamphlet.

115.21 (e) The facility reported 2 incident reports involving the need for a sexual assault exam. Policy 143B-1200 explains any offender who alleges sexual abuse or sexual battery shall be given a copy of the notification of rights to have crisis intervention services. The auditor interviewed offenders that had previously reported an allegation of sexual abuse. The offender advised they were aware of the program but had not spoken with the volunteer that reports to the facility. They indicated knowledge of how to report an allegation and request for services in the future.

115.21 (f) The Mountain View CI utilizes the agency investigators for conducting administrative sexual abuse and sexual harassment investigations, and the Avery County Sheriff's Department has the responsibility for conducting criminal abuse investigations. This was confirmed during the PREA Compliance Manager, Investigative staff interviews, and 7 informal staff interviews were able to identify the PREA Compliance Manager as the point of contact for facility investigations.

115.21 (g) N/A

115.21 (h) The PREA Compliance Manager verified the facility will always utilize the advocate to offer emotional support, crisis intervention, information, and referrals. However, Mountain View CI does utilize staff as representatives for the emotional support services. These staff are selected by Administration as the PREA Support Person. The PREA Support Person receives 7 hours of dedicated on-line training efforts to ensure proper placement, empathic responses, and documentation efforts.

Conclusion: The facility has in place a policy reflecting the efforts toward providing investigations, victim support, evidence protocol, and forensic medical examinations. The auditor reviewed a contract for the provisions required and all facility efforts are documented in writing. All provisions were met within standard 115.21 and no further corrective action required.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Standard 115.22 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire responses 2. Agency Policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment, pages 25-28, August 24, 2015 3. NCDPS Memorandum to Local Law Enforcement Agencies and Sheriff's, PREA Investigations and Compliance, pages 1-2, March 15, 2016 4. Form OPA-I20, Incident Scene Tracking Log, Revised January 27, 2010. 5. Reviewed investigations involving a Sexual Assault Nurse Exam Referral 6. Policy CP-18, Section: Clinical Practice Guidelines, Sexual Abuse, pages 1-5, February 25, 2014 7. Policy 143B-1200, Part 1, Assistance Program for Victims of Rape and Sex Offenses, page 1 8. Reviewed 1 SANE Evaluation from Mission Memorial Campus 9. Policy OPA-I21, PREA Evidence Chain of Custody form, page 1, March 26, 2013 10. Memorandum of Understanding (MOU), Oasis, Inc., December 30, 2021 11. NCDPS, PREA Support Person Role and Responsibilities Document 12. PREA Support Training, 7 Hours, On-line curriculum-based learning. <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Warden 2. Facility Investigator 3. PREA Compliance Manager 4. PREA Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed the facility website for Investigative information 2. Reviewed 6 Investigative Files 3. Case Management Log Entry System <p>Findings by Provision:</p> <p>115.22 (a) The Mountain View Correctional Institution Pre-Audit Questionnaire listed 26 allegations of sexual abuse and sexual harassment in the past 12 months. This resulted in 26 administrative investigations and 1 allegation referred for criminal investigation. The Mountain View CI recognizes the grievance system as a method of reporting allegations of sexual abuse and no grievances were submitted within the last 12 months regarding allegations of sexual abuse or allegations of</p>

sexual harassment. When a grievance form is received indicating an allegation of sexual abuse or sexual harassment, the grievance is forwarded immediately to the PREA Compliance Manager for investigation. The Mountain View CI provides a helpline number as a method of reporting sexual abuse or sexual harassment. The Mountain View CI has entered a Memorandum of Understanding (MOU) for emotional support services to victims of sexual abuse with the Oasis, Inc. The agency also provides a facility PREA Support Person to assist victims of sexual abuse and sexual harassment.

Administrative investigations are conducted for all allegations of abuse or harassment and criminal investigations will be conducted upon referral. There was one allegation referred to a criminal case that is still pending. There are currently 1 sexual abuse administrative case still pending, and 11 closed cases. There are 0 sexual harassment cases still pending and 14 closed cases. The interview with the facility Warden explained the investigations are referred to the facility PREA investigators immediately upon notification. Allegations involving staff shall be reported to the Office of Special Investigations in accordance with the DPS-SI100 OSI Authority to Conduct Investigations policy. All criminal investigations are referred to the Avery County Sheriff's Department. The Special Investigations Unit facility investigators will ensure that all cases are completed and documented with complete investigative summaries and the Warden is informed of the outcomes.

The PREA investigation shall be completed and decided upon (approved) by the Region Director within 30 days of the initial PREA report. An extension of an additional 30 day maximum may be given by the Region Director in instances where the investigation requires additional time for the collection of evidence or determination of validity. Any PREA investigation that extends beyond the 60 maximum days must have prior approval by the Director of Prisons. Determination regarding administrative investigations and if staff actions contributed to the incident is provided during the final decision.

115.22(b) The Agency policy 3400 requires all allegations of sexual abuse and sexual harassment to be investigated and referred for administrative review or criminal prosecution. Policy 3400 ensures the allegation of sexual abuse or sexual harassment is referred to an agency with the legal authority to conduct criminal investigations. The Avery County Sheriff's Department shall be responsible for criminal investigations in matters relating to sexual abuse. This notification policy is posted on the agency website and the procedures for reporting allegations are found in the agency policy 3400. This auditor reviewed documentation indicating all 26 allegations were entered into the agency incident database. This information was provided and explained by the PREA Compliance Manager. The facility investigator interview confirmed this process. The facility investigative staff interview indicated the burden of proof for administrative investigations to be the preponderance of the evidence. The PREA Compliance Manager confirmed the policy is posted on the facility website and this was included in the facility Pre-Audit Questionnaire.

115.22 (c) Agency policy 3400 indicates an outside agency with legal authority to conduct investigations will conduct all criminal investigations of sexual abuse. The information provided by the agency and facility indicates compliance with this standard. The auditor reviewed one referral provided by the facility to the Avery County Sheriff's Department for investigation in the past 12 months. The auditor confirmed 1 allegation is still pending for review.

115.22 (d) N/A

115.22 (e) N/A

Conclusion: Based on the evidence provided by the facility, the agency has a policy governing the investigations of allegations of sexual abuse and sexual harassment. The facility has a documented investigative policy and documents all reports of sexual abuse and sexual harassment. The facility provided the auditor with documentation of the investigations, including full investigative reports with findings. This auditor reviewed 6 investigative reports and determined no findings. The agency posts the policy on the website, and it describes the investigative responsibilities of both the agency and the separate entity that conducts the criminal investigations on its behalf. The facility meets the provisions of this standard.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.31 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire responses 2. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 5-6, August 12, 2019 3. PREA: Sexual Abuse and Sexual Harassment (101), Lesson Plan, pages 1-29, July 1, 2021 4. PREA: Sexual Abuse and Sexual Harassment (201), Lesson Plan, pages 1-20, July 1, 2021 5. PREA of 2003 Acknowledgement Form, OPA-T10, June 19, 2017 6. PREA Employee Training Quiz <p>Interviews:</p> <ol style="list-style-type: none"> 1. 12 Random Staff 2. PREA Coordinator 3. 7 Informal Staff Interviews 4. 2 Offenders that identify as Transgender <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed 20 Staff Training Files 2. Reviewed 20 PREA Training and Understanding Verification Forms 3. Verified a list of all current staff training dates <p>Findings by Provision:</p> <p>115.31 (a) Agency policy 3400 includes the zero tolerance toward sexual abuse and sexual harassment policy relating to staff training. This policy includes training requirements on how to fulfill their responsibilities for prevention, detection, reporting, and response. This policy includes all elements listed in section 115.31 (a) 1-10. The auditor conducted 12 random staff interviews indicating significant knowledge regarding the zero-tolerance policy toward all forms of sexual abuse and sexual harassment, and the staff requirements toward prevention, detection, reporting, and response. The auditor reviewed the PREA Lesson Plan provided by the PREA Compliance Manager, and the materials indicate the discussion regarding the zero-tolerance standard. The auditor reviewed the PREA Course Lesson Plan that lists the following performance objectives required within the training: The agency's zero-tolerance policy for sexual abuse and sexual harassment, staff responsibilities for prevention, detection, response, and reporting procedures, offender rights to be free from sexual abuse and sexual harassment, offender and staff retaliation standards, the dynamics of sexual abuse in confinement settings, victim behaviors, signs and symptoms of threatening behaviors, how to avoid inappropriate relationships, communication and understanding the linguistic, ethnic, or cultural differences, and how to report sexual abuse to outside authorities.</p> <p>115.31 (b) This auditor reviewed the staff training curriculum to include rosters, power points, briefing rosters, lesson plans, and the Power Point training program. This program is an online testing platform and specifically designed to provide the</p>

PREA training elements listed in 115.31 (a) 1-10. The facility trained all staff members in the last 12 months and provided roll call training rosters demonstrating PREA training across all shifts. The Agency training is tailored to the gender of the offenders at the facility to include male and female offenders and staff. The facility utilizes the National PREA Resource Center, The Moss Group, and the Bureau of Justice Assistance U.S. Department of Justice Guidance in Cross Gender and Transgender Pat Searches power point within their training curriculum. This auditor interviewed 2 offenders that identify as transgender, and the interview information did not depict any concerns with cross-gender viewing or searches.

115.31 (c) The auditor reviewed a total of 20 staff training files. The documentation provided indicated staff received the initial and annual PREA training in the past 12 months. A complete listing of all staff was provided by the training staff to the auditor. Each staff member is required to complete the PREA 101 training and alternate each year with the PREA 201 training on-line. The on-line program requires a test to be completed at the end of each section to determine satisfactory completion. The PREA Compliance Manager interview confirmed staff receive PREA training on an annual basis in the academy, on-line, during roll call briefings, and during in-service.

115.31 (d) The auditor reviewed 20 PREA Training and Understanding Verification Forms. This document informs the student that their signature indicates they understand the training being received. The PREA Compliance Manager advised this form is signed by every staff member at the conclusion of the PREA training period.

Conclusion: Based on the review of the facility training policies, staff training curriculum, samples of the training records, and the documentation of the employee signatures signifying comprehension of the training received, the facility meets compliance with this standard. No further action is required at this time.

115.32	Volunteer and contractor training
	<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="240 273 504 300">Standard 115.32 Analysis</p> <p data-bbox="240 385 999 412">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 501 371 528">Documents :</p> <ol data-bbox="240 560 1426 873" style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire responses 2. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 6-8, August 12, 2019 3. PREA: Sexual Abuse and Sexual Harassment (101), Lesson Plan, pages 1-29, July 1, 2021 4. PREA: Sexual Abuse and Sexual Harassment (201), Lesson Plan, pages 1-20, July 1, 2021 5. PREA of 2003 Acknowledgement Form, OPA-T10, June 19, 2017 6. PREA Employee Training Quiz <p data-bbox="240 958 352 985">Interviews:</p> <ol data-bbox="240 1016 999 1160" style="list-style-type: none"> 1. Contract Staff 2. Religious Volunteer – Unable to interview due to concerns with COVID-19 3. PREA Compliance Manager <p data-bbox="240 1245 512 1272">Site Review Observations:</p> <ol data-bbox="240 1303 798 1388" style="list-style-type: none"> 1. Reviewed Volunteer/Contractor/ Public Visitor Forms 2. Reviewed the facility Biometric process <p data-bbox="240 1473 467 1500">Findings by Provision:</p> <p data-bbox="240 1532 1490 1796">115.32 (a) Agency PREA policy 3400 explains the zero-tolerance standard toward all forms of sexual abuse, sexual assault, and sexual harassment. The facility provides a volunteer and contractor handout, Power point review, and a PREA test. This auditor reviewed the volunteer and contractor handout, and the information includes the zero-tolerance policy, requirements for preventing, reporting, detection, response, and the discipline imposed for violations of this policy. The documentation provided by the facility indicates the volunteer and contractor signature understanding the training received. The auditor reviewed the PREA Information Acknowledgment form indicating they understand the training received. The auditor reviewed the PREA Lesson Plan Power Point provided by the PREA Compliance Manager, and the materials provide the discussion regarding the zero-tolerance standard.</p> <p data-bbox="240 1827 1490 2056">The auditor reviewed the PREA Course Lesson Plan that lists the following performance objectives required within the training: The agency's zero-tolerance policy for sexual abuse and sexual harassment, staff responsibilities for prevention, detection, response, and reporting procedures, offender rights to be free from sexual abuse and sexual harassment, offender and staff retaliation standards, the dynamics of sexual abuse in confinement settings, victim behaviors, signs and symptoms of threatening behaviors, how to avoid inappropriate relationships, communication and understanding the linguistic, ethnic, or cultural differences, and how to report sexual abuse to outside authorities. The volunteers and contractors are required to complete a written test and the auditor verified this process throughout the on-site review.</p> <p data-bbox="240 2087 1474 2145">115.32 (b) The Mountain View CI reported 7 contractors and 0 volunteers assigned throughout the department. The level of training received is based on the services they provide and the level of contact they have with offenders. A level one</p>

contractor or volunteer, which spends at least five hours a week with an offender, would receive the same training as the staff. Each contractor and volunteer must complete an application and a background check is completed. The application consists of the following information: personal information, current employment information, personal identification information, education, emergency contacts, criminal history, and previous institutional experience. Each volunteer and contractor are screened through the North Carolina Crime Information Network and the National Crime Information Center. All volunteers and contractors complete a screening process, and a badge identification system is conducted that authorizes the volunteer or contractor access to the facility.

115.32 (c) The auditor spoke with 1 contract staff and 0 volunteers that provided information relating to the training received, handbook notifications, and background questionnaires. Due to the restrictions associated with COVID-19, no volunteer staff were on-site and telephone conversations could not be arranged. No volunteer training has been conducted since 2020 due to COVID-19 and all volunteers are required to receive the training prior to having authorization to enter the facility.

Conclusion: Based on the review of the evidence provided, the facility ensures all volunteers and contractors that have contact with offenders are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training is provided to volunteers and contractors based on their level of contact with the offenders. The sample of volunteers and contractors interviewed indicated knowledge regarding the zero-tolerance policy and how to report any incidents. The agency maintains documentation confirming that all volunteers and contractors understand the training they have received. The volunteer coordinator acknowledges the importance of ensuring all facility databases are updated regarding the training certification. No corrective action is required regarding this standard.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.33 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire responses 2. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, page 9-10, August 12, 2019 3. Sexual Abuse Awareness for the Offender Intake Brochure, pages 1-2, February 27, 2018, English, and Spanish 4. NCDPS, Offender PREA Education Acknowledgement Form, OPA-T100, March 15, 2013 5. OPUS Online, Educational Program Search Screen, June 24, 2015 6. Transfer Orientation Email Notification, August 2, 2013 7. Facilitator Talking Points: Offender Sexual Abuse and Sexual Harassment Intake/Orientation Upon Transfer 8. Diagnostic Center Procedures, Orientation Procedures, Section 201, pages 1-3, March 31, 2010 9. Statewide Term Contract 961B – Telephone Based Interpreter Services, Linguistic International, Inc. <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. 1 Intake Staff 3. 15 Randomly Selected Offender Interviews 4. 3 Informally Selected Offender Interviews 5. 0 Limited English Proficient (LEP) Offender Interviews 6. 5 Physical Disability Offender Interviews 7. 3 Cognitive Disability <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observed the Intake Process and Issue of the PREA Pamphlet to Offenders 2. Reviewed 21 Offender Intake Files 3. Reviewed 21 PREA Offender Intake Handout Receipts 4. Observed PREA Posters and Materials Posted in All Living Units, Medical, and Programs (English/Spanish) <p>Findings by Provision:</p> <p>115.33 (a-f) Agency policy 3400, page 9-10 discusses the offender education requirements and includes elements (a-f) within the policy. The intake officer described the offenders receive an initial PREA document upon arrival to the intake section. The auditor observed this process during the intake screening and observed offenders receive the PREA pamphlet.</p>

This document includes the facility zero tolerance policy, the offenders right to be free from sexual abuse, sexual assault, and sexual harassment. It also includes instructions on how to report an allegation by mail. The offenders can submit a request form, file a grievance to report allegations of sexual abuse, sexual assault, or sexual harassment. They can report to a staff member or call the PREA helpline numbers.

Agency policy 3400 indicates within the first 30 days of reception additional PREA information will be provided to the offender population. This information includes the offender's rights to be free from sexual abuse, sexual harassment, and retaliation. Department policies are introduced, response procedures, and directions on how to report an allegation is explained during the comprehensive review. The facility also proudly displays PREA posters, and one is displayed in the intake section regarding zero tolerance. The intake staff are required to print an offender orientation acknowledgement form and the offenders sign acknowledging they understand the training they have received. The auditor sampled 21 offender files indicating receipt of the PREA brochure and the 30-day comprehensive education. The PREA Compliance Manager reported a total of 634 offenders admitted during the past 12 months, and education was provided when the offender's length of stay exceeded 30 days. This information was confirmed by the PREA Compliance Manager during the on-site interview.

There are several reporting methods provided to the offenders and this is discussed in the PREA pamphlet. The PREA information handout, and the Oasis, Inc., information was posted on the wall near the phones in every offender living unit, in both Spanish and English formats. Posters are visible throughout the facility reminding offenders regarding zero tolerance toward all forms of sexual abuse, sexual assault, and sexual harassment. The auditor interviewed 15 randomly selected offender interviews indicating PREA knowledge, expectations toward privacy, reporting mechanisms, retaliation monitoring, and pride in the overall sexual safety of the facility. The offender phones are equipped with a TTY system, the facility provides a language line for numerous languages and a list of certified staff interpreters. The facility employs staff to provide the information verbally to offenders that cannot read. The auditor interviewed no offenders with limited English proficiency but was advised receiving PREA information in documents they could read and understand. The auditor also interviewed 1 offender that has trouble hearing, and they advised no concerns with understanding all information relative to PREA. The facility provides support for blind or low vision disabilities by using Braille documents for concerns of this manner.

Conclusion: The auditor has determined the agency has a policy governing PREA education for offenders. The auditor has also determined full compliance with this standard based on a review of the following evidence supplied by the facility: intake records of offenders entering the facility in the past 12 months, signed documents by the offenders indicating the understanding of the training received within 30 days of intake, confirmation of all offenders receiving the PREA information within one year of the effective date of the PREA standards, review of the offender handbook, PREA pamphlet, education materials in formats accessible to offenders that are limited English proficient, deaf, visually impaired, disabled or limited reading skills, and observations of materials posted throughout the facility in both English and Spanish formats. The facility has demonstrated compliance and no corrective action is requested.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 504 297">Standard 115.34 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 371 530">Documents :</p> <ol data-bbox="240 560 1469 846" style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire responses 2. Agency Policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, page 8, August 24, 2015 3. PREA: Sexual Abuse and Sexual Harassment (101), Lesson Plan, pages 1-30, July 1, 2021 4. Training Progress Summary Pie Chart, PREA Sexual Abuse and Sexual Harassment Investigator's Workshop, February 1, 2022 5. PREA First Responder Cards <p data-bbox="240 936 352 963">Interviews:</p> <ol data-bbox="240 992 531 1019" style="list-style-type: none"> 1. Facility PREA Investigator <p data-bbox="240 1108 509 1135">Site Review Observations:</p> <ol data-bbox="240 1164 930 1364" style="list-style-type: none"> 1. Reviewed the facility PREA Training Lesson Plan and Power point 2. Reviewed 10 Correctional Investigator Training Files 3. Reviewed 10 PREA Training and Understanding Forms 4. Reviewed 6 PREA Investigative Files <p data-bbox="240 1453 464 1480">Findings by Provision:</p> <p data-bbox="240 1509 1481 2007">115.34 (a-d) Agency policy 3400 page 8 includes the specialized training requirements for the facility PREA investigators. The required training includes the following: 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 a case for administrative action and prosecution referral. The facility utilizes investigators from the Avery County Sheriff's Department for all criminal investigations. The Special Investigations Unit are notified during all staff investigations for PREA sexual abuse allegations. The auditor reviewed 10 training records indicating the members of facility investigative staff have received the specialized PREA training for investigators. All 6 investigations reviewed were conducted by investigators that have received the specialized investigator training presented by the on-line PREA Sexual Abuse and Sexual Harassment Investigator's Workshop. The investigator interview indicated additional training is conducted on a continuous basis. This training provides the necessary elements required within this standard to include the following: 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 a case for administrative action and prosecution referral. The auditor reviewed the training outline and power points associated with this learning environment. This training identified the PREA standards that apply to investigating sexual abuse of offenders and demonstrated six critical investigative techniques and protocols of competent investigations.</p> <p data-bbox="240 2036 1481 2161">The facility maintains records of all training received and is easily accessible for review. Agency policy 3400 indicates training documentation will be maintained by the employee training files and documented on the PREA Training and Understanding Form. The auditor reviewed 10 PREA Training and Understanding Forms for the 10 staff members that have taken the specialized investigator training class.</p>

Conclusion: Based on the review of the materials provided by the facility: the agency training policy for investigative staff, the investigator training curriculum, documentation that the agency investigators have completed the required training, and the training records and logs presented by the staff, the auditor finds the facility meets all provisions required within this standard. No further action is required at this time.

115.35	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="242 271 504 300">Standard 115.35 Analysis</p> <p data-bbox="242 385 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="242 499 371 528">Documents :</p> <ol data-bbox="242 557 1430 701" style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire responses 2. Agency Policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 8-9, August 24, 2015 3. 17 Medical Staff Training Files <p data-bbox="242 786 352 815">Interviews:</p> <ol data-bbox="242 844 687 987" style="list-style-type: none"> 1. 1 Medical Staff 2. 1 Mental Health Staff 3. 0 Sexual Assault Nurse Examiner (SANE) <p data-bbox="242 1072 509 1102">Site Review Observations:</p> <ol data-bbox="242 1131 660 1160" style="list-style-type: none"> 1. Reviewed 17 medical staff training files <p data-bbox="242 1245 464 1274">Findings by Provision:</p> <p data-bbox="242 1303 1485 1599">115.35 (a-d) Agency policy 3400, pages 8-9 explain the agency policy, procedures, and practice associated with this standard compliance, and requires all medical and mental health care practitioners to receive the required specialized PREA training. There is a total of 17 full-time medical staff that work regularly in the facility. The auditor reviewed the training records for 17 staff that have received the initial PREA orientation and the specialized training. The training plan includes the following topics: PREA medical and mental healthcare standards participant guide, lessons on 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 whom to report allegations or suspicions of sexual abuse and sexual harassment. The auditor interviewed 1 medical staff, and 1 mental health staff and both interviews indicated knowledge regarding the specialized medical training.</p> <p data-bbox="242 1628 1485 1859">The forensic medical exams are conducted at the Mission Memorial Campus. The auditor was unable to interview a SANE nurse from the hospital due to time constraints, effects of COVID-19, and a lack of a point of contact. The auditor reviewed one documented SANE evaluation that was conducted at the Mission Memorial Campus. The facility maintains documentation demonstrating the medical and mental health practitioners have completed and understand the training received. The 1 medical staff interview provided direct knowledge regarding 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 whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p data-bbox="242 1888 1457 2049">Conclusion: Based on the review of the following evidence: agency policy governing training of medical and mental health care practitioners, documentation showing the training has been received by all staff, a review of the training curriculum, signature indicating understanding of the training received, and confirmation of the medical staff training logs ensuring the staff have received the initial training for employees, contractors, and volunteers dependent upon their status, the auditor finds the facility meets all provisions required within this standard with compliance, and no further action is required.</p>

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 504 297">Standard 115.41 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 371 530">Documents :</p> <ol data-bbox="240 560 1449 907" style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire Responses 2. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual harassment Policy, pages 10-12, August 12, 2019 3. NCDPS, Risk to Sexual Victimization and Abusiveness Screening Guide, pages 1-15, March 17, 2016 4. NCDPS, Mental Health Screening Inventory, Offender Population Unified System (OPUS), page 1 5. NCDPS, Screening for risk of Sexual Victimization and Abusiveness: PREA Standards 115.41 and 115.42 Guidelines Memo 6. NCPDS, Diagnostic Policy Update Memo, pages 1-2, October 9, 2013 <p data-bbox="240 996 352 1023">Interviews:</p> <ol data-bbox="240 1052 655 1422" style="list-style-type: none"> 1. 1 Staff Responsible for Risk Screening 2. 15 Random Offender Interviews 3. 3 Informal Offender Interviews 4. 12 Random Staff Interviews 5. 7 Informal Staff Interviews 6. PREA Coordinator 7. PREA Compliance Manager <p data-bbox="240 1512 512 1538">Site Review Observations:</p> <ol data-bbox="240 1568 807 1825" style="list-style-type: none"> 1. Offender Risk Screening Process 2. Offender Risk Screening Reassessment Process 3. Intake and Classification Housing Assignment Review 4. Offender File Reviews = 21 5. 21 Mountain View CI PREA Risk Assessment Tools <p data-bbox="240 1915 483 1942">Findings (By Provision):</p> <p data-bbox="240 1971 1489 2161">115.41 (a-l) Agency policy 3400, page 10 explains the screening procedures for risk of victimization and abusiveness. "All offenders and safekeepers shall receive a mental health screening (MHSI), administered via the web-based OPUS intake system, within 72 hours after admission to Prisons. Diagnostic Services staff shall conduct the screening to determine an offender's risk of being sexually abused by other offenders or their risk of being sexually abusive toward other offenders. The screening shall use an objective screening instrument." This policy explains all offenders are assessed during an intake screening for their risk of being sexually abused by other offenders or sexually abusive toward other offenders. Offenders will</p>

also be screened upon transfer to another facility for their risk of being sexually abused or sexually abusive toward other offenders. The Mountain View CI utilizes the Mental Health Screening Inventory to accomplish the risk screening process. This tool is utilized during the following procedures: the intake screening process, 20-30 days after receipt into the facility, whenever an offender alleges an incident of sexual abuse, new information is provided within the offender's history, and during the annual review.

Upon arrival to the NCDPS Diagnostic Center, the offender receives a Mental Health Screening Inventory (MHSI) completed by a diagnostic case analyst. Based on the information provided by the inventory the Offender Population Unified System (OPUS) will generate a report to identify any person who is at high risk for victimization and abusiveness. The agency has developed a more detailed screening process to ensure staff can carefully review the responses to ensure housing considerations. This new process was implemented in April 2021 and is being circulated to all facilities. The Mountain View CI was using the new process during the time of the on-site review as it was available to them.

The Mountain View CI also utilizes a review board for gender housing request forms that may impact the Transgender and Intersex populations. The objective classification system questionnaire also assesses offenders for the risk of being sexually abusive by including the following criteria: prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. The auditor conducted an interview with the staff performing the screening and was advised, each offender must be carefully screened, and every evaluation should be unbiased. The results of the screening should be based on the communication between the staff conducting the review and the offender's own perceptions and responses to the questions. If the offender indicates they were erroneously identified as lesbian, gay, bisexual, gender nonconforming, transgender, or intersex during the completion of the MHSI, then the Case manager should update the screening information in accordance with current procedures. The transgender or intersex offender, upon self-disclosure, may be housed temporarily in a single cell or bed with officer visibility until the FTARC convenes and determines permanent housing placement based on the offender's concerns for safety, request for accommodations, screening information, and high-risk status.

Agency policy 3400 indicates within 20-30 days of intake an offender's risk level will be reassessed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. Interviews conducted with 15 random offenders indicated this process was being applied as the offenders could explain the questions being asked by the facility staff. The offenders identified the case workers as conducting the initial assessment and the reassessment. This information is consistent with the agency policy previously discussed. Agency policy 3400 indicates offenders will not be disciplined for refusing to answer, or for not disclosing complete information in response to the risk screening, and the facility considers these documents to be treated in a confidential nature. Select staff are authorized to view this data and the facility information technician must authorize usage on all electronic devices. The evidence provided indicates compliance with this standard and this was also confirmed with the PREA Compliance Manager interview. The staff interview advised a new reassessment would have to be uploaded to provide written changes to the responses. The PREA Compliance Manager interview indicated limited access to review these documents once they have been uploaded within the system. The Risk to Sexual Victimization and Abusiveness Screening Guide indicates the following staff have access to the screening responses: Facility Head, PREA Compliance Manager, Assistant Warden for Custody and Operations, Assistant Warden for Programs, and the Offender Assigned Coordinators (IAC) primary and alternate at each facility. The agency has updated the system to include automatic OPUS notifications for mental health referrals. Currently the staff conducting the reassessment must notify mental health regarding a mental health referral and the new changes had not been implemented.

Conclusion: Based on the review and analysis of all available evidence, to include agency policy governing the screening of offenders upon admission to the facility or transfer to another facility, screening instruments to determine risk of victimization or abusiveness, and detainee records, the auditor has determined that the agency is compliant with this standard regarding offender risk of victimization and abusiveness. However, the agency is working toward improvements within the mental health notifications, enhancing the risk screening document, and staff are preparing to attend training classes associated with the new screening process.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.42 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire Responses 2. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual harassment Policy, pages 10-14, August 12, 2019 3. NCDPS, Risk to Sexual Victimization and Abusiveness Screening Guide, pages 1-15, March 17, 2016 4. NCDPS, Mental Health Screening Inventory, Offender Population Unified System (OPUS), page 1 5. NCDPS, Screening for risk of Sexual Victimization and Abusiveness: PREA Standards 115.41 and 115.42 Guidelines Memo 6. NCPDS, Diagnostic Policy Update Memo, pages 1-2, October 9, 2013 7. Health Services Policy and Procedures Manual, TXI-13, Care and Treatment of Patient, Education, and Management of Disorders of Gender Dysphoria, pages 1-3, October 2014 8. Screening Review for High-Risk Victims and Abusers Document, pages 1-10, created September 6, 2019 <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. 1 Staff Responsible for Risk Screening 4. 2 Offenders Identifying as Transgender 5. Facility Warden <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed the PREA Risk Screening Process 2. Reviewed the PREA Risk Screening Reassessment Process 3. Reviewed Offender Files = 21 4. Reviewed the housing unit cell, shower, restroom, and bunk accommodations <p>Findings (By Provision):</p> <p>115.42 (a-g) Agency policy 3400 indicates the facility utilizes the information collected from the risk screenings 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. This information was confirmed during the interview with the agency PREA Compliance Manager as the PREA Compliance Manager advised all facility risk screenings are objective, case by case evaluations of the offenders with their own perceptions and views being considered. The views of the offender are recognized along with the tally provided by the staff on the risk assessment document. The intake screening</p>

staff interview indicated utilizing the risk screening instruments to ensure all bed assignments, work assignments, education, and program assignments are carefully reviewed to ensure potential abusers are not interacting with potential victims. The auditor was able to speak with 2 offenders that identify as Transgender during the review. No concerns with the current housing were identified, and all agreed their housing was discussed during the classification interview. They agreed to the level of housing recommended by the facility and no further issues were discussed.

Agency policy 3400, page 10 explains the screening procedures for risk of victimization and abusiveness. "All offenders and safekeepers shall receive a mental health screening (MHSI), administered via the web-based OPUS intake system, within 72 hours after admission to Prisons. Diagnostic Services staff shall conduct the screening to determine an offender's risk of being sexually abused by other offenders or their risk of being sexually abusive toward other offenders. The screening shall use an objective screening instrument." This policy explains all offenders are assessed during an intake screening for their risk of being sexually abused by other offenders or sexually abusive toward other offenders. Offenders will also be screened upon transfer to another facility for their risk of being sexually abused or sexually abusive toward other offenders. The Mountain View CI utilizes the Mental Health Screening Inventory to accomplish the risk screening process. This tool is utilized during the following procedures: the intake screening process, 20-30 days after receipt into the facility, whenever an offender reports an incident of sexual abuse, new information is provided within the offender's history, and during the annual review.

Upon arrival to the NCDPS Diagnostic Center, the offender receives a Mental Health Screening Inventory (MHSI) completed by a diagnostic case analyst. Based on the information provided by the inventory the Offender Population Unified System (OPUS) will generate a report to identify any person who is at high risk for victimization and abusiveness. The agency has revised the form to include a question considering if the offender is detained solely for civil immigration purposes. The Mountain View CI also utilizes a review board for gender housing request forms that may impact the Transgender and Intersex populations. The objective classification system questionnaire also assesses offenders for the risk of being sexually abusive by including the following criteria: prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. The auditor conducted an interview with the staff performing the screening and was advised, each offender must be carefully screened, and every evaluation should be unbiased. The results of the screening should be based on the communication between the staff conducting the review and the offender's own perceptions and responses to the questions. If the offender indicates they were erroneously identified as lesbian, gay, bisexual, gender nonconforming, transgender, or intersex during the completion of the MHSI, then the Case manager should update the screening information in accordance with current procedures. The transgender or intersex offender, upon self-disclosure, may be housed temporarily in a single cell or bed with officer visibility until the FTARC convenes and determines permanent housing placement based on the offender's concerns for safety, request for accommodations, screening information, and high-risk status.

Agency policy 3400 indicates within 20-30 days of intake an offender's risk level will be reassessed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. Interviews conducted with 15 random offenders indicated this process was being applied as the offenders could explain the questions being asked by the facility staff. The offenders identified the case workers as conducting the initial assessment and the reassessment. This information is consistent with the agency policy previously discussed. Agency policy 3400 indicates offenders will not be disciplined for refusing to answer, or for not disclosing complete information in response to the risk screening, and the facility considers these documents to be treated in a confidential nature. Select staff are authorized to view this data and the facility information technician must authorize usage on all electronic devices. The evidence provided indicates compliance with this standard and this was also confirmed with the PREA Compliance Manager interview. The staff interview advised a new reassessment would have to be uploaded to provide written changes to the responses. The PREA Compliance Manager interview indicated limited access to review these documents once they have been uploaded within the system. The Risk to Sexual Victimization and Abusiveness Screening Guide indicates the following staff have access to the screening responses: Facility Head, PREA Compliance Manager, Assistant Warden for Custody and Operations, Assistant Warden for Programs, and the Offender Assigned Coordinators (IAC) primary and alternate at each facility.

The facility site review provided the opportunity to confirm all offender showers are conducted separately, a shower curtain is provided for privacy, and the 15 random offender interviews and 3 informal offender interviews concluded no issues reported due to other staff or offenders viewing the offenders while changing clothes, showering, or using the restrooms. The 12 random staff interviews advised no concerns with this type of issue reported. The video monitoring equipment did not indicate any concerns regarding cross-gender viewing during episodes of undress or showering. All showers are conducted separately, and offenders can purchase clothing items through commissary to assist with shower activities.

The facility does not place lesbian, gay, bisexual, transgender, or intersex offenders in a dedicated housing facility, unit, or wing based on their status. This is forbidden in policy 3400. The facility Warden interview confirmed there are no consent decrees regarding legislative action pertaining to restrictive housing considerations. The on-site review indicated special populations are not assigned to one housing unit as the auditor was able to interview offenders from all living units.

Conclusion: Based on the review and analysis of the following available evidence: agency policy governing the use of

screening information, documentation of the use of screening, documentation of housing decisions, reassessments, and facility housing considerations for the special populations, the auditor has determined that the facility is compliant with this standard regarding offender risk of victimization and abusiveness.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.43 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire responses 2. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual harassment Policy, pages 15-16, August 12, 2019 3. NCDPS, Risk to Sexual Victimization and Abusiveness Screening Guide, pages 1-15, March 17, 2016 4. NCDPS, Mental Health Screening Inventory, Offender Population Unified System (OPUS), page 1 5. NCDPS, Screening for risk of Sexual Victimization and Abusiveness: PREA Standards 115.41 and 115.42 Guidelines Memo 6. NCPDS, Diagnostic Policy Update Memo, pages 1-2, October 9, 2013 7. Health Services Policy and Procedures Manual, TXI-13, Care and Treatment of Patient, Education, and Management of Disorders of Gender Dysphoria, pages 1-3, October 2014 8. Screening Review for High-Risk Victims and Abusers Document, pages 1-10, created September 6, 2019 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Warden 2. 1 Staff Supervising Offenders in Segregated Housing 3. 0 Offenders in Segregated Housing for Risk of Suffering Sexual Abuse <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Offender Case Files 2. Segregation Housing Records <p>Findings (By Provision):</p> <p>115.43 (a-e) Agency policy 3400, Chapter F, pages 15-16 clearly define the information within this standard. Offenders at high risk of sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and there are no other alternative means of separation. The offender will not be held for more than 24 hours to complete the assessment. This policy was confirmed during the interview with the facility Warden. This policy allows for programming, privileges, education, and work opportunities to the extent possible. If the facility restricts access to these opportunities, the facility must document on the Incident Report and the Administrative Segregation Form. This auditor reviewed the segregated housing records and spoke with 1 staff that supervises offenders in segregated housing. No offenders in the past 12 months were identified to be housed in segregated housing involuntary. The auditor reviewed the segregated housing records and determined there were no offenders currently in special housing for high risk of sexual victimization.</p> <p>Facility policy 3400, page 16 indicated all reviews for offenders in segregation are conducted within 30- days. The facility reported no offenders have been housed in segregation for high risk of sexual victimization in the past 12 months. "Offenders</p>

at high risk for sexual victimization cannot be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from abusers. The status of all offenders placed in protective custody pursuant to risk of sexual victimization is reviewed by the Warden/designee every thirty (30) days”.

Conclusion: Based on the review and analysis of all available evidence, the auditor has determined that the agency has a policy governing involuntary segregated housing for offenders at high risk for sexual victimization. The facility conducts 30-day reviews and documents accordingly. The auditor reviewed facility records of housing assignments, segregation logs, and verified out of cell activities were not interrupted throughout this review. The auditor has determined the facility is compliant with the provisions of this standard.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 504 297">Standard 115.51 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 371 530">Documents :</p> <ol data-bbox="240 560 1453 1077" style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire Responses 2. Agency Policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 16-18, August 12, 2019 3. Memorandum of Understanding, Oasis, Inc., December 30, 2021 4. Agency Policy Chapter IV.0100, Mailroom Procedures, pages 1-9, January 21, 2016 5. PREA Reporting Poster, Help Prevent Prison Sexual Violence, February 27, 2018 6. NCDPS, Facilitator Talking Points Document: Offender Sexual Abuse and Sexual Harassment Intake/Orientation Upon Transfer, February 27, 2018 7. NCDPS, Sexual Abuse Awareness for the Offender Brochure, February 27, 2018 8. Offender Handbook, Rules, and Policies DC-239, pages 1-34, April 2010 9. NCDPS, Maintaining an Atmosphere of Professionalism, Staff Brochure, pages 1-2 <p data-bbox="240 1167 352 1193">Interviews:</p> <ol data-bbox="240 1223 603 1538" style="list-style-type: none"> 1. 12 Randomly Selected Staff 2. 15 Randomly Selected Offenders 3. 7 Informal Staff Interviews 4. 3 Informal Offender Interviews 5. PREA Compliance Manager 6. Facility Warden <p data-bbox="240 1628 509 1655">Site Review Observations:</p> <ol data-bbox="240 1684 900 1823" style="list-style-type: none"> 1. Reviewed the Sexual Assault Victim Advocacy Services poster. 2. Reviewed the Third-Party mailing address postings. 3. Reviewed the facility training records and lesson plan. <p data-bbox="240 1912 483 1939">Findings (By Provision):</p> <p data-bbox="240 1971 1481 2161">115.51 (a-d) Mountain View CI provides multiple methods for offenders to privately report sexual abuse, sexual assault, sexual harassment, retaliation against reporting staff neglect, and contributing factors to these incidents. These factors are described in policy 3400, pages 16-18 and they include: verbally, in writing, anonymously, third-party reporting, request forms, grievance forms, submitting a written report to the sexual abuse reporting address for the PREA Office, report directly to a family member or friend, write a letter to the staff, submit a request for assistance to the staff they trust. The Oasis, Inc., serves as the Rape Crisis Center for the facility and the Forgiven Ministry will submit an email to the PREA Compliance</p>

Manager informing there is an issue being reported. These reports are documented in writing immediately and forwarded to the agency PREA investigator for prompt review. All administrative investigations are conducted by the facility investigators, and all criminal investigations are conducted by the Avery County Sheriff's Department. This information was documented in the facility policy, 3400, and the PREA intake pamphlet.

The facility has a documented Letter of Agreement with the Avery County Sheriff's Department to provide one method of anonymous offender reporting to a public entity that is not part of the agency. This information is posted in all offender living units, and available upon the intake PREA pamphlet. The auditor interviewed 15 randomly selected offenders and conducted 3 informal offender interviews that concluded knowledge of this process. The facility completes a Facilitator Talking Points Document with the offender and requests signature for understanding.

The Mountain View CI does not detain offenders solely for civil immigration purposes and this was confirmed by the PREA Compliance Manager, and the facility Warden interviews. However, steps are in place to conduct calls for immigration purposes and these calls are authorized at no cost to the offender population. The auditor confirmed this statement was written in agency policy 3400 regarding Civil Immigration. All facility mail related to PREA is considered privileged correspondence and is treated in the same manner as legal materials. These items must be opened in front of the offender and outgoing mail is not searched.

Agency policy 3400 requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation against offenders or staff, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This policy also advises the Warden or designee will monitor the conduct and treatment of offenders or staff who reported sexual abuse or sexual harassment for at least 90 days. The Warden confirmed this monitoring period during the interview process. The Warden also confirmed any allegations reported by another facility or to another facility will be performed from the agency head to the other facilities agency head in writing. This information will then be passed on to the facility investigators promptly.

Conclusion: The auditor has reviewed all available information provided by the facility during the preaudit, on-site review, and during the post audit phase. The auditor has determined the facility has several internal methods for offenders to privately report all allegations of sexual abuse and sexual harassment. This includes internal methods as well as external bodies. The facility accepts reports verbally, in writing, anonymously, and from a third party. Offenders at the Mountain View CI are not detained solely for civil immigration services and there is a system in place for free calls for civil immigration purposes. Therefore, the facility has met the requirements of this standard and no further action is required.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 504 297">Standard 115.52 Analysis</p> <p data-bbox="242 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="242 504 371 530">Documents :</p> <ol data-bbox="242 560 1315 875" style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire Responses 2. Agency Policy .0300, Chapter G, Administrative Remedy Procedure, pages 1-11, August 1, 2013 3. DC-239, Rules and Policies, Offender Handbook, pages 23-24, April 2010 4. Agency Policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, August 12, 2019 5. Offender Grievance Forms 6. Intake PREA Pamphlet <p data-bbox="242 965 352 992">Interviews:</p> <ol data-bbox="242 1021 603 1162" style="list-style-type: none"> 1. PREA Compliance Manager 2. 15 Randomly Selected Offenders 3. 12 Randomly Selected Staff <p data-bbox="242 1252 512 1279">Site Review Observations:</p> <ol data-bbox="242 1308 1099 1391" style="list-style-type: none"> 1. Grievance forms are readily available to the Offender population in all housing units. 2. Reviewed the Offender Grievance Log <p data-bbox="242 1480 483 1507">Findings (By Provision):</p> <p data-bbox="242 1536 1485 1798">115.52 (a-g) Agency policy .0300, Administrative Remedy Procedure describes the grievance procedure for dealing with offender grievances regarding sexual abuse. Agency policy advises, offenders shall utilize the offender grievance system to report sexual abuse or sexual harassment by a staff member or offender-on-offender sexual abuse, as defined in the Glossary of Terms for this procedures manual. However, if an offender files a grievance related to staff on offender sexual abuse/sexual harassment or offender on offender sexual abuse, the Facility Grievance Coordinator shall forward it to the facility PREA Investigator for tracking and investigation. The offender shall be notified of this action. The PREA Compliance Manager reports that the facility PREA Investigator will be responsible for notifying the Avery County Sheriff's Department for any actions resulting in a potential criminal investigation.</p> <p data-bbox="242 1827 1485 2157">There have been 6 allegations of sexual abuse submitted through the grievance process in the last 12 months, and no allegations of sexual harassment. Interviews with the PREA Compliance Manager revealed that while the grievance process is set up for reporting of allegations of sexual abuse and sexual harassment, in the instances such allegations are received through this channel, they are forwarded to the PREA Investigator for immediate investigation. Agency policy .0300, Administrative Remedy Process advises, the Offender Grievance System is intended to deal with a wide range of issues, procedures, or events that may be of concern to an offender. It is meant to address incidents of an urgent or emergency nature including allegations of sexual abuse. Any allegation of a sexual nature (abuse/harassment) against a staff member or offender-on-offender sexual abuse must be addressed through Agency policy 3400, Offender Sexual Abuse and Sexual Harassment. When faced with an incident of an urgent or emergency nature, the offender shall contact the nearest staff member for immediate assistance.</p>

The auditor reviewed the offender handbook, and the offender grievance system is listed as an available method of reporting allegations of sexual abuse, sexual assault, or sexual harassment. The auditor conducted 12 interviews with randomly selected staff, and these interviews indicated knowledge of the offenders being allowed to submit grievances regarding sexual abuse. The auditor conducted interviews with 15 randomly selected offenders and several of the offenders indicated they could submit a grievance to notify the staff of an allegation of sexual abuse.

Agency policy .0300, Administrative Remedy Procedure explains the response to all offender grievances related to sexual abuse is immediate and a final decision will be made within 24 hours. All facility grievances are returned with a response to the offender within 3 days and the offender has an opportunity to appeal the decision to the facility Warden. The final decision must be returned within 5 days.

Conclusion: The Agency recognizes the offender grievance system may be used as a method of reporting allegations of sexual abuse. All grievances received relative to sexual abuse will be documented and forwarded to the facility PREA Investigator for immediate investigation. The facility has a policy to ensure grievances alleging sexual abuse or sexual harassment are forwarded for investigation. Offenders are informed the proper ways to submit allegations in the intake PREA pamphlet, comprehensive education, and offender handbook. The Auditor determined the facility meets the requirements of this standard as its policy is to forward all grievances alleging sexual abuse and sexual harassment immediately to the PREA Investigators for investigation and document the grievance in the grievance log.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 504 297">Standard 115.53 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 371 530">Documents :</p> <ol data-bbox="240 560 1453 1193" style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire Responses 2. Agency Policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, page 21, August 12, 2019 3. Memorandum of Understanding, Oasis, Inc., December 30, 2021 4. Agency Policy Chapter IV.0100, Mailroom Procedures, pages 1-9, January 21, 2016 5. PREA Reporting Poster, Help Prevent Prison Sexual Violence, February 27, 2018 6. NCDPS, Facilitator Talking Points Document: Offender Sexual Abuse and Sexual Harassment Intake/Orientation Upon Transfer, February 27, 2018 7. NCDPS, Sexual Abuse Awareness for the Offender Brochure, February 27, 2018 8. Offender Handbook, Rules, and Policies DC-239, pages 1-34, April 2010 9. NCDPS, Maintaining an Atmosphere of Professionalism, Staff Brochure, pages 1-2 10. NCCASA Document, The North Carolina Approach, pages 1-8, April 2015 11. NCDPS, 115.53 Outside Confidential Support Services Memo, pages 1-2, October 11, 2017 <p data-bbox="240 1283 352 1310">Interviews:</p> <ol data-bbox="240 1339 663 1541" style="list-style-type: none"> 1. 15 Random Offenders 2. Offenders Who Reported Sexual Abuse 3. Facility Warden 4. PREA Compliance Manager <p data-bbox="240 1630 509 1657">Site Review Observations:</p> <ol data-bbox="240 1686 1433 1865" style="list-style-type: none"> 1. Verified all third-party reporting materials, Oasis Inc., Helpline materials are posted in the Offender living units in both English and Spanish. 2. Verified telephone and mail monitoring notices are posted in the Offender living units in both English and Spanish. 3. Tested the helpline numbers for adequacy and received confirmation. <p data-bbox="240 1955 483 1982">Findings (By Provision):</p> <p data-bbox="240 2011 1469 2161">115.53 (a-c) Agency policy 3400, page 21 advises the PREA Support Person (PSP) shall ensure that offenders are offered and provided with access to outside victim advocates for emotional supportive services related to sexual abuse which has occurred in a confinement setting. Supportive services may be provided via a variety of methods including in person, during a non-monitored phone call, and/or in writing. The PREA Support Person (PSP) shall inform offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be</p>

forwarded to authorities in accordance with mandatory reporting laws. The facility shall ensure that if facility phones or public pay phones within the facility are monitored, that the level of monitoring is clearly posted next to the phone. This shall be posted in English and Spanish, and if the facility monitors reentrant mail, the level of monitoring must be clearly posted in the facility handbook and reentrant bulletin boards.

Agency policy 3400, page 21 explains victim support shall be offered by a PREA Support Person (PSP). The PSP shall be made available to provide victim advocate services and shall consult with the Facility Head on a weekly basis for three weeks following the report of sexual abuse to update the victim on the progress of the investigation, answer any questions of the offender victim, and provide support. As requested by the victim, the PREA support person, of the same gender, shall accompany and support the victim through the forensic medical examination process. As requested by the victim, the PREA support person shall accompany and support the victim through the investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The offender victim shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving the offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible.

Agency policy 3400, Chapter F, page 21 includes the information regarding outside victim advocates for emotional support services relating to sexual abuse, sexual assault, and sexual harassment. Mountain View CI utilizes the services of the Oasis, Inc., a nonprofit organization providing confidential services to persons through counseling, preventive education, and advocacy. Mountain View CI also enlists the services of the Foreign Ministry Project to provide an outside reporting mechanism for offenders. This is accomplished by offenders writing a letter to access the services and provide notifications or by calling the toll-free number to leave a message. The Oasis, Inc., is a community-based volunteer program designed to enhance the quality of life for victims of sexual violence and provide survivors of sexual abuse with emotional support. Mountain View CI established a Memoranda of Understanding (MOU) with the Oasis, Inc. The auditor reviewed the document for clarity and all signatures are current and binding. The Victim Advocate information is posted in all offenders living units and listed on the initial intake PREA pamphlet provided upon arrival to the facility. The auditor confirmed the facility provides the name and address, at no cost to the offender and these services are confidential. The Victim Advocate is scheduled by the PREA Support Person (PSP) and there are no current offenders identified at this time to receive the services. The auditor verified this during the PREA Compliance Manager interview.

The Mountain View CI does not detain persons solely for civil immigration services. The auditor confirmed the PREA Support Person (PSP) would be assigned to provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including tollfree helpline numbers where available of local, State, or national immigrant services agencies. This information was confirmed during the facility Warden interview. The 12 random staff interviewed were able to identify the Victim Advocate as an option for confidential offender support services. The auditor interviewed 15 random offenders and 3 offender interviews that has reported sexual assault allegations. Several interviews indicated knowledge of the Oasis, Inc., services, identified the address, and the poster. The offenders reported feeling confident these services would be useful, but no offenders advised attempts to contact the address.

Conclusion: During the on-site review, the auditor observed all wall postings in the offender living areas displayed near the offender phones. Based on the review of all evidence supplied by the facility to include agency policy regarding an outside victim advocate for emotional support and services, a policy describing one method for offenders to report anonymously, a policy regarding offenders being detained solely for immigration purposes, a policy for staff to privately report, accepting reports from offenders in writing, offender handbooks, and staff handbooks, the auditor has determined the facility meets the substantial requirements of this standard. No further action is required at this time.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.54 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire Responses 2. Agency Policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, August 12, 2019 3. Memorandum of Understanding, Oasis, Inc., December 30, 2021 4. Agency Policy Chapter IV.0100, Mailroom Procedures, pages 1-9, January 21, 2016 5. PREA Reporting Poster, Help Prevent Prison Sexual Violence, February 27, 2018 6. NCDPS, Facilitator Talking Points Document: Offender Sexual Abuse and Sexual Harassment Intake/Orientation Upon Transfer, February 27, 2018 7. NCDPS, Sexual Abuse Awareness for the Offender Brochure, February 27, 2018 8. Offender Handbook, Rules, and Policies DC-239, pages 1-34, April 2010 9. NCDPS, Maintaining an Atmosphere of Professionalism, Staff Brochure, pages 1-2 10. NCCASA Document, The North Carolina Approach, pages 1-8, April 2015 11. NCDPS, 115.53 Outside Confidential Support Services Memo, pages 1-2, October 11, 2017 <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. 15 Random Offenders 3. 3 Informal Offender Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Identified the PREA posters in both Spanish/English format indicating the third-party reporting address 2. Reviewed the facility website for the third-party reporting information <p>Findings (By Provision):</p> <p>115.54 (a) The facility has established a procedure to receive third-party reports of sexual abuse and sexual harassment. This is described in the agency policy 3400, Chapter F, page 17. This information is also published on the facility's website and the notification process is to call or write a letter to the Forgiven Ministry Project, Oasis, Inc., Prison facility or judicial district office, notify the Officer-in-charge or probation officer, facility or division administrator, correction employee, division director's office, Department of Public Safety Communications Office, or contact the PREA Administration office by phone or email. The Mountain View CI staff, and community may also report allegations of misconduct anonymously or through a third-party by contacting the North Carolina Fraud, Waste, and Abuse Hotline. There are posters throughout the facility such as: offender living units, medical, programs, intake, visitation, and reception regarding third party reporting and the address required to file the complaint. The offenders are provided an address and phone number to contact the PREA helpline</p>

number to the Forgiven Ministry Project. This information is posted on the PREA intake pamphlet, offender handbook, and signs posted near the offender phones in all living Units. The 15 random and 3 informal offender interviews indicated knowledge of the third-party reporting methods and offenders advised they felt comfortable reporting all allegations of sexual misconduct.

Conclusion: Based on the evidence provided, the auditor was able to determine the facility provides publicly distributed information on how to report offender sexual abuse or sexual harassment on behalf of offenders by third parties.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.61 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire Responses 2. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 16-17, August 12, 2019 3. Incident Report Forms 4. Investigative Files 5. Incident Reports Relating to Sexual Abuse 6. Incident Reports Relating to Sexual Harassment <p>Interviews:</p> <ol style="list-style-type: none"> 1. 12 Randomly Selected Staff 2. 7 Informal Staff 3. Facility Warden 4. PREA Compliance Manager 5. 1 Medical Staff 6. 1 Mental Health Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed Investigative Files 2. Reviewed Incident Reports 3. Reviewed Allegations of PREA Reports Referred to the PREA Investigator 4. Compared the dates received to the date the investigation began <p>Findings (By Provision):</p> <p>115.61 (a-e) Agency policy 3400, Chapter F, pages 16-17 describe the agency requirements for all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment immediately. The policy also requires the staff to report any knowledge of retaliation against offenders or staff who reported incidents and staff neglect that may have contributed to an incident or retaliation. This was confirmed during the interview with the facility Warden and the PREA Compliance Manager. The auditor verified this process during the 12 random staff and 7 informal staff interviews as staff conveyed the directive to notify a supervisor immediately. Policy 3400, Chapter F, page 17 indicates apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse, report to anyone other than to make treatment, investigation, and other security and management decisions. The auditor interviewed 12 random staff indicating knowledge of this policy and the mandatory reporting requirements.</p>

The Mountain View CI does not house youthful offenders as confirmed during the census report review. Agency policy 3400, Chapter F, page 17 states, If the alleged victim is under the age of 18 or over the age of 60, the facility shall refer the allegation to the designated State or local services agency under applicable mandatory reporting laws. The auditor interviewed 1 medical staff and 1 mental health worker and both interviews indicated knowledge regarding mandatory requirements as one medical staff member advised she will always report an allegation to her supervisor and the Shift Commander.

Agency policy 3400, Chapter F, pages 16-17 explain, all reports received by the Sexual Abuse Reporting Address, established for the third-party and anonymous reporting of sexual abuse or sexual harassment are reported to the PREA Compliance Manager immediately. There are several methods of reporting for staff both privately and anonymously. Staff can submit an email or call the PREA Office directly, contact the Fraud, Waste, Abuse, and Misconduct Hotline by phone, or notify the Local Law Enforcement Agency. The auditor reviewed incident report forms indicating PREA allegations were referred immediately to the facility investigators. During the on-site review, the auditor reviewed investigative files, incident reports relating to a sexual abuse allegation, and incident reports relating to a sexual harassment allegation. The auditor did not find any concerns relating to a delayed investigation. All investigations began either the same day or the next working day. The facility trained PREA investigators are required to conduct all administrative investigations and all criminal investigations will be referred to the Avery County Sheriff's Department.

Conclusion: Based on the evidence provided by the facility, the auditor determined the agency has relevant policies governing the reporting by staff regarding incidents of sexual abuse or sexual harassment, and the reporting by the facility regarding all allegations of sexual abuse and sexual harassment to designated investigators. The facility medical staff indicated no limits toward confidentiality regarding the reporting of sexual abuse, sexual assault, or sexual harassment allegations as all staff interviewed advised reporting to the Shift Commander immediately. The facility does not house youthful offenders and the agency policy mandates reporting to the designated State and local services for an alleged victim under the age of 18, or over the age of 60 who are considered a vulnerable adult under a State or local vulnerable persons statute. The auditor reviewed samples of the reports provided by investigators and determined all investigations began immediately. The facility meets the provision requirements of this standard, and no further action is required.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Standard 115.62 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. Mountain View CI Pre-Audit Questionnaire Responses
2. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 18-19, August 12, 2019
3. Agency policy .0300, Chapter G, Administrative Remedy Procedures, pages 1-11, August 1, 2013
4. DC-239, Rules and Policies, Offender Handbook, April 2010

Interviews:

1. Facility Warden
2. 12 Random Staff
3. 0 Offenders in Segregation for High Risk of Sexual Abuse
4. Offenders Who Reported Sexual Abuse

Site Review Observations:

1. File reviews indicated offender behavior concerns as opposed to high risk for sexual victimization
2. Reviewed PREA Allegations and Bed Moves Reports

Findings (By Provision):

115.62 (a) Agency policy 3400, Chapter F, page 18 explains that when Department staff learn that an offender is subject to a substantial risk of imminent sexual abuse, appropriate and immediate action shall be taken to protect the offender. Alleged offender victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the alleged victim. The facility Warden indicated segregation may be ordered immediately to protect the offender or others, but the action must be reviewed within 24 hours by the housing committee. The Warden interview determined the agency takes all allegations serious and any offender subject to imminent sexual abuse will receive immediate action. The facility reported 0 incidents in the past 12 months that determined an offender was subject to a substantial risk of imminent sexual abuse. The auditor reviewed PREA Allegation and Bed Moves reports indicating the housing unit change would be performed immediately upon notification. The auditor interviewed offenders identified as being housed in segregation due to high risk but not high risk of sexual victimization. The interviews determined the housing was due to behavior concerns and not for high risk of sexual victimization. The auditor interviewed offenders that previously reported an allegation of sexual abuse, and the interview indicated no concerns with their current housing as they feel safe at this time.

Conclusion: The auditor determined the agency has a policy governing the facilities protection duties when offenders are subject to a substantial risk of imminent sexual abuse. The auditor reviewed relevant documentation related to the determination of offender's substantial risks and the agency's response. This includes medical requirements, investigator requirements, and the relevant views of the facility leadership toward compliance. Based on the review of all evidence provided the facility meets the provision of this standard. No further action is required.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 504 297">Standard 115.63 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 371 530">Documents :</p> <ol data-bbox="240 560 1409 815" style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire Responses 2. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, page 17, August 12, 2019 3. Reviewed the Correspondence Tracking System (CTS) 4. Reviewed for case files for notification to another facility 5. Reviewed 1 case file for notification received from another facility <p data-bbox="240 904 352 931">Interviews:</p> <ol data-bbox="240 960 552 1043" style="list-style-type: none"> 1. Facility Warden 2. PREA Compliance Manager <p data-bbox="240 1133 509 1160">Site Review Observations:</p> <ol data-bbox="240 1189 820 1272" style="list-style-type: none"> 1. Reviewed investigative reports, and case information 2. Reviewed the Correspondence Tracking System (CTS) <p data-bbox="240 1361 483 1388">Findings (By Provision):</p> <p data-bbox="240 1417 1493 1713">115.63 (a-d) Agency policy 3400, Chapter F, page 17 indicates upon receiving an allegation that an offender was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The facility Warden indicated they would personally contact the Warden at the facility where the abuse occurred, and they would expect the other agency to return the same courtesy. The Agency policy 3400, Chapter F, page 17 indicates the documented notification will occur within 72 hours and must be documented in the Correspondence Tracking System (CTS). Mountain View CI has reported no allegations of sexual abuse to other facilities in the past 12 months. However, once the notification is received all information will be forwarded to the facility PREA investigator for an immediate response to begin an investigation. The auditor reviewed the Correspondence Tracking System for clarity and no issues determined.</p> <p data-bbox="240 1742 1485 2074">Mountain View CI reported 1 allegation received of sexual abuse from another facility in the past 12 months. The auditor reviewed investigative case files and did not determine any concerns regarding this statement. The PREA investigator interview confirmed 1 investigation has been conducted due to notification from another facility. The Warden interview confirmed notification was provided within the mandated 72-hour timeframe to the facility head and documented in the Correspondence Tracking System (CTS). The Warden advised all notifications are received by the facility PREA Compliance Manager and the Warden. The victim was seen by medical immediately and the PREA investigator would be notified to begin the investigation immediately. The PREA Compliance Manager advised the offender would be sent to medical, offered medical and mental health referrals, offered rape crisis counseling, retaliation monitoring, Psychology services, and a review would be conducted for 90 days. All this information is then forwarded to the facility where the allegation occurred. The reports reviewed by the auditor did not require a forensic examination and the investigations were completed.</p> <p data-bbox="240 2103 1422 2161">Conclusion: The Agency has a policy to ensure reporting of allegations of sexual abuse of offenders while confined at another facility. The agency policy requires all allegations of sexual abuse received from another facility is investigated</p>

immediately. All investigations and notifications are documented in the Correspondence Tracking System and referred to the investigator within 72 hours of the receipt of the allegation. The staff interviews indicated the facility would review the documentation of allegations that an offender was abused while in confinement, document that the notifications occurred within 72 hours, and document the notification from each agency head or appropriate staff person. Based on the evidence provided the facility meets the provisions required within this standard and no further action is required.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 504 297">Standard 115.64 Analysis</p> <p data-bbox="240 383 999 409">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 499 371 526">Documents :</p> <ol data-bbox="240 555 1452 869" style="list-style-type: none"> 1. Mountain View CI Audit Questionnaire Responses 2. Emergency Responses Card 3. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 18-19, August 12, 2019 4. PREA: Sexual Abuse and Sexual Harassment (101) Lesson Plan, pages 1-29, July 1, 2021 5. PREA: Sexual Abuse and Sexual Harassment (201) Lesson Plan, pages 1-20, July 1, 2021 6. Prison Rape Elimination Act (PREA) of 2003 Acknowledgement Form, OPA-T10, June 19, 2017 <p data-bbox="240 958 352 985">Interviews:</p> <ol data-bbox="240 1014 638 1216" style="list-style-type: none"> 1. 1 Non-Security Staff First Responder 2. 1 Security Staff First Responder 3. Offender Who Reported Sexual Abuse 4. 12 Random Staff <p data-bbox="240 1305 509 1332">Site Review Observations:</p> <ol data-bbox="240 1361 960 1444" style="list-style-type: none"> 1. Reviewed the Initial Response Checklist for the victim and the abuser 2. Reviewed the Emergency Response Card being utilized by the staff <p data-bbox="240 1534 483 1561">Findings (By Provision):</p> <p data-bbox="240 1590 1485 1919">115.64 (a-b) Agency policy 3400, Chapter F, page 18 describes the staff first responder duties. The policy indicates the staff responsibilities for security and non-security employees. The directives for the security staff include the following four step action plan: separate the alleged victim and abuser, preserve, and protect the scene, collect the evidence if time is allotted, and do not allow the victim or abuser to participate in any activities that may destroy evidence such as: washing, brushing teeth, changing clothes, urinating, defecating, smoking, or eating. If the first responder is a non-security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify a security staff member immediately. The auditor interviewed 1 offender who reported an allegation of sexual abuse, and the offender indicated a feeling that the staff respected the incident and kept them safe from their abuser. The facility reported 12 allegations of sexual abuse and 14 allegations of sexual harassment within the past 12 months, no cases reviewed involved the separation of the victim and the abuser, and 2 cases identified where physical evidence was collected.</p> <p data-bbox="240 1948 1465 2143">The 12 random staff interviews indicated the staff would inform the offenders to not make any attempts to destroy the physical evidence and notified the supervisor immediately. The scene would need to be kept secure and medical would collect all physical evidence. The auditor concluded staff knowledge regarding these actions throughout the facility as the auditor interviewed 1 security staff designated as a first responder, and 1 non-security staff. The common response was to notify a supervisor immediately and follow the four-step action plan. The action plan was also noted in the employee handbook, staff training curriculum, and verified during the Warden interview. The auditor interviewed 12 random staff</p>

members, and all 12 were able to convey the action plan steps required within the policy to provide an immediate response.

The staff also carry emergency response cards that indicate the four-step action plan. The auditor observed the staff carrying these cards throughout the on-site review. The auditor reviewed 1 Initial Response Checklist for the alleged victim and 1 Initial Response Checklist for the alleged abuser that included the 4-step action plan.

Conclusion: The agency has a policy governing the staff first responder duties to include a security and non-security staff response. The policy mandates the four-step action plan previously mentioned within the body of the narrative. The auditor reviewed documentation and interviews indicating full compliance with this standard. No further action is required by the facility as they have met substantial compliance.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Standard 115.65 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. Mountain View CI Pre-Audit Questionnaire Responses
2. PREA Sexual Abuse Institutional Response Plan, Mountain View Correctional Institution, pages 1-10
3. First Responder Action Cards
4. OPA-120, Incident Scene Tracking Log, January 27, 2010
5. Flow Chart for Monitoring Retaliation, March 20, 2014
6. Flow Chart for Investigating Sexual Abuse and Sexual Harassment Allegations, March 20, 2014
7. Form OPA-101, Sexual Abuse Response and Investigations Checklist, March 20, 2014
8. Form OPA-102, PREA Investigation Conclusion Checklist, Investigator, March 20, 2014
9. Form OPA-I10, PREA Post Incident Review, September 1, 2014
10. OPA I21 Form, PREA Evidence Chain of Custody Form, March 26, 2013
11. Facility policy 1800, Chapter I, Handling and Identifying Victims of Sexual Assault, pages 1-49, February 8, 2016

Interviews:

1. Facility Warden
2. PREA Compliance Manager
3. 12 Random Staff
4. 7 Informal Staff Interviews

Site Review Observations:

1. Reviewed the First Responder Duty Cards

Findings (By Provision):

115.65 (a) Mountain View CI has a written plan to coordinate actions for all staff during reported allegations of sexual abuse, sexual assault, and sexual harassment. The action plan describes the procedures for the following participants: volunteers and contractors, support staff, security staff, shift commanders, shift supervisors, first responder duties, medical and mental health practitioners, investigators, and facility leadership. The facility plan documented, provides detailed actions for providers, and the staff were able to convey their specific duties during the 12 random and 7 informal staff interviews. The facility Warden and the PREA Compliance Manager interviews indicated reminders to staff regarding their specific duties annually and the auditor reviewed this information within the training plan.

Conclusion: The Mountain View CI has a facility institutional response plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The auditor reviewed documents and conducted staff interviews to measure the effectiveness of the written plan. Based on the evidence provided by the facility, compliance was indicated, and no further action is required.

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.66 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire Responses 2. NCDPS Agency Website 3. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 1-31, August 12, 2019 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Warden 2. Agency Director <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1.No on-site collective bargaining materials evident 2. No immediate concerns present <p>Findings (By Provision):</p> <p>115.66 (a) The Mountain View CI has not entered into any agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. In deciding to suspend an employee pending investigation, the Department must be able to demonstrate that the "nature of the allegations" is such that there is cause to remove the employee from the institution pending investigation and not that the employee committed the offenses. The FLSA regulations, for exempt employees, permit suspensions of less than a full workweek for violations of written workplace policies applicable to all employees. This provision applies to applicable written work rules which prohibit serious workplace misconduct, which includes, but is not limited to, workplace violence, sexual abuse, sexual harassment, substance abuse, internet access policies, Code of Ethics violations, or violations of state or federal law. Discipline for these infractions should be consistent with the policies of the Agency. The facility Warden interview indicated no collective bargaining agreements have been entered by this agency that would limit the restrictions of staff pending investigations.</p> <p>Conclusion: The auditor reviewed the evidence provided by the facility and found no evidence to deny satisfactory compliance toward this standard. The Agency has not entered into contract with any collective bargaining agreement that would limit the agency's ability to remove alleged staff sexual abusers from contact with any offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The facility Warden interview confirmed this process and indicated disciplinary action will be followed by notification to the Avery County Sheriff's Department for criminal acts and certifying bodies for certification review.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 504 297">Standard 115.67 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 371 530">Documents :</p> <ol data-bbox="240 560 1453 701" style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire Responses 2. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 21-23, August 12, 2019 3. OPA-I24, PREA Offender/Juvenile Retaliation Monitoring and Periodic Status Checks, January 5, 2016 <p data-bbox="240 790 352 817">Interviews:</p> <ol data-bbox="240 846 743 1272" style="list-style-type: none"> 1. Agency Head 2. Facility Warden 3. 1 Staff Member Assigned to Monitor Retaliation 4. Offenders who Reported Sexual Abuse 5. 0 High Risk of Sexual Victimization Offenders 6. 12 Random Staff 7. 15 Random Offenders 8. PREA Compliance Manager <p data-bbox="240 1361 512 1388">Site Review Observations:</p> <ol data-bbox="240 1417 799 1503" style="list-style-type: none"> 1. Reviewed investigative report templates and software 2. Reviewed retaliation monitoring forms <p data-bbox="240 1592 483 1619">Findings (By Provision):</p> <p data-bbox="240 1648 1489 1776">115.67 (a-e) The agency has established a policy to protect all offenders and staff who report sexual abuse or harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation, and this is described in agency policy 3400, Chapter F, pages 21-23. The Department shall protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff.</p> <p data-bbox="240 1805 1489 2000">For at least 90 days following a report of sexual abuse or sexual harassment, the PREA Support Person (PSP) shall monitor the conduct and treatment of third-party reporters and any other individual who cooperates with an investigation. The facility PREA Support Person (PSP) are the designated staff members charged with monitoring retaliation. These positions are provided the necessary support by the Warden, and the interview process indicated an active role toward retaliation monitoring advising this is an ongoing process. All reports of retaliation monitoring are forwarded to the facility PREA Compliance Manager (PCM).</p> <p data-bbox="240 2029 1489 2157">The facility attempts to employ multiple protection measures by monitoring housing changes, transfers for offender victims and abusers, removal of staff through termination, emotional support services, monitoring the offender and staff performance evaluations, disciplinary actions, unannounced lockdowns, denial of privileges, grievances, and the offenders are provided with materials to assist the communication process. Literature is posted in the offender handbook, posters, and methods of</p>

reporting retaliation described in the daily offender education. The Warden indicated additional reviews may be considered once the 90-day review has concluded.

Random interviews with 12 staff members and 15 random offenders indicated no cause for concern with retaliation. The auditor interviewed the PREA Compliance Manager, 1 offender that previously reported sexual abuse, and no offenders identified as high risk for sexual victimization, and no interviews indicated retaliation concerns. The facility reported no allegations of retaliation in the past 12 months, and the classification files had no substantiated documented 90-day reviews. The auditor reviewed the Retaliation Monitoring Forms for 3 allegations and determined an evaluation is recommended to be conducted every 30 days.

Conclusion: The Mountain View CI has an agency policy protecting all offenders and staff who report abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation. This extends from retaliation from offenders or staff and includes the monitoring of offenders and staff following a report, and the agency response to the suspected retaliation. The auditor reviewed documentation and interviews to support these findings and the auditor finds the facility has met the provisions of this standard with compliance. No further action is required.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.68 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire responses 2. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual harassment Policy, pages 15-16, August 12, 2019 3. NCDPS, Risk to Sexual Victimization and Abusiveness Screening Guide, pages 1-15, March 17, 2016 4. NCDPS, Mental Health Screening Inventory, Offender Population Unified System (OPUS), page 1 5. NCDPS, Screening for risk of Sexual Victimization and Abusiveness: PREA Standards 115.41 and 115.42 Guidelines Memo 6. NCPDS, Diagnostic Policy Update Memo, pages 1-2, October 9, 2013 7. Health Services Policy and Procedures Manual, TXI-13, Care and Treatment of Patient, Education, and Management of Disorders of Gender Dysphoria, pages 1-3, October 2014 8. Screening Review for High-Risk Victims and Abusers Document, pages 1-10, created September 6, 2019 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Warden 2. 1 Staff Supervising Segregated Housing 3. 0 Offenders in Segregated Housing <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed records and documentation of housing assignments of offenders who alleged to have suffered sexual abuse. 2. Documentation of in-cell and out- of-cell programs, privileges, education, and work opportunities for offenders in segregated housing. 3. Reviewed if the facility restricts access to programs, privileges, education, or work opportunities. 4. Reviewed records for length of placement in segregated housing for those who alleged to have suffered sexual abuse. 5. Reviewed records indicating offenders are placed in involuntary segregated housing for a period that does not ordinarily exceed 30 days. 6. Reviewed Case files of offenders who alleged to have suffered sexual abuse held in involuntary segregated housing in the past 12 months. <p>Findings (By Provision):</p> <p>115.68 (a) Agency policy 3400, Chapter F, page 15 clearly defines the information within this standard. offenders at high risk of sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and there are no other alternative means of separation. The offender will not be held for more</p>

than 24 hours to complete the assessment. Adherence to the guidelines set forth in policy 3400, page 15 of this procedure's manual shall occur when offenders are at a high risk for sexual victimization or offenders who have alleged sexual abuse are involuntarily placed into Protective Custody (PC) after a determination has been made that no other available alternative means of separation exist from abusers. An administrative hearing shall be conducted as outlined below. When an offender is placed into involuntary Administrative Custody (AC) due to high risk for sexual victimization or after allegedly suffering sexual abuse, the hearing shall take place within 24 hours of placement or the next business day. The reason(s) for the offender's AC confinement must be explained to the offender in writing and the offender must be provided with the Administrative Segregation Form. When an offender is placed into involuntary segregation due to high risk for sexual victimization or after allegedly suffering sexual abuse, the form must articulate:

- a. the basis for the staff member's concern for the offender's safety.
- b. the other alternative means of separation that were explored, and
- c. the reason no alternative means of separation can be arranged.

This policy was confirmed during the interview with the facility Warden. This policy allows for programming, privileges, education, and work opportunities to the extent possible. This auditor reviewed the segregated housing records and spoke with the staff that supervise offenders in segregated housing. No offenders in the past 12 months were identified to be housed in segregated housing involuntary. The initial review would be conducted within 24 hours. The offenders would be reassigned to general population. The facility would document the privileges such as recreation, education, and programming. The offender may not be authorized work opportunities due to behavior concerns and this would be documented on the segregation forms. The auditor interviewed the detainees in the restricted housing unit, and they were able to utilize the recreation areas, and games. The auditor determined no offenders were housed in segregation due to concerns regarding their sexual safety.

Conclusion: The agency has a policy governing the use of segregated housing to protect an offender who is alleged to have suffered sexual abuse. The auditor reviewed the facility evidence provided, interviews, and on-site compliance determinations. Based on the evidence provided the facility demonstrates compliance to all provisions within this standard. No further action is required.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 504 297">Standard 115.71 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 371 530">Documents :</p> <ol data-bbox="240 560 1477 1193" style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire Responses 2. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 24-28, August 12, 2019 3. NCDPS Memorandum to Local Law Enforcement Agencies and Sheriff's, PREA Investigations and Compliance, pages 1-2, March 15, 2016 4. Form OPA-I20, Incident Scene Tracking Log, Revised January 27, 2010. 5. Reviewed investigations involving a Sexual Assault Nurse Exam Referral 6. Policy CP-18, Section: Clinical Practice Guidelines, Sexual Abuse, pages 1-5, February 25, 2014 7. Policy 143B-1200, Part 1, Assistance Program for Victims of Rape and Sex Offenses, page 1 8. Reviewed SANE Evaluations from Mission Memorial Campus 9. Policy OPA-I21, PREA Evidence Chain of Custody form, page 1, March 26, 2013 10. Memorandum of Understanding (MOU), Oasis, Inc., December 30, 2021 11. PREA Support Training, 7 Hours, On-line curriculum-based learning <p data-bbox="240 1283 352 1310">Interviews:</p> <ol data-bbox="240 1339 660 1597" style="list-style-type: none"> 1. Investigative Staff 2. Offenders who Reported Sexual Abuse 3. Facility Warden 4. PREA Coordinator 5. PREA Compliance Manager <p data-bbox="240 1686 509 1713">Site Review Observations:</p> <ol data-bbox="240 1742 585 1825" style="list-style-type: none"> 1. Reviewed Case Files 2. Reviewed Investigative Reports <p data-bbox="240 1915 483 1942">Findings (By Provision):</p> <p data-bbox="240 1971 1465 2130">115.71 (a-l) The Avery County Sheriff's Department conducts all criminal investigations regarding allegations of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment for the Mountain View Correctional Institution as required by the facility policy. This information was confirmed during the investigator interview. Agency policy requires the investigations to be conducted promptly, thoroughly, and objectively for all allegations of sexual abuse, sexual assault, and sexual harassment.</p>

The auditor reviewed 6 investigative reports to include reports from the third-party allegations. The reports included: 2 unfounded staff-on-offender allegations of sexual abuse, 1 unfounded offender-on-offender allegation of sexual abuse, 2 unsubstantiated staff-on-offender allegations of sexual harassment, and 1 substantiated staff-on-offender allegation of sexual harassment. The facility reported a total of 26 allegations of sexual abuse or sexual harassment in the past 12 months.

Agency policy 3400, Chapter F, pages 24-28 require the agency use investigators who have specialized training in sexual abuse investigations. This training includes 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 a case for administrative action or prosecution referral. The Mountain View Correctional Institution will prepare compelled interviews and communicate all activities with the Avery County Sheriff's Department. The compelled interviews would be conducted while moving forward throughout the investigative process and truth telling devices, such as a polygraph, would not be utilized strictly to continue the investigation. The Avery County Sheriff's Department authorizes investigators to support the North Carolina Department of Public Safety (NCDPS) and the Mountain View CI. The auditor verified investigators have received the specialized PREA investigator training. All investigative records reviewed by the auditor were conducted by trained investigators. The facility spreadsheet used to track the investigations listed the staff facility PREA investigators are required to conduct administrative investigations. The auditor confirmed the investigators have received the specialized PREA training. The shift supervisors gather the information and the certified PREA investigator conducted all investigations and support was provided by staff interviews, reviewing investigative records, email notifications, and revised spreadsheets. The shift supervisors gathered personal data, secured the scene, and performed first responder duties.

The Avery County Sheriff's Department will review the evidence provided throughout the investigation to determine if the case will be deemed criminal or administrative. The staff interviews indicated knowledge regarding securing the scene and allowing the PREA Investigators and the Avery County Sheriff's Department to collect all evidence throughout the investigation. A criminal case will be consulted with the local prosecutor and the administrative case will be directed back to the facility Warden for administrative action. The Warden will consult with the investigator to determine if staff actions or failures to act contributed to the incident. The Regional Director will make a final determination regarding staff actions and note a final decision within the report. All cases will be reviewed, and determinations made based on the following: written reports, physical and testimonial evidence, credibility assessments, and the investigative facts and findings. All investigations are documented in a written report and maintained for as long as the alleged abuser is incarcerated or employed by the agency, and then five years thereafter. Agency policy 3400 explains the departure of the alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating the investigation. All parties will cooperate with the investigation and outside licensing bodies will be notified. This was confirmed during the investigator and Warden interviews.

Conclusion: The Mountain View CI has an agency policy related to the handling of criminal and administrative agency investigations in cases where sexual abuse is alleged. The auditor reviewed all evidence provided, reviewed case files, conducted interviews, and reviewed a sample of the retained investigations. The PREA Compliance Manager confirmed all investigators have been notified regarding all provisions required within the standard. The evidence provided demonstrated full compliance with this practice. The auditor finds Mountain View CI meets the provisions of this standard and no further action is required.

115.72	Evidentiary standard for administrative investigations
	<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="242 271 504 300">Standard 115.72 Analysis</p> <p data-bbox="242 385 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="242 499 371 528">Documents :</p> <ol data-bbox="242 557 812 815" style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records 5. Sample of Cases Referred for Prosecution <p data-bbox="242 902 352 931">Interviews:</p> <ol data-bbox="242 960 552 1043" style="list-style-type: none"> 1. Investigative Staff 2. PREA Compliance Manager <p data-bbox="242 1131 509 1160">Site Review Observations:</p> <ol data-bbox="242 1189 585 1272" style="list-style-type: none"> 1. Reviewed Case Files 2. Reviewed Investigative Reports <p data-bbox="242 1359 483 1388">Findings (By Provision):</p> <p data-bbox="242 1417 1484 1615">115.72 (a) Agency policy 3400 requires the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The interview with the agency PREA Investigator revealed the facility standard is preponderance of the evidence for all administrative investigations. The evidence was verified through monitoring the results of 26 total investigations conducted. The agency policy 3400 indicates, in administrative investigations, the Department shall impose no standard higher than a preponderance of the evidence, as defined in the glossary of terms, in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p data-bbox="242 1644 1493 1805">The auditor reviewed 6 investigative reports to include reports from the third-party allegations. The reports included: 2 unfounded staff-on-offender allegations of sexual abuse, 1 unfounded offender-on-offender allegation of sexual abuse, 2 unsubstantiated staff-on-offender allegations of sexual harassment, and 1 substantiated staff-on-offender allegation of sexual harassment. The facility reported a total of 26 allegations of sexual abuse or sexual harassment in the past 12 months. The facility reports no allegations are pending review as all cases are closed.</p> <p data-bbox="242 1834 1409 1928">Conclusion: The agency has a policy imposing a standard of preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment is substantiated. Based on the evidence provided, the auditor has determined compliance with the provisions of this standard. No further action is required.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 504 297">Standard 115.73 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 371 530">Documents :</p> <ol data-bbox="240 560 812 873" style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records 5. Sample of Cases Referred for Prosecution 6. Investigation Summary with Offender Notification <p data-bbox="240 963 352 990">Interviews:</p> <ol data-bbox="240 1019 660 1220" style="list-style-type: none"> 1. Investigative Staff 2. Facility Warden 3. Offenders who Reported Sexual Abuse 4. PREA Compliance Manager <p data-bbox="240 1310 509 1337">Site Review Observations:</p> <ol data-bbox="240 1366 592 1505" style="list-style-type: none"> 1. Reviewed Case Files 2. Reviewed Investigative Reports 3. Reviewed Offender Notifications <p data-bbox="240 1594 483 1621">Findings (By Provision):</p> <p data-bbox="240 1650 1490 1843">115.73 (a-e) Agency policy 3400 requires, following an investigation into an offender's allegation of sexual abuse, the agency must inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The auditor reviewed a documented investigation and written notification to the offender was provided as an unsubstantiated complaint. The PREA Compliance Manager reported 26 investigations completed in the last 12 months and notifications were documented as issued to the offender. The facility has no criminal investigations pending with the Avery County Sheriff's Department.</p> <p data-bbox="240 1874 1490 2036">The auditor reviewed 6 investigative reports to include reports from the third-party allegations. The reports included: 2 unfounded staff-on-offender allegations of sexual abuse, 1 unfounded offender-on-offender allegation of sexual abuse, 2 unsubstantiated staff-on-offender allegations of sexual harassment, and 1 substantiated staff-on-offender allegation of sexual harassment. The facility reported a total of 26 allegations of sexual abuse or sexual harassment in the past 12 months. The facility reports no allegations are pending review as all cases are closed.</p> <p data-bbox="240 2067 1449 2157">Agency policy 3400 requires if the allegation is that a staff member has committed sexual abuse against the offender, the agency shall subsequently inform the offender whenever the staff member is no longer posted in the offender's unit, no longer employed at the facility, indicted on a charge, or been convicted on a charge related to sexual abuse. The agency</p>

policy 3400 reflects these steps are not required if the results of the allegation are unfounded. The facility reported no substantiated allegations of sexual abuse and 1 substantiated allegation of sexual harassment documented within the last 12 months against a staff member.

Agency policy 3400 requires when the allegation is the result of sexual abuse by another offender, the facility must notify the victim when the agency learns that the alleged abuser has been indicted on a charge, or convicted on a charge, and these steps are not required if the result of the allegation is unfounded. The facility Warden and the PREA investigator confirmed this communication process during the on-site review. The PREA Compliance Manager indicated knowledge of this occurring throughout the investigative process. The PREA Support Person assigned to each offender is the designated staff member responsible to forward the results of the investigations and the status of the abuser. This is documented in writing and this auditor reviewed documentation of this notification process occurring during the on-site review.

Conclusion: The agency has a policy requiring that any offender who makes an allegation of suffering sexual abuse in an agency or facility is informed, in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Based on the evidence provided the Mountain View CI meets the provisions of this standard with compliance and no further action is required.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.76 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records 5. Sample of Cases Referred for Prosecution 6. Investigation Summary with Offender Notification 7. Sample of Records of Termination, Resignation, or other Sanctions for Violation of Sexual Abuse or Sexual Harassment Policies 8. Discipline Related to Sexual Abuse, Sexual Harassment, or Retaliation 9. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 28-30, August 12, 2019 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Warden 2. PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed Case Files 2. Reviewed Investigative Reports 3. Reviewed Offender Notifications <p>Findings (By Provision):</p> <p>115.76 (a-d) The presumptive disciplinary sanction for staff who has engaged in sexual abuse at the Mountain View CI is termination and this is explained in agency policy 3400, pages 28-30. This policy was confirmed by the facility Warden during the interview process and reviewed by the auditor. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies. The disciplinary action is commensurate with the acts committed, staff disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>The auditor reviewed documentation in attempts to determine if other staff actions may have contributed to the incident that led to disciplinary sanctions for staff such as: failing to act to prevent sexual abuse from occurring, standing by while the abuse takes place, failing to act as required after the incident, negligent supervision that leads to, or could lead to an incident, or deliberately ignoring evidence that a colleague has abused an offender. No findings of this nature were reported within the 6 investigative reports reviewed. The facility reported zero incidents in the past 12 months for staff who have been terminated or disciplined for violation of the agency sexual abuse or sexual harassment policies. However, one allegation resulted in the</p>

resignation of a staff member for other reasons and not for the allegation of sexual abuse. The auditor reviewed the disciplinary action of staff with the facility Warden and the sanctions imposed for violation of this policy is termination. The facility Warden confirmed past incidents being referred to law enforcement for prosecution and notifying the applicable licensing board such as the Criminal Justice Services, Board of Nursing, and the Department of Education. These notifications occur upon termination or resignations in lieu of termination. This is required by agency policy 3400, Offender Sexual Abuse and Sexual Harassment Policy. The Avery County Sheriff's Department conducts all criminal investigations, and the auditor reviewed the process provided by the facility.

Conclusion: The Mountain View CI has a policy regarding disciplinary violations for acts of sexual abuse or sexual harassment. Based on the evidence provided by the facility such as: sample records of terminations, resignations, other sanctions, and law enforcement referral the auditor determined the Mountain View CI meets the provisions required within this standard. No further action is required, and the presumptive expectation of disciplinary actions is termination.

115.77	Corrective action for contractors and volunteers
	<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="240 273 504 300">Standard 115.77 Analysis</p> <p data-bbox="240 385 999 412">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 501 371 528">Documents :</p> <ol data-bbox="240 560 1481 1169" style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records 5. Sample of Cases Referred for Prosecution 6. Investigation Summary with Offender Notification 7. Sample of Records of Termination, Resignation, or other Sanctions for Violation of Sexual Abuse or Sexual Harassment Policies 8. Discipline Related to Sexual Abuse, Sexual Harassment, or Retaliation 9. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, page 29, August 12, 2019 10. NCDPS Office of Staff Development and Training, PREA: Sexual Abuse and Sexual Harassment 101, DPS-556, Lesson Plan, July 1, 2021 <p data-bbox="240 1258 352 1285">Interviews:</p> <ol data-bbox="240 1317 552 1402" style="list-style-type: none"> 1. Facility Warden 2. PREA Compliance Manager <p data-bbox="240 1491 509 1518">Site Review Observations:</p> <ol data-bbox="240 1550 592 1688" style="list-style-type: none"> 1. Reviewed Case Files 2. Reviewed Investigative Reports 3. Reviewed Offender Notifications <p data-bbox="240 1778 483 1805">Findings (By Provision):</p> <p data-bbox="240 1836 1493 2092">115.77 (a-b) Agency policy 3400, Offender Sexual Abuse and Sexual Harassment Policy, page 29 requires any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies. This procedure is not enforced if the activity is clearly not criminal, or the allegation is unfounded. Notifications will also be made to relevant licensing bodies and the facility shall take appropriate remedial measures to determine further contact with offenders in the case of any other violation of agency sexual abuse or sexual harassment. The facility did not report any volunteer or contractor terminations, discipline, law enforcement referrals, or notifications to relevant licensing bodies for violations of sexual abuse, sexual assault, or sexual harassment. This was confirmed during the facility Warden interview and informal interviews with the command staff.</p> <p data-bbox="240 2123 1493 2150">The auditor reviewed documentation in attempts to determine if other volunteer or contractor actions may have contributed to</p>

the incident that led to disciplinary sanctions for staff such as: failing to act to prevent sexual abuse from occurring, standing by while the abuse takes place, failing to act as required after the incident, negligent supervision that leads to, or could lead to an incident, or deliberately ignoring evidence that a colleague has abused an offender. No findings of this nature were reported within the 6 investigative reports reviewed.

Conclusion: The Mountain View CI has a policy regarding disciplinary violations for acts of sexual abuse or sexual harassment. Based on the evidence provided by the facility such as: sample records of terminations, resignations, other sanctions, and law enforcement referral the auditor determined the Mountain View CI meets the provisions required within this standard. No further action is required, and the presumptive expectation of disciplinary action is termination.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.78 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records 5. Sample of Cases Referred for Prosecution 6. Investigation Summary with Offender Notification 7. Sample of Records of Termination, Resignation, or other Sanctions for Violation of Sexual Abuse or Sexual Harassment Policies 8. Discipline Related to Sexual Abuse, Sexual Harassment, or Retaliation 9. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 29-30, August 12, 2019 10. Offender Classification Files 11. Offender Disciplinary Files 12. Offender Medical Files <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Warden 2. 1 Medical Staff 3. 1 Mental Health Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed Case Files 2. Reviewed Investigative Reports 3. Reviewed Offender Notifications 4. Reviewed Offender Medical Files <p>Findings (By Provision):</p> <p>115.78 (a-g) Agency policy 3400, pages 29-30 inform offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for sexual abuse. The facility reported no administrative findings of offender-on-offender sexual abuse or criminal findings in the past 12 months. There were 0 Substantiated offender-on-offender abuse allegations.</p>

The cases were not referred to the prosecutor for trial and at this time no cases remain open. This was confirmed by the facility Warden, 1 Mental Health staff, 1 medical staff member, and offender medical files reviewed. The Mental Health staff indicated potential screenings to address or correct the underlying reasons or motivations for abuse. The facility utilizes medical staff for assistance and the on-site Qualified Mental Health Professionals (QMHP) for counseling services.

Agency policy 3400, pages 29-30 advise the facility may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The facility 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 enough evidence to substantiate the allegation. The facility prohibits all sexual activity between offenders and may discipline offenders for such activity.

Conclusion: The agency has a policy which states offenders are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the offender engaged in offender-on-offender sexual abuse. The auditor reviewed all records and findings associated with the provisions of this standard and no further action is required. The Mountain View CI meets the substantial compliance required with this standard.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Standard 115.81 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire Responses 2. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual harassment Policy, pages 10-12, August 12, 2019 3. NCDPS, Risk to Sexual Victimization and Abusiveness Screening Guide, pages 1-15, March 17, 2016 4. NCDPS, Mental Health Screening Inventory, Offender Population Unified System (OPUS), page 1 5. NCDPS, Screening for risk of Sexual Victimization and Abusiveness: PREA Standards 115.41 and 115.42 Guidelines Memo 6. NCPDS, Diagnostic Policy Update Memo, pages 1-2, October 9, 2013 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Warden 2. 1 Medical Staff 3. 1 Mental Health Staff 4. Offender Reporting Prior Sexual Victimization <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed Offender files 2. Reviewed Record Logs <p>Findings (By Provision):</p> <p>115.81 (a-e) The auditor reviewed 12 randomly selected electronic medical files and reviewed the facility policy regarding offenders experiencing prior victimization and abusiveness. Agency policy 3400, Offender Sexual Abuse and Sexual Harassment provides this information and verifies staff shall ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening process. This was also confirmed during the interview with the Mental Health staff. Agency policy 3400 explains, If the screening pursuant to PREA standard 115.41 indicates that a prison offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake screening or sooner, if clinically indicated. This information is documented in the medical file upon review. Interviews with one offender who disclosed sexual victimization during the auditor interview, and review of corresponding documentation is consistent with the policy requirement and adheres to this standard. The auditor interviewed an offender that reported prior sexual victimization during the risk screening and the offender confirmed being offered a follow up referral with mental health. The offender advised this was conducted within a few days and the inspection of the medical file indicated 2 days.</p> <p>Agency policy 3400, page 10 explains the screening procedures for risk of victimization and abusiveness. "All offenders and safekeepers shall receive a mental health screening (MHSI), administered via the web-based OPUS intake system, within 72</p>

hours after admission to Prisons. Diagnostic Services staff shall conduct the screening to determine an offender's risk of being sexually abused by other offenders or their risk of being sexually abusive towards other offenders. The screening shall use an objective screening instrument." This policy explains all offenders are assessed during an intake screening for their risk of being sexually abused by other offenders or sexually abusive toward other offenders. Offenders will also be screened upon transfer to another facility for their risk of being sexually abused or sexually abusive toward other offenders. The Mountain View CI utilizes the Mental Health Screening Inventory to accomplish the risk screening process. This tool is utilized during the following procedures: the intake screening process, 20-30 days after receipt into the facility, whenever an offender alleges an incident of sexual abuse, new information is provided within the offender's history, and during the annual review.

Upon arrival to the NCDPS Diagnostic Center, the offender receives a Mental Health Screening Inventory (MHSI) completed by a diagnostic case analyst. Based on the information provided by the inventory the Offender Population Unified System (OPUS) will generate a report to identify any person who is at high risk for victimization and abusiveness. The agency has revised the form to include a question considering if the offender is detained solely for civil immigration purposes. The agency has developed a more detailed screening process to ensure staff can carefully review the responses to ensure housing considerations. The OPUS system will generate a mental health referral automatically based on the results of the answers provided. Once the responses are submitted into the OPUS system this triggers a response into the medical HERO software. The process will automatically generate a report to the mental health provider that schedules the appointment. Access to these two-computer based software programs is limited to approved access only and staff are issued a username and password.

Conclusion: The Mountain View CI has a policy governing the facility response to medical and mental health services in correlation with the review of the offender risk assessment screenings. The policy stresses confidentiality within the medical environment and manages the immediate health needs, security risks, and the determination for further treatment. A review of all evidence provided by the facility indicates full compliance with the provisions of this standard. No further action is required.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Standard 115.82 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire Responses 2. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 18-19, August 12, 2019 3. Agency policy .0300, Chapter G, Administrative Remedy Procedures, pages 1-11, August 1, 2013 4. DC-239, Rules and Policies, Offender Handbook, April 2010 5. Classification Records 6. Mental Health Confidential Disclosure Statement 7. Medical and Mental Health Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Warden 2. 1 Medical Staff 3. 1 Mental Health Staff 4. Offender Reporting Prior Sexual Victimization 5. Sexual Assault Nurse Examiner <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed Offender files 2. Reviewed Record logs <p>Findings (By Provision):</p> <p>115.82 (a-d) Agency policy requires offender victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The health care services are provided by Mountain View CI full-time staff, and contract medical positions. All offenders are seen by a physician upon arrival to the facility. The medical nurse supervisor is responsible for coordination of the medical services at the facility. This medical care includes: completing the initial intake assessment, routine and additional lab work as ordered, STD testing and treatment as indicated, updating immunization records, seasonal flu vaccinations, dietary services and referrals, administration of medications/treatments as prescribed, assessments of offender injuries and treatment as required, medical assessments and monitoring with any restraint or segregation, assessments of somatic health complaints with treatment as indicated, develop treatment plans and provide medical discharge plans. The dental staff sees offenders at least annually for a wellness check. Emergency services and forensic examinations are conducted at Mission Medical Campus. The medical staff utilizes an optometrist who provides routine eye exams. Mental health and x-rays are provided on-site.</p> <p>The Oasis, Inc., offers 24-hour counseling and crisis intervention services, and the facility utilizes the Psychology Department for more advanced crisis stabilization and transitional care units. The Mission Memorial Campus performs all sexual assault</p>

examinations and offers prophylaxis to safeguard from sexually transmitted diseases. The SANE provides the notification to the Oasis, Inc., for onsite advocacy during the exam. The volunteers will be notified to provide crisis intervention services and advocacy. The facility also utilizes PREA Support staff to provide these services at the facility level.

Interviews with the medical staff indicated the level of care at the Mountain View CI is consistent with the level of care demonstrated within the community. The auditor was unable to speak with the SANE staff due to scheduling conflicts, and concerns with the COVID-19. The auditor reviewed the MOU for the Oasis, Inc., for services. This auditor reviewed the offender handbook provided by the facility to ensure compliance. The treatment services are provided to every victim without financial cost, regardless of whether the victim names an abuser or cooperates with any investigation arising out of the incident. This was confirmed by the Health Services Administrator and no concerns were present during the informal offender interviews. The auditor interviewed 3 offenders who have reported sexual abuse during risk screening, and they did not indicate any concerns within this standard.

Conclusion: Based on the auditor's review of the evidence provided by the facility to include policies regarding access to treatment services, samples of secondary materials relating to forms, logs, and immediate notification documents, the Mountain View CI is fully compliant with this standard. No further action is required.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 504 297">Standard 115.83 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 371 530">Documents :</p> <ol data-bbox="240 560 1453 1115" style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire Responses 2. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, August 12, 2019 3. Agency policy .0300, Chapter G, Administrative Remedy Procedures, pages 1-11, August 1, 2013 4. DC-239, Rules and Policies, Offender Handbook, April 2010 5. Classification Records 6. Mental Health Confidential Disclosure Statement 7. Medical and Mental Health Records 8. NCDPS, Health Services Policy and Procedure Manual, Clinical Practice Guidelines, CP-18, Sexual Abuse, pages 1-5, February 2014 9. NCDPS, Health Services Policy and Procedures Manual, Continuity of Patient Care, CC-8, Aftercare Planning for Offenders in Health Services, pages 1-4, November 2007 <p data-bbox="240 1205 352 1232">Interviews:</p> <ol data-bbox="240 1261 724 1570" style="list-style-type: none"> 1. Facility Warden 2. 1 Medical Staff 3. 1 Mental Health Staff 4. Offender Reporting Prior Sexual Victimization 5. 0 SANE Nurse 6. 15 Random Offender Interviews <p data-bbox="240 1659 509 1686">Site Review Observations:</p> <ol data-bbox="240 1715 517 1800" style="list-style-type: none"> 1. Reviewed Offender Files 2. Reviewed Record Logs <p data-bbox="240 1890 483 1917">Findings (By Provision):</p> <p data-bbox="240 1946 1485 2107">115.83 (a-h) The facility Mental Health Director indicated the facility offers medical and mental health evaluation and treatment to all offenders who have been victimized by sexual abuse. The Mental Health Director advised the evaluation and treatment plans are consistent with the level of care demonstrated within the community. At times, the offender may qualify for additional services due to their status. The offender treatment plans may consist of referrals for continued care, medications, transfers to other facilities, or accommodations upon release.</p> <p data-bbox="240 2136 1410 2163">Mountain View CI does not house female offenders as confirmed during the population analysis. There have been no</p>

reported incidents involving vaginal penetration that resulted in the need to perform a pregnancy test. This was confirmed during review of the PAQ and during the interviews with the medical and mental health staff. Agency policy advises offender victims will be offered tests for sexually transmitted infections and all treatment services will be provided at no cost to the victim. This information is supported in the offender handbook. The facility medical and mental health staff will provide on-site counseling services. This information was confirmed during the Health Services interview and the informal staff interviews. The informal offender interviews expressed knowledge regarding the free medical, mental health, and emotional support services offered at the facility. The Oasis, Inc., Victim Advocate Services information was posted near every phone in the offender living units. Several random offender interviews confirmed knowledge of this service. The auditor reviewed the financial statements with medical staff indicating the testing would be conducted at no cost to the victim.

Conclusion: Based on the auditor's review of the following evidence provided by the facility: policy governing ongoing medical and mental health care for sexual abuse victims and abusers, medical records indicating timely access to treatment plans, referrals, and sexually transmitted infections testing as medically appropriate. The auditor determined the facility was found in compliance with the provisions of this standard and the level of care is consistent with the level of care within the community. No further action is required.

115.86	Sexual abuse incident reviews
	<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="242 271 504 300">Standard 115.86 Analysis</p> <p data-bbox="242 385 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="242 499 371 528">Documents :</p> <ol data-bbox="242 557 1453 698" style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire Responses 2. Agency Policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 23-24, August 12, 2019 3. NCDPS, OPA-I10, Post Incident Review Form <p data-bbox="242 786 352 815">Interviews:</p> <ol data-bbox="242 844 580 985" style="list-style-type: none"> 1. Facility Warden 2. PREA Compliance Manager 3. Incident Review Team Member <p data-bbox="242 1072 509 1102">Site Review Observations:</p> <ol data-bbox="242 1131 727 1216" style="list-style-type: none"> 1. Discussed the Incident Review Team Process 2. Reviewed Investigative Reports <p data-bbox="242 1303 483 1332">Findings (By Provision):</p> <p data-bbox="242 1361 1469 1556">115.86 (a-e) Agency policy mandates the facility conduct a sexual abuse incident review at the end of every sexual abuse investigation unless the allegation has been determined to be unfounded. The incident review must be conducted within 30 days of the conclusion of the investigation. This process was confirmed by the Warden and PREA Compliance Manager interviews. The incident review team consists of the following: The Facility Warden/Designee, the facility PREA Compliance Manager, line supervisors, PREA Investigators, health care services, mental health practitioners, PREA Support Person (PSP), and all other staff deemed appropriate by the facility Warden.</p> <p data-bbox="242 1585 1485 1883">The facility presents a report of its findings from the sexual abuse incident reviews and makes a final recommendation for improvement or documents the reasons for not performing improvements. The criteria included within the reviews consists of the following: policy revisions, incident motivations by race, ethnicity, gender identity, lesbian, gay, bi-sexual, transgender, intersex, gang affiliation, physical barriers that may have contributed to the abuse, adequate staffing levels, video monitoring equipment or lack of, mandated training by staff and offenders, appropriate supervision, notifications, and operational considerations. The auditor reviewed the agency OPA-I10 Post Incident Review Form and noted the information was provided within the form. The Warden confirmed review of this process and there have been 12 reviews conducted in the past 12 months. The auditor reviewed 6 investigative files and 3 post incident reviews were completed within 30 days of the completion of the investigation.</p> <p data-bbox="242 1912 1477 2007">The Warden/Designee shall distribute copies of the Post Incident Review Form to the Regional Director and to the DPS PREA office for data collection. This was confirmed in agency policy 3400, page 24 and during the facility Warden interview. The facility has no criminal cases currently pending investigation.</p> <p data-bbox="242 2036 1453 2130">Conclusion: The auditor determined the facility met this standard with compliance based on the review of the following documentation: policies on conducting sexual abuse incident reviews, sample documentation or completed investigations, documentation of review team minutes, and recommended findings. No further action is required.</p>

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.87 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire Responses 2. Agency Policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 23-24, August 12, 2019 3. NCDPS, OPA-110, Post Incident Review Form <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Warden 2. PREA Compliance Manager 3. Incident Review Team Member <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Discussed the Incident Review Team Process 2. Reviewed investigative reports and documentation. <p>Findings (By Provision):</p> <p>115.87 (a-f) The auditor reviewed the agency uniform data for every allegation of sexual abuse and compared the data to the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The agency aggregates the incident-based sexual abuse data annually and includes definitions as appropriate to the Survey of Sexual Violence. The auditor reviewed the agency data collected in 2017, 2018, 2019, and 2020 as the data is compiled for a one-year (calendar) period after December. The Mountain View CI does not operate another facility or contract with other facilities for the confinement of its offenders. The facility securely maintains all documentation used to compile the information at the agency level. Approved data is posted on the Agency website and available upon request by the Department of Justice. The facility Warden confirmed the use of all facility data relative to this standard. The auditor reviewed the data for reports on the agency website for years 2015 - 2020.</p> <p>Conclusion: The auditor reviewed the agency policies for collecting data on sexual abuse allegations, the instrument used for collecting the data, the set of definitions applied, the facility website, and a sample of the historical data used to determine the facility is fully compliant with the provisions of this standard. No further action required.</p>

115.88	Data review for corrective action
	<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="242 271 504 300">Standard 115.88 Analysis</p> <p data-bbox="242 385 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="242 501 371 530">Documents :</p> <ol data-bbox="242 557 1453 701" style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire Responses 2. Agency Policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 23-24, August 12, 2019 3. Agency Aggregate Data Annual Report, 2017, 2018, 2019, and 2020 <p data-bbox="242 788 352 817">Interviews:</p> <ol data-bbox="242 844 580 987" style="list-style-type: none"> 1. Facility Warden 2. PREA Coordinator 3. Incident Review Team Member <p data-bbox="242 1075 509 1104">Site Review Observations:</p> <ol data-bbox="242 1131 727 1216" style="list-style-type: none"> 1. Discussed the Incident Review Team Process 2. Reviewed the agency website data. <p data-bbox="242 1303 483 1332">Findings (By Provision):</p> <p data-bbox="242 1359 1469 1523">115.88 (a-d) Agency policy requires the PREA Coordinator to review data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This auditor reviewed the data posted on the agency website that includes the total number of substantiated, unsubstantiated, and unfounded allegations of sexual misconduct by offender-to-offender and staff-to-offender reports in 2017, 2018, 2019, and 2020.</p> <p data-bbox="242 1552 1474 1680">This information is approved by the Agency Director and posted on the agency website for review. The agency PREA Coordinator advised this information is utilized to identify problem areas and initiate corrective action measures when appropriate. The facility Warden confirmed the use and data associated with this report during the interview. No facility data was redacted from the annual report for publication, and this was verified by the PREA Coordinator.</p> <p data-bbox="242 1711 1431 1805">Conclusion: The auditor reviewed evidence provided by the facility such as corrective action plans, an annual report of findings, website materials, and found the facility is fully compliant with the provisions of this standard. No further action required.</p>

115.89	Data storage, publication, and destruction
	<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="242 271 504 300">Standard 115.89 Analysis</p> <p data-bbox="242 385 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="242 499 371 528">Documents :</p> <ol data-bbox="242 557 1453 701" style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire Responses 2. Agency Policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 23-24, August 12, 2019 3. Agency Aggregate Data Annual Report, 2017, 2018, 2019, and 2020 <p data-bbox="242 786 352 815">Interviews:</p> <ol data-bbox="242 844 580 987" style="list-style-type: none"> 1. Facility Warden 2. PREA Coordinator 3. Incident Review Team Member <p data-bbox="242 1072 483 1102">Findings (By Provision):</p> <p data-bbox="242 1131 1474 1326">115.89 (a-d) The PREA Coordinator indicated all documentation utilized for data collection is maintained by the NCDPS PREA Office and the investigation data is maintained by the facilities. The information is entered into the facility incident database and maintained with electronic files on a secure server. The data report is approved by the Agency Director and posted on the Agency website annually. The auditor reviewed the report and did not observe any personally identifying information. Agency policy requires the facility shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.</p> <p data-bbox="242 1355 1449 1415">Conclusion: Based on the auditor's review of the agency policy, website, interviews, and historical data, the facility is fully compliant with the provisions of this standard. No further action is required.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Standard 115.401 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. Mountain View CI Pre-Audit Questionnaire Responses
2. Agency Policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, August 12, 2019
3. PREA Audit Notice Verification
4. Postal Communication from Offender

Interviews:

1. Facility Warden
2. PREA Compliance Manager
3. Offenders Receiving Correspondence

Site Review Observations:

1. Reviewed the Agency Website
2. Reviewed the Facility Data

Findings (By Provision):

115.401(a-n) The Mountain View CI conducted its second cycle, year one PREA audit on September 30, 2016, and the facility was found in compliance on 39 standards. Two standards exceeded expectation (115.11 & 115.15), 37 met the standards, and 4 standards (115.12, 115.14, 115.18, & 115.66) were found to be not applicable. This data was confirmed by the PREA Compliance Manager during the on-site review. All facility audit reports were posted on the agency website.

The facility conducted its second cycle, year three PREA audit on December 28, 2018, and the facility was found in compliance on 43 standards. No standards were found to exceed expectations, 43 met the standards, and no standards were found to not meet or be not applicable. The auditor reviewed the facility audit reports posted on the agency website.

The auditor was granted access to all areas during the on-site review, and reviewed video monitoring footage for cross gender viewing and blind spots. No interview restrictions were placed on the auditor during the onsite review and the facility PREA Compliance Manager was available and accessible throughout the entire period. The auditor received all documents requested and was provided electronic viewing upon request. The on-site review provided the auditor the opportunity to conduct private interviews with offenders, staff, volunteers, and contractors with limitations due to the potential concerns with the COVID-19 pandemic. The facility PREA Compliance Manager provided photographic evidence regarding the posting of the PREA Audit Notification in all offenders living units on January 31, 2022. The audit notice was posted in both English and Spanish formats, large color print, and visible for everyone to see upon entering the units. This posting provided the offenders and staff a name and mailing address for the auditor. The auditor confirmed this posting during the on-site review as staff and offender interviews validated the posting at least 6 weeks prior to the on-site review. The auditor received no postal communications from an offender at Mountain View CI and no correspondence from staff.

Conclusion: The auditor has determined based on the evidence provided by the facility and review of the agency website; the facility meets compliance with the provisions of the standard. No additional action is required.

115.403	Audit contents and findings
	<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="242 271 515 300">Standard 115.403 Analysis</p> <p data-bbox="242 385 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="242 501 371 530">Documents :</p> <ol data-bbox="242 557 1315 698" style="list-style-type: none"> 1. Mountain View CI Pre-Audit Questionnaire Responses 2. Agency Policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, August 12, 2019 3. PREA Audit Notice Verification <p data-bbox="242 786 352 815">Interviews:</p> <ol data-bbox="242 842 456 927" style="list-style-type: none"> 1. Facility Warden 2. PREA Coordinator <p data-bbox="242 1014 509 1043">Site Review Observations:</p> <ol data-bbox="242 1070 750 1099" style="list-style-type: none"> 1. Reviewed the Agency Website and Facility Data <p data-bbox="242 1187 483 1216">Findings (By Provision):</p> <p data-bbox="242 1243 1485 1339">115.403 (a-f) The auditor verified the final audit reports were published on the facility website, and the auditor reviewed all documentation and compliance efforts. The auditor attempted to confirm all prior recommendations were completed from the previous audit.</p> <p data-bbox="242 1368 1474 1498">The Mountain View CI conducted its second cycle, year one PREA audit on September 30, 2016, and the facility was found in compliance on 39 standards. Two standards exceeded expectation (115.11 & 115.15), 37 met the standards, and 4 standards (115.12,115.14, 115.18, & 115.66) were found to be not applicable. This data was confirmed by the PREA Compliance Manager during the on-site review. All facility audit reports were posted on the agency website.</p> <p data-bbox="242 1527 1497 1624">The facility conducted its second cycle, year three PREA audit on December 28, 2018, and the facility was found in compliance on 43 standards. No standards were found to exceed expectations, 43 met the standards, and no standards were found to not meet or be not applicable. The auditor reviewed the facility audit reports posted on the agency website.</p> <p data-bbox="242 1653 1461 1713">Conclusion: Based on the evidence provided by the facility, the Mountain View CI meets compliance with the provisions of this standard, and no further action is required.</p>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

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

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

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

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

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

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

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

115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

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

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

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

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

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