

PREA Facility Audit Report: Final

Name of Facility: Southern Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: 02/10/2022

Date Final Report Submitted: 08/18/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Kendra Prisk	Date of Signature: 08/18/2022

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	01/06/2022
End Date of On-Site Audit:	01/08/2022

FACILITY INFORMATION	
Facility name:	Southern Correctional Institution
Facility physical address:	272 Glen Rd, Troy, North Carolina - 27371
Facility mailing address:	- 27371

Primary Contact	
Name:	Stacey Huntley
Email Address:	stacey.huntley@ncdps.gov
Telephone Number:	910-572-3784

Warden/Jail Administrator/Sheriff/Director	
Name:	Henry Nordan
Email Address:	henry.nordan@ncdps.gov
Telephone Number:	910-572-3784

Facility PREA Compliance Manager	
Name:	Darshune Williams
Email Address:	darshune.williams@ncdps.gov
Telephone Number:	
Name:	Henry Nordan
Email Address:	henry.nordan@ncdps.gov
Telephone Number:	
Name:	Stacey Huntley
Email Address:	stacey.huntley@ncdps.gov
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	RN Rebecca Greene
Email Address:	rebecca.greene@ncdps.gov
Telephone Number:	910-572-3784

Facility Characteristics	
Designed facility capacity:	480
Current population of facility:	420
Average daily population for the past 12 months:	341
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:	25-65 over
Facility security levels/inmate custody levels:	Minimum/Close
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	154
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	4
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 Jordan-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:	2022-01-06
2. End date of the onsite portion of the audit:	2022-01-08

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:	Esther House of Montgomery County and Just Detention International

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	480
15. Average daily population for the past 12 months:	429
16. Number of inmate/resident/detainee housing units:	15
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:	394
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:	73
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:	5
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:	2

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:	18
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:	7
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	2
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	Additional inmates who reported sexual abuse were identified during interviews, however some reported sexual abuse or reported allegations that were not deemed to rise to the level of PREA. Interviews were still conducted with these inmates.
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:	154
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:	5
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:	No volunteers due to COVID-19. The number of contractors was provided by the facility. During the on-site portion of the audit the auditor requested an updated number due to information provided related to contracts for education, medical and a security staff. The facility never provided the auditor with the requested number. Four education staff and one medical staff member were contractors. The facility also has a contract with a security services to provide staff for the towers. These staff do not have direct contact with inmates, however the facility never provided the auditor with the number of contracted staff under this contract.
INTERVIEWS	

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:

13

54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)

- Age
- Race
- Ethnicity (e.g., Hispanic, Non-Hispanic)
- Length of time in the facility
- Housing assignment
- Gender
- Other
- None

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?

At least two inmates was selected from each of the housing buildings; four were from Canada, two were from England (segregated housing), ten were from Greenland, three were from Denmark and eight were from Falkland.

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?

- Yes
- 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):

No text provided.

Targeted Inmate/Resident/Detainee Interviews

58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:

14

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:

3

<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>1</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>2</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 auditor confirmed there were zero LEP inmates through conversation with the PCM, classification staff and inmates.</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>3</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor confirmed there were zero transgender or intersex inmates through a review of the transgender log and through conversation with the PCM, medical and LGB inmates.</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:	4
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:	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 facility was unable to provide a list of inmates under this targeted category and a such required corrective action. The auditor spoke with the PCM and medical and both advised they did not believe any inmates disclosed prior victimization. The PCM spoke with all classification staff who advised that they did not have any who answered yes to prior victimization.
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).	A review of documentation of inmates at high risk of victimization and those who reported sexual abuse confirmed none were involuntarily segregated. The auditor also spoke with the PCM and staff who supervise inmates in segregated housing. The auditor interviewed three inmates in segregated housing and confirmed none were involuntarily segregated due to high risk or reported sexual abuse.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	14

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Race and gender</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Staff were interviewed from both day and evening shift; including five from evening shift staff and nine from day shift. Four of the staff interviewed were male and eight were female. One was a Captain, four were Sergeants and nine were Correctional Officers.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>20</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<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 checked="" 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 type="checkbox"/> Other
<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>	<input checked="" type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>No volunteers were available due to COVID-19.</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>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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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>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<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>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The on-site portion of the audit was conducted on January 6-8, 2022. The auditor had an initial briefing with the PCM to discuss audit logistics. After the initial briefing, the auditor selected inmates and staff for interview as well as documents to review. The auditor conducted a tour of the facility on January 6, 2022. The tour included housing units, laundry, intake, visitation, religious services, education, vocation, maintenance, food service, health services, recreation, commissary and outside areas. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the appropriate standard findings. The auditor reviewed the cameras during the tour and verified that the cameras located in the housing units and areas where strip searches occur did not pose any cross gender viewing issues. The audit announcement was observed posted in a few of the housing units in English, however it was not posted in all housing units or in any common areas. The auditor heard the opposite gender announcement made upon entry into one housing unit, however the announcement was very low and inmates were unable to hear it. The announcement was not made upon entry into any of the other units and there was no accommodating announcement upon entry into the Americans with Disability (ADA) housing unit with hearing impaired inmates.</p> <p>Interviews were conducted from January 6-8, 2022. All interviews were conducted in a private office setting.</p> <p>The auditor tested the external reporting line while on-site but did not receive confirmation that the call was received. The auditor reached out to the Regional staff member about the call and he provided a screen shot confirming that information was received by the agency. The auditor was not required to utilize a pin number or utilize voice recognition and as such the auditor determined that even though the phone is monitored, inmates are able to remain anonymous. Additionally, the auditor tested the advocacy line (*63) during the tour and reached the advocacy center.</p>
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Documentation Sampling

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

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

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

Personnel and Training Files. The facility has 154 staff assigned. The auditor reviewed a random sample of 27 personnel and/or training records that included five individuals hired within the previous twelve months and five individuals hired more than five years ago. The sample included a variety of job functions, including supervisors and line staff. Most of the files that were reviewed were of the staff the auditor selected for interview. Additionally, personnel and training files for three contractors and nine medical and mental health care staff were reviewed.

Inmate Files. A total of 29 inmate files were reviewed although some files were only reviewed for a specific area the auditor was reviewing. 24 inmate files were of those that arrived within the previous twelve months, seven were disabled inmates and one was a transgender inmate. Most inmate files reviewed were of those selected for random and targeted interviews.

Medical and Mental Health Records. During the previous year, there were 30 allegations made, but only sixteen that met the definition of sexual abuse or sexual harassment. The auditor reviewed medical and mental health records for fifteen inmate victims, including four that were included in the fourteen allegations that did not meet the sexual abuse or sexual harassment definition.

Grievances. The facility reported they had 21 grievances of sexual abuse, however after review it was determined there were 20 and only four that actually involved sexual abuse information/allegations. The auditor reviewed the grievance log and the 20 total grievances, including the four sexual abuse grievances.

Hotline Calls. The agency does not have an internal hotline for reporting. The hotline that is available for inmates to call is the outside reporting mechanism. The auditor tested the outside reporting mechanism while on-site and was provided confirmation the call was received. A review of documentation indicated there were two calls related to sexual abuse and sexual harassment made through the hotline, one of which was deemed to not rise to the level of PREA.

Incident Reports. The auditor reviewed incident reports for the fifteen investigations reviewed as well as the incident report log and a sample of additional incident reports from the log.

Investigation Files. During the previous twelve months, there were 30 allegations reported at the facility. Of the 30, fourteen were determined not to be PREA related allegations and/or did not meet the definition of sexual abuse or sexual harassment. As such there were sixteen total allegations were reported. The auditor reviewed a sample of fifteen investigations to ensure all components were included from the investigating authority, including four that the facility deemed not PREA. In the previous twelve months there were zero criminal investigations initiated and zero allegations referred for prosecution.

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	1	0	1	0
Staff-on-inmate sexual abuse	5	0	5	0
Total	6	0	6	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	5	0	5	0
Total	10	0	10	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	1	0
Staff-on-inmate sexual abuse	0	0	5	0
Total	0	0	6	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	2	0	3	0
Staff-on-inmate sexual harassment	2	0	3	0
Total	4	0	6	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled: 6

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <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) </p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <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) </p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>5</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <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) </p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <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) </p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>5</p>

<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT 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 inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
<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 auditor reviewed a total of sixteen investigations, however five were deemed not PREA or did not rise to the level of sexual abuse or sexual harassment.</p>
<p>SUPPORT STAFF INFORMATION</p>	
<p>DOJ-certified PREA Auditors Support Staff</p>	

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</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</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>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Policy and Procedure J.0100 – Conduct of Employees 4. Policy and Procedure F.1600 – Management of Security Posts 5. Policy and Procedure E.2600 – Reasonable Accommodations for Offenders with Disabilities 6. Policy and Procedure P.0400 – Non-English Speaking Offender Program 7. Policy and Procedure E.3400 – Community Volunteer & Community Leave Program 8. Policy and Procedure G.0300 – Administrative Remedy Procedure 9. Policy and Procedure B.0200 – Offender Disciplinary Procedures 10. Health Services Policy & Procedure Manual CP-18 – Sexual Abuse 11. Policy and Procedure F.4300 – Evaluation & Management of Transgender Offenders 12. DPS-PREA-100 - PREA Prevention Planning 13. Agency Organizational Chart 14. Facility Organizational Chart <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Coordinator 2. Interview with the PREA Compliance Manager <p>Findings (By Provision):</p> <p>115.11 (a): The PAQ indicated that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The agency has F.3400 (adult prisons) that outlines the agency’s strategies on preventing, detecting and responding to sexual abuse and includes definitions of prohibited behavior. Additionally, J.0100, F.1600, 4.0100A, E.2600, P.0400, E.3400, G.0300, B.0200, F.4300 and CP-18 supplement the PREA policies and provide information related to security staffing, employee and inmate discipline, reasonable modifications for disabled and LEP inmates, grievances, management of transgender offenders and medical and mental health care related to sexual abuse and sexual harassment. A review of the policies indicate that they address "preventing" sexual abuse and sexual harassment through the designation of a PC, training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors) and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, victim services, medical and mental health services, incident reviews and data collection. The policies are consistent with the PREA standards and outlines the agency’s approach to sexual safety.</p> <p>115.11 (b): The PAQ indicated that the agency employs or designates an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards. The agency’s organizational chart reflects that the PC position is an upper-level, agency-wide position. The PC is the PREA Director and reports to the Chief Deputy Secretary. The interview with the PC indicated that he has enough time to manage all of his PREA related responsibilities. He stated that there are three PREA Program Coordinators that assist with PREA compliance and that there are 138 PCM (primary and secondary) at each facility. He further stated that interaction between the PC and PCM is through telephone, Web-Ex, on-site visits and training events. He further stated that if they identify an issue complying with a PREA standard, depending on the issue, the electronic system utilized by the agency, he would consult with IT. He stated he would look to resolve and review the deficient process and set up a work group and review the process to work toward compliance. He indicated he would also contact the facility’s PCM and Warden to come up with a</p>

plan.

115.11 (c): The updated PAQ indicated that the position of the PCM at the facility is the Assistant Warden and that the position reports to the Warden. The PAQ indicated that the PCM has sufficient authority and time to coordinate the facility's PREA efforts. The facility's organizational chart confirms that Assistant Warden reports to the Warden. F.3400, pages 23 and 24 describe the facility PCM responsibilities, including monitoring for retaliation and post incident reviews. The interview with the PREA Compliance Manager indicated she has sufficient time to coordinate the facility's PREA compliance. She stated that she coordinates the facility's efforts to comply with PREA standards through briefings during staff line-up, through in-service training and through posters and PREA distributed information. The PCM indicated that if there was an issue complying with a standard she would report the issue to her supervisor and take immediate action to get back into compliance and monitor corrective action through the process.

Based on a review of the PAQ, F.3400, J.0100, F.1600, E.2600, P.0400, E.3400, G.0300, B.0200, F.4300, DPS-PREA-100 and CP-18, the agency organizational chart, the facility organizational chart and information from interviews with the PC and PCM, this standard appears to be compliant.

115.12	<p>Contracting with other entities for the confinement of inmates</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Contract for Confinement of Inmates <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency's Contract Administrator <p>Findings (By Provision):</p> <p>115.12 (a): The PAQ indicated that the agency has not entered into or renewed a contract for the confinement of inmates since the last PREA audit. Further communication with the PC indicated that the agency has one contract for confinement of its' inmates that is currently expired, however the agency is in the process of renewing the contract. A review of the original contract confirms that page 11 states that the NC Department of Public Safety is committed to a standard of zero-tolerance pertaining to unduly familiar or sexually abusive behavior either by another juvenile or by staff, volunteer, vendor, contractors or party. Staff, volunteers, vendors, contractors or parties are strictly prohibited from engaging in personal dealing or any conduct of a sexual nature with any inmate or juvenile. Any contractual facility will comply with the national standards to prevent, detect, and respond to PREA and permit the Department to monitor this aspect of the contract to ensure compliance with the PREA standards.</p> <p>115.12 (b): The PAQ indicated that the agency has not entered into or renewed a contract for the confinement of inmates since the last PREA audit. Further communication with the PC indicated that the agency has one contract for confinement of its' inmates that is currently expired, however the agency is in the process of renewing the contract. The original contract contained language required under this standard and as such the renewal will also contain the same language. The interview with the Agency Contract Administrator indicated that PREA language is included in all contracts and that the agency sends documentation, information and training materials to assist with PREA compliance. She confirmed that PREA compliance results were completed for the one transition house contract and that the renewal contract is pending.</p> <p>Based on the review of the PAQ, the language within the contract and information from the interview with the Agency Contract Administrator, this standard appears to be compliant.</p>
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Policy and Procedure F.1600 – Management of Security Posts
3. Staffing Plan
4. Rosters with Deviations from the Staffing Plan
5. Documentation of Unannounced Rounds

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with the PREA Coordinator
4. Interview with Intermediate-Level or Higher-Level Facility Staff

Site Review Observations:

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Materials

Findings (By Provision):

115.13 (a): The updated PAQ stated that the agency requires each facility it operates to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against abuse. F.1600, page 2 addresses the agency's staffing plan development. Specifically, it indicates that the Department of Public Safety shall ensure that each facility it operates shall develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against sexual abuse and sexual harassment. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: generally accepted correctional practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the inmate population, the number and placement of supervisory staff, institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. The updated PAQ indicated the current plan is based on 341 inmates. The facility employs 154 staff. Security staff mainly make up two shifts; day shift works from 5:45am-6:15pm while evening shift works from 5:45pm-6:15am. Each shift has at minimum, a shift supervisor (Captain), an assistant shift supervisor (Lieutenant), Sergeants and Officers. Staff are assigned to housing units as well as control, receiving, tower, kitchen, yard, gym, operations, canteen, clothes house, medical, education, vocation and the gatehouse. Additionally, medical and mental health care staff and administrative staff have their own varied scheduled work hours. During the tour the auditor observed security staff in each housing unit as well as unit management staff. There were numerous cameras and reflective mirrors strategically placed throughout the facility to assist with monitoring. The interview with the Warden confirmed that the facility has a staffing plan that includes adequate levels to protect inmates from sexual abuse. He stated additional staffing would always be considered if there was a potential for a higher risk of abuse to happen. The Warden stated that cameras are in all the housing units and across the facility in common areas and that the cameras are part of the staffing plan. He confirmed that the staffing plan is based on the custody level, health grade and offender population at the facility. He confirmed that cameras and mirrors are requested to alleviate any blind spots and are considered in the staffing plan. The Warden stated that supervisor are assigned on each shift and placed to ensure that they are easily available to respond and assist staff and offender. He indicated the staffing plan takes into consideration programs and current laws. He further confirmed that they review areas with higher incidents of sexual abuse to determine if staffing is sufficient or if the plan needs to be changed. He stated that he reviews post changes along with the shift logs and housing unit logs to confirm that the staffing plan is being followed and complied with. The PCM confirmed that all required components under this provision are reviewed. She stated that when developing and reviewing the staffing plan they review the PREA website, news clips and correctional news to review generally accepted detention practices and they look at the physical plant to ensure blind spots

are covered with appropriate staffing, management and rounds. She confirmed that the staffing plan considers the proper staff to inmate ratio, the security level of the inmates at the facility as well as the minimum number of supervisors needed per area of the facility. She further confirmed that the staffing plan takes into consideration the staff needed to run programs on shifts and the staffing patterns generated by legislators and reviewed by NCDPS. She also stated that the staffing plan also considers each sexual abuse case as they are reviewed thoroughly and any possible deficiencies are corrected through staffing and video monitoring.

115.13 (b): The updated PAQ indicated that each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The PAQ stated that the six most common reasons for deviations include; medical trips, staff sickness and emergency responses. F.1600, page 2 states that in circumstances where the staffing plan is not complied with, the facility shall document and justify all deviation from the plan. A review of documentation indicated that when posts are collapsed it is documented on the shift narrative including the post collapsed and the reason why. The interview with the Warden confirmed that any deviations from the staffing plan would be documented.

115.13 (c): The updated PAQ indicated that at least once a year the facility in collaboration with the PC, reviews the staffing plan to see where adjustments are needed. F.1600, page 2 states that whenever necessary, but no less frequently than once each year, for each facility the agency operations, in consultation with the PREA Coordinator, prisons shall assess, determine and document whether adjustments are needed to: the staffing plan established pursuant subsection .1601(d)(1); the facility's deployment of video monitoring systems and other monitoring technologies, and the resources the facility has available to ensure adherence to staffing plan. The facility was unable to provide an annual staffing plan review. The facility had a copy of their post chart that the Warden reviews annually, however there was not a formal staffing plan review in consultation with the PC as required under this provision. The PC confirmed that he is consulted regarding each facility's staffing plan. He stated that reports are completed every three years and that each facility staffing plan is reviewed annually.

115.13 (d): The PAQ indicated that the facility requires intermediate-level or higher-level staff to conduct unannounced rounds to deter staff sexual abuse and sexual harassment. The PAQ further indicated that the unannounced rounds are documented and they cover all shifts. Additionally, the updated PAQ stated that the facility prohibits staff from alerting other staff of the conduct of such rounds. F.1600, page 3 states that each facility shall implement a policy and practice for Facility Heads and/or the Facility Assistants to conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such rounds shall occur on all shifts. The policy shall prohibit staff from alerting other staff members that these rounds are occurring, unless such announcement is related to the legitimate operational function of the facility. During the on-site portion of the audit, the auditor requested documentation from six specific days over the previous twelve months to determine if unannounced rounds were being made. A review of the documentation confirmed that intermediate and/or higher level supervisors made unannounced rounds on both shifts in each of the housing units in 90% of the examples reviewed. The interviews with intermediate-level or higher-level staff confirm that they make unannounced rounds and that they document the unannounced rounds. The staff stated that unannounced rounds are documented on the narrative in the log book. The staff stated that a lot of times they are too busy to make rounds in any specific pattern so they just pop up whenever they can whenever they have time. One staff member stated that he goes to different places at different times and he tries to slip up the stairs.

Based on a review of the PAQ, F.1600, the facility staffing plan, documentation of unannounced rounds, observations made during the tour and interviews with the PC, PCM, Warden and intermediate-level or higher-level staff, this standard appears to require corrective action. While the interview with the PC indicated the he is consulted regarding each facility's staffing plan and the facility had a post chart that outlined the positions at the facility, the facility was unable to provide the auditor with an annual staffing plan review as required under provision (c).

Corrective Action

The facility will need to ensure that an annual staffing plan review is completed as outlined under provision (c). Once completed the facility will need to send the annual review to the auditor.

Recommendation

The auditor highly recommends that the facility install cameras and mirrors in the stairwells that connect the housing unit floors. The auditor highly recommends that mirrors be installed in the caged laundry areas where the stacked boxes create visibility issues. The auditor also recommends that the facility keep all areas in food service locked when not in use as there were doors, coolers and freezers left unsecured during the tour potentially causing a safety issue.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Annual Staffing Plan Review

On July 1, 2022 the facility provided an annual staffing plan review for the facility. The review was completed on the same day it was uploaded. The document discussed the staffing plan analysis, offender population, special vulnerabilities, facility programs and services, physical plant, finding of inadequacy, history of violent offenses, prevalence of sexual abuse and sexual harassment incidents, audit findings and conclusion related to staffing. Based on the document provided the facility has corrected this standard.

Recommendation

The auditor recommends that the facility include information related to video monitoring in the staffing plan analysis.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Documents:</p> <ol data-bbox="229 318 1509 416" style="list-style-type: none"> <li data-bbox="229 318 1509 358">1. Pre-Audit Questionnaire <li data-bbox="229 358 1509 416">2. Population Reports <p data-bbox="229 416 1509 479">Findings (By Provision):</p> <p data-bbox="229 479 1509 613">115.14 (a): The updated PAQ indicated that no youthful inmates are housed at Southern and as such this standard is not applicable. A review of population reports confirmed that the facility does not and has not housed inmates under the age of eighteen.</p> <p data-bbox="229 613 1509 748">115.14 (b): The updated PAQ indicated that no youthful inmates are housed at Southern and as such this standard is not applicable. A review of population reports confirmed that the facility does not and has not housed inmates under the age of eighteen.</p> <p data-bbox="229 748 1509 882">115.14 (c): The updated PAQ indicated that no youthful inmates are housed at Southern and as such this standard is not applicable. A review of population reports confirmed that the facility does not and has not housed inmates under the age of eighteen.</p> <p data-bbox="229 882 1509 916">Based on a review of the PAQ and population reports, this standard appears to be not applicable and as such, compliant.</p>

115.15 Limits to cross-gender viewing and searches

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Policy and Procedure F.0100 – Operational Searches
3. Cross Gender Memorandum
4. Cross Gender Announcement & Acknowledgment OPA-T30
5. Safe Search Practices (816-B) Training Curriculum
6. Staff Training Records

Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates

Site Review Observations:

1. Observations of Privacy Barriers
2. Observation of Cross Gender Announcement

Findings (By Provision):

115.15 (a): The PAQ indicated that the facility does not conduct cross gender strip or cross gender visual body cavity searches of inmates. The PAQ indicated zero searches of this kind that were conducted at the facility over the past twelve months. F.0100, page 2 states that offenders housed at male facilities will be strip searched by a male Correctional Officer, except in exigent circumstances as determined by the shift supervisor. It further states that offenders housed at female facilities will be strip searched by a female Correctional Officer, except in exigent circumstances as determined by the shift supervisor. Additionally, page 2 states strip searches are to be conducted in an area, which is readily accessible to only persons participating in the search. Privacy is ensured to the extent possible and temperature and lighting area adequately controlled.

115.15 (b): The PAQ indicated that the facility does not house female inmates and as such there have been no searches of this nature and this provision does not apply. F.0100, page 2 states that routine, clothed (pat/frisk) searches of offenders housed in a female facility by male staff will only be conducted during exigent circumstances as determined by the shift supervisor. The only exception to this section is an instance when time and circumstances do not permit the arrival of a female staff or consultation with the shift supervisor prior to conducting the search due to an imminent threat of physical violence and a search is necessary to secure the offender to prevent injury to staff or other offenders. The facility did not have any documentation of any cross gender searches. Further communication with the PCM and PC indicated that the current agency policy is that inmates are searched by the gender of the facility in which they are housed.

115.15 (c): The PAQ indicated that facility policy requires that all cross-gender strip searches and cross gender visual body cavity searches be documented and that the facility does not house female inmates and as such no cross gender pat searches of female inmates required documentation. F.0100, page 2 states that in such cases, the staff conducting the search will thereafter submit a statement by witness form, explaining the exigent circumstances that justified the search exception. A supervisor will be responsible for completing an incident report. The facility did not have any documentation of any cross gender searches. Further communication with the PCM and PC indicated that the current agency policy is that inmates are searched by the gender of the facility in which they are housed.

115.15 (d): The PAQ indicated that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, the PAQ stated that policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. The facility provided the auditor the Cross Gender Memo from 2013 that indicated that the Cross Gender Bulletin was required to be posted in visible areas in housing units and that the Cross Gender Announcement (a directive document) was required to be shared with staff in reference to the change in policy related to the announcement. A review of

the Cross Gender Announcement identified that it covered cross gender searches, transgender searches and it stated that staff of the opposite gender are required to announce their presence when entering a housing unit. Staff were required to sign the OPA-T30 upon completion of the receiving the information in the Cross Gender Memo. During the tour, the auditor heard the opposite gender announcement made upon entry into one housing unit, however the announcement was very low and inmates were unable to hear it. The announcement was not made upon entry into any of the other units and there was no accommodating announcement upon entry into the Americans with Disability (ADA) housing unit with hearing impaired inmates. The auditor observed that some of the housing units provided inmates privacy when showering, using the restroom and changing their clothes through curtains and window tinting/shading. While all of the units had shower curtains, the facility had only recently started the opposite gender privacy modifications and as such only a few of the housing units had the tinted/shaded window modification. All fourteen random staff interviewed stated that inmates have privacy when showering, using the restroom and changing clothes. 24 of the 27 inmates interviewed indicated they had never been naked in front of a staff member of the opposite gender, however many of the inmates indicated that the facility had only recently started putting up the curtains and making the modifications to the shower and bathroom areas. Eighteen of the 27 inmates stated that staff of the opposite gender announce when they enter inmate housing units and all fourteen of the staff stated that opposite gender staff announce their presence when entering an inmate housing unit. Some of the inmates stated that staff of the opposite gender only make an announcement at the beginning of the shift in the morning.

115.15 (e): F.0100 page 2 states that searches of offender shall not be conducted for the purpose of determining the person's genital status as it relates to transgender or intersex. The PAQ indicated that there had been no searches of this nature within the past twelve months. Interviews with fourteen random staff indicated that eight were aware of an agency policy that prohibits strip searching a transgender or intersex inmate for the sole purpose of determining the inmates' genital status. There were zero transgender or intersex inmates at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.15 (f): The Safe Search Practices training curriculum pages 1-8 outline how to conduct pat searches of all inmates and covers step by step procedures for a systematic approach. Page 2 specifically states that officers are expected to maintain a professional demeanor at all times, and employ a commonsense approach. Every effort is made to assure the offender is not unnecessarily embarrassed or humiliated. Page 3 further states that transgender and intersex offenders will be searched in accordance with previous stated guidelines. The auditor determined that transgender and intersex inmates are searched (both strip and pat) by male staff, as they are assigned to a male facility and the agency does not adhere to requirements under the PREA Resource Center's frequently asked questions related to transgender and intersex inmate searches. The updated PAQ indicated that 100% of staff had received the training under this provision. Interviews with fourteen random staff indicated that seven had received training on how to conduct cross-gender searches and searches of a transgender and intersex inmates. Three of the staff interviewed indicated that transgender and intersex inmates are searched by dual staff, one gender staff searches one half of the inmate and the other gender staff searches the other half. One staff member stated they do not search transgender inmates any differently than regular inmates.

Based on a review of the PAQ, F.0100, the Cross Gender Memo, Cross Gender Announcement & Acknowledgment OPA-T30 form, the Safe Search Practices (816-B) Training Curriculum, a random sample of staff training records, observations made during the tour to include curtains, expanded metal doors and doors with security windows, the opposite gender announcement as well as information from interviews with random staff, transgender inmates and random inmates indicates this standard requires corrective action. The agency currently searches transgender inmates in the manner that is consistent with the gender of the facility in which they are housed. Therefore, transgender and intersex inmates at Southern are strip searched and pat searched by male staff. Additionally, while the Safe Search Practices training covers searches of transgender and intersex inmates in a respectful and professional manner, it does not address how the searches are to be completed (i.e. female staff only, the inmate's preference, etc.) and it does not cover the documentation requirement of cross gender searches of the inmates. Seven of the fourteen staff either indicated they did not receive the search training or indicated an inappropriate search practice (dual gender search). Additionally, Eight of the fourteen staff were unaware of the policy that prohibits staff from physically searching a transgender or intersex inmate for the sole purpose of determining their genital status. Furthermore, while facility policy requires staff of the opposite gender to announce their presence when entering a housing unit and a directive was sent out in 2013 related to the requirement, the auditor confirmed through interviews and the tour that the practice is not being followed. There is also not a current practice in place for hearing impaired inmates to benefit from the opposite gender announcement in the ADA dorm. Finally, the facility has recently began modifications for cross gender viewing issues in the bathroom and shower areas of the housing units, however further modification is required to complete the project.

Corrective Action

The agency will need to revise their current policy related to transgender and intersex inmate searches. The policy will need to align with one of the four options outlined under the PREA Resource Center's Frequently Asked Question related to proper search procedures. Once updated, the agency will need to update their Safe Search Practices training with appropriate search practices. Once the policy and training is updated, the facility will need to train all security staff and any other appropriate applicable staff on the policy update and all staff will need to complete the updated Safe Search Practices training. Once all staff have completed the training the facility will need to provide the auditor with an assurance memo as

well as training records for the sixteen staff requested during the on-site portion of the audit. With regard to provision (d), the facility will need to retrain staff on the appropriate procedures for the cross-gender announcement. The facility will need to provide the auditor with documentation confirming that staff were educated on the appropriate practice. The facility will need to develop a process for the opposite gender announcement for hearing impaired inmates, educate staff on the method, educate the hearing impaired inmates on the meaning on the method and implement the practice. The facility will need to provide the auditor with a memo of the process, the education of the staff and inmates of the process and dates completed and how it will be communicated to hearing impaired inmates entering the facility in the future. Additionally, the facility will need to complete the cross gender viewing modifications in each of the living areas and provide photos to the auditor. Each photos should be labeled with the housing unit and should provide numerous angles, including from inside the unit, from both tiers in the unit and from the officer's station area outside the unit. The facility will also need to train staff on provision (c), the prohibition of searching transgender and intersex inmates for the sole purpose of determining the inmates genital status. Once completed the facility will need to provide the auditor with the assurance memo of how the training was completed and when it was completed.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Policy and Procedure .3300 – Facility Search Procedures
2. Updated Safe Search Practices (816-B) Training Curriculum
3. Staff Training Records Related to Transgender and Intersex Searches
4. Staff Training Records Related to the Opposite Gender Announcement
5. Disabled Inmate Opposite Gender Announcement Documents
6. Photos of Physical Plant Modifications for Cross Gender Viewing

On May 16, 2022 the agency provided the auditor with Policy and Procedure .3300. Page 2 states that a transgender female offender may request an accommodation for routine and complete search preferences based on their gender identity. This request for accommodations will be documented upon initial intake and/or transfer. Any operational issues that require a deviation from the accommodation request shall be referred to the Facility Transgender Accommodation Review Committee (FTARC) for review. Policy further states that facility leadership shall ensure that approved routine and complete search procedures are always followed by staff. Cross gender routine searches of transgender female offenders who have an approved accommodation shall not be permitted, except in exigent circumstances.

The agency also provided an memo indicating that the policy was approved on May 12, 2022 and that the memo served as an assurance to fully implement the new policy by updating the search training to reflect the new policy, retraining of agency staff with the new requirements, training of intake/transfer staff on the policy and rescreening transgender offenders to determine search preferences. While the assurance memo serves as one component related to corrective action, the auditor advised that a memo does not prove compliance. Therefore, training of staff at the facility is required. A copy of the updated training curriculum and the staff training records are still required.

On July 27, 2022 the facility provided the updated Safe Search Practices training curriculum. The training curriculum discusses that transgender and intersex offenders will be searched in accordance of guidelines and accommodations as documented in OPUS on the HS51 screen. The training states that pat and frisk searches of male offenders can be conducted by correctional officers of either sex while pat and frisk searches of female offenders and transgender female offenders with approved search accommodations may be conducted by female staff only. The training curriculum further states that if the search will result in a complete search (strip search), then it will be conducted only by correctional officers of the same sex as the offender, except when a search accommodation has been approved or in emergency circumstances as deemed by the shift supervisor. The training also instructs staff how to maintain a professional demeanor during the searches including positive language, self-management, avoidance of stereotypes and avoidance of use of specific pronouns. The training outlines how to complete a search by being systematic, thorough, objective and professional. It also discusses things to avoid when completing searches. Additionally, the training outlines that staff are prohibited from searching a transgender or intersex inmate for the sole purpose of determining genital status. On the same date the facility provided the auditor with confirmation that all staff had received the updated Safe Search Practices training. A sample of 30 pages of staff training records were provided to confirm the training was completed during the month of July.

On June 28, 2022 the facility provided a memo related to the opposite gender announcement requirement. The facility also provided a staff sign-in sheet and a signed memorandum showing staff were required to read and sign that they understood the opposite gender announcement requirement. The training was completed in March 2022. The auditor requested

additional documentation showing all staff received this training. On July 27, 2022 the facility provided additional training documents illustrating staff completed the training and signed the memos confirming their understanding. On the same date the facility provided a memo indicating that the opposite gender announcement for hearing impaired inmates would be completed through the utilization of a flashlight being shown three times. The facility provided documentation that housing unit staff conducted a town hall with the current inmate population to advise them of the method.

On June 22, 2022 the facility provided a plethora of photos related to the physical plant modifications in the housing units related to cross gender viewing issues. The photos were not clear and as such the auditor was unable to determine if corrective action was adequate. On June 24, 2022 the facility provided an additional 24 photos in better quality. The photos showed each housing unit and different angles within the housing units. The auditor determined that the modifications to the windows, an opaque film, alleviated the cross gender viewing issues into the bathroom.

Based on the documentation provided, the facility has corrected this standard.

115.16 Inmates with disabilities and inmates who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

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

Interviews:

1. Interview with the Agency Head Designee
2. Interview with Inmates with Disabilities
3. Interview with Random Staff

Site Review Observations:

1. Observations of PREA Posters

Findings (By Provision):

115.16 (a): The PAQ stated that the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. F.3400, page 10 states that appropriate provisions shall be made as necessary for offenders not fluent in English, persons with disabilities and those with low literacy levels. A review of PREA posters, the PREA brochure and inmate distributed information confirmed that information can be provided in large font and bright colors and can be read to inmates in terminology that they understand. E.2600, describes that each facility has an Americans with Disabilities Act (ADA) Coordinator who handles reasonable modification requests and assists inmates with obtaining necessary items and equipment related to his/her disability. Additionally, the agency indicated that they have posters for opposite gender staff and blinking colored lights in specific housing units for deaf inmates. However, during the tour the auditor did not view the opposite gender posters displayed at the facility nor did the auditor observe any blinking colored lights. While there was one verbal opposite gender announcement upon entry into one unit, it was very low and the hearing impaired inmates in the ADA dorm were not afforded accommodations to benefit from this provision. The interview with the Agency Head Designee confirmed that the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. She stated that every facility has an Americans with Disabilities Act (ADA) Coordinator to ensure that disabled inmate's needs are met and access is available to everything, including orientation and telephone access. Once diagnostic services are provided, each disabled inmate is provided a case worker. She further stated that postings are provided in Spanish and that other languages and video conference is available if needed. During the on-site portion of the audit, the auditor did not utilize LRC translation service, however the auditor did utilize the service previously during other NCDPS audits for LEP translation and video translation. Interviews with six disabled inmates indicated that four had received information in a format that they could understand. Two stated that they had not received any PREA information at all. There were zero LEP inmates at the facility during the on-site portion of the audit and as such no interviews were conducted. During the tour the auditor observed that limited PREA information was posted. The little PREA information that was posted was hard to find and difficult to read and as such was not accommodating for disabled inmates.

115.16 (b): The PAQ indicates that the agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. F.3400, page 10 states that appropriate provisions shall be made as necessary for offenders not fluent in English, persons with disabilities and those with low literacy levels. P.0400 describes the

Non-English Speaking Offender Program which is located at certain facilities and provides special service to meet the needs of the LEP population. The facility also has a contract with Language Resource Center Interpretation & Translation Services. This company provides the facility a number that they can call that connects the staff member with a translator who can will translate information between the staff member and LEP inmate. A review of PREA posters, the PREA brochure and inmate distributed information confirmed that information is available in both English and Spanish and can be translated into other languages, as needed. During the on-site portion of the audit, the auditor did not utilized LRC translation service, however the auditor did utilize the service previously during other NCDPS audits for LEP translation and video translation. Interviews with six disabled inmates indicated that four had received information in a format that they could understand. Two stated that they had not received any PREA information at all. There were zero LEP inmates at the facility during the on-site portion of the audit and as such no interviews were conducted. During the tour the auditor observed that limited PREA information was posted. The little PREA information that was posted was difficult to locate and was all in English.

115.16 (c): The PAQ indicated that agency policy prohibits use of inmate interpreters, inmate readers, or other type of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first responder duties, or the investigation of the inmate's allegation. The PAQ further stated that there were no instances where an inmate was utilized to interpret, read or provide other types of assistance. DPS-PREA-100, page 10 states that each facility shall not take appropriate steps to ensure that offenders, residents and safekeepers with disabilities and offenders, residents and safekeepers who are LEP, have equal opportunity to participate in or benefit from all aspects of DPS's efforts to prevent, detect and respond to sexual abuse and harassment by not relying on offenders, residents or safekeepers interpreters, readers or other types of assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender, resident or safekeeper's safety, the performance of first responder duties or the investigation of the offender, resident or safekeeper's allegations. Interviews with fourteen random staff indicated that six were aware of a policy that prohibits utilizing inmate interpreters, translators and assistants. None of the fourteen were aware of a time that another inmate was utilized as a translator for sexual abuse allegations. Interviews with six disabled inmates indicated that four had received information in a format that they could understand and none of the six had another inmate used as a translator, interpreter or reader.

Based on a review of the PAQ, F.3400, E.2600, P.0400, DPS-PREA-100, LRC Interpretation & Translation Service, PREA posters, the PREA brochure, observations made during the tour, as well as interviews with the Agency Head Designee, random staff and inmates with disabilities indicates that this standard appears to require corrective action. The agency indicated that they have posters for opposite gender staff and blinking colored lights in specific housing units for deaf inmates. However, during the tour the auditor did not view the opposite gender posters displayed at the facility nor did the auditor observe any blinking colored lights during the on-site portion of the audit. There is not a current practice in place for hearing impaired inmates to benefit from the cross gender announcement in the ADA dorm. During the tour the auditor observed that limited PREA information was posted. The little PREA information that was posted was hard to find and difficult to read and as such was not accommodating for disabled inmates. The little PREA information that was posted was difficult to locate and was all in English.

Corrective Action

The facility will need to develop a process for the opposite gender announcement for hearing impaired inmates, educate staff on the method, educate the hearing impaired inmates on the meaning on the method and implement the practice. The facility will need to provide the auditor with a memo of the process, the education of the staff and inmates of the process and dates completed and how it will be communicated to hearing impaired inmates entering the facility in the future. The facility will need to ensure that disabled and LEP inmates are provided information and education in accessible formats and are provided distributed information in accessible formats. The facility will need to distribute documentation in large text for visually impaired inmates, verbally for vision impaired inmates and in other languages for LEP inmates. Additionally, the facility should post the PREA education in large font and at minimum in Spanish throughout the facility. Photos should be provided to the auditor once the information is posted. The photos should be labeled appropriately with the location.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Disabled Inmate Opposite Gender Announcement Documents
2. Disabled and LEP Inmate Documents
3. Updated Offender Orientation Handbook (PREA Information Insert)
4. Photos of Posted Documents

On July 27, 2022 the facility provided a memo indicating that the opposite gender announcement for hearing impaired

inmates would be completed through the utilization of a flashlight being shown three times. The facility provided documentation that housing unit staff conducted a town hall with the current inmate population to advise them of the method.

On June 22, 2022 and July 27, 2022 the facility provided the auditor with documentation (posters and brochures) in large font and in Spanish. Additionally, over 20 photos were provided of the documentation posted in housing units and around the facility. The photos evidenced that the information was posted in Spanish and was enlarged to include adequate size font.

On June 27, 2022 the facility provided the updated Offender Orientation Handbook which included the PREA Information insert. The insert included information on the opposite gender announcement via the flashlight being flashed three times (for hearing impaired inmates). All new arrivals will receive the updated handbook and will be required to sign the bottom of the PREA Information insert.

Based on the documentation provided, the facility has corrected this standard.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 327 746 696" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DPS-PREA-100 - PREA Prevention Planning 3. Form HR 005 Applicant Verification 4. Form HR 013 DPS Employment Statement 5. Form HR 004 Criminal History Record Check 6. Personnel Files of Staff 7. Personnel Files of Contractors <p data-bbox="240 730 363 757">Interviews:</p> <ol data-bbox="240 786 667 813" style="list-style-type: none"> 1. Interview with Human Resource Staff <p data-bbox="240 846 507 873">Findings (By Provision):</p> <p data-bbox="240 902 1489 1563">115.17 (a): The updated PAQ indicated that agency policy prohibits hiring or promoting anyone who may come in contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. DPS-PREA-100, page 5 states that DPS shall not hire or promote anyone who may have contact with offenders, residents, or safekeepers, and shall not enlist the services of any contractor who may have contact with offenders, residents, or safekeepers who: has engaged in sexual abuse in prison, jail, lockup or any other institution; has been convicted of engaging or attempting to engage in sexual activity in the community; has a substantiated finding of abuse, neglect, or other rights infringement on any applicable North Carolina registry, criminal justice standard commission, or other relevant licensing authorities or bodies; or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. A review of the DPS Employment Statement (Form HR 013) and the Applicant Verification (Form HR 005) indicates that both forms requires staff to answer the required questions under this provision. The form includes the following questions: have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?; have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?; and have you been civilly or administratively adjudicated to have engaged in the activities described?. A review of personnel files for five staff who were hired in the previous twelve months confirmed that all five had a criminal background records check completed. The five staff who were hired in the previous twelve months also completed the application and answered the PREA questions. Additionally, two contractors reviewed had a criminal background records check completed.</p> <p data-bbox="240 1597 1489 1787">115.17 (b): The PAQ indicated that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with an inmate. DPS-PREA-100, page 5 states that DPS shall consider any incident of sexual harassment in determining whether to hire or promote anyone, or enlist the services of any contractor or custodial agents , who may have contact with offenders, residents or safekeepers. The interview with the Human Resource staff member confirmed that sexual harassment is considered when hiring or promoting any staff or contractor.</p> <p data-bbox="240 1821 1489 2145">115.17 (c): The PAQ indicated that agency policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. DPS-PREA-100, pages 5-6 state that before hiring new employees who may have contact with offenders, residents or safekeepers DPS shall: perform a criminal and administrative background records check, to include any applicable North Carolina registry, criminal justice standards commission, or other licensing authorities or bodies; and consistent with Federal, State and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation of an allegation of sexual abuse. The updated PAQ indicated that 25 staff or 100% of those hired in the past twelve months that may have contact with inmates had a criminal background records check completed. A review of</p>

five personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background records check completed. None of the five had prior institutional employers contacted related to prior sexual abuse and sexual harassment as it was not applicable. The Human Resource staff member confirmed that a criminal background records check is completed on all new employees who have contact with inmates and all prior institutional employers are contacted.

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

115.17 (e): The updated PAQ indicated that agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. DPS-PREA-100, page 6 states that for current employees and contractors who have contact with offenders, residents, or safekeepers, DPS shall conduct criminal background records check at least every five years. A review of six staff that were hired over five years ago indicated that three had a criminal background record check completed at least twice over the last six years. The other three had one background check completed, however staff were unable to locate any additional criminal background check information. The agency has recently published DPS-PREA-100, prior to policy, the five year background requirement was outlined in a directive memorandum, which was sent out in 2013. The auditor discovered during prior NCDPS audits that unless Human Resource staff worked back in 2013 they were not aware of the memo. As such, many staff were not aware of the five year background requirement. The interview with the Human Resource staff indicated the ONIXX system is utilized for criminal background record checks, which queries an individual's driver license and criminal history. She stated that it checks both the national and state criminal history. The staff member stated she has not been employed that long and was unaware of the process for the five year criminal background checks.

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

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

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

Based on a review of the PAQ, DPS-PREA-100, Form HR 005 Applicant Verification, Form HR 013 DPS Employment Statement, Form HR 004 Criminal History Record Check, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard appears to be require corrective action. The agency had a directive that was sent out in 2013, however policy was only recently updated published related to provision (e) of this standard. A review of six staff that were hired over five years ago indicated that three had a criminal background record check completed at least twice over the last six years. The other three had one background check completed, however staff were unable to locate any additional criminal background check information. The interview with the Human Resource staff indicated the ONIXX system is utilized for criminal background record checks, which queries an individual's driver license and criminal history. She stated that it checks both the national and state criminal history. The staff member stated she has not been employed that long and was unaware of the process for the five year criminal background checks.

Corrective Action

The facility will need to ensure all Human Resource staff members have read the applicable Human Resource section of DPS-PREA-100. Human Resource staff should sign an acknowledgment indicating they read and understand their responsibilities under the policy. The facility will need to further provide the auditor with a process memo on how they will ensure five year criminal background record checks are completed. The auditor will need to be provided the three five year criminal background record checks that were not complete at the time of the on-site portion of the audit. Additionally, an assurance memo will need to be provided once all five year criminal background records checks have been caught up and completed.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training on Updated Policy
2. Process Memorandum
3. Assurance Memorandum
4. Sample of Five Year Criminal Background Records Checks

On June 24, 2022 the facility provided the auditor with signed memos from the Human Resource staff members confirming that they had reviewed the updated policy related to five year criminal background records checks. Additionally, on the same date the facility provided a process memo indicating that Human Resource staff will maintain a spreadsheet with dates of completed criminal background records checks and dates when the next criminal background records checks are due.

On June 24, 2022 the facility provided an assurance memo indicating that all current staff had a completed five year criminal background records check. Additionally, the facility provided the auditor with documentation confirming that the three staff identified during the on-site portion of the audit without a five year criminal background records check had one completed and were up-to-date.

Based on the documentation provided, the facility has corrected this standard.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Video Monitoring Technology <p>Findings (By Provision):</p> <p>115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. The interview with the Agency Head Designee confirmed that any plan to design, acquire or modify an agency facility would include consideration of protecting staff and offenders from any form of abuse. She indicated that they would review to identify if there were any potential blind spots, if there was a need for additional staffing and that they would review with stakeholder any potential concerns. The Warden confirmed there were no substantial expansions or modifications to the existing facility since the last PREA audit. During the tour the auditor observed there were no apparent modifications to the facility.</p> <p>115.18 (b): The PAQ stated that the agency/facility has 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. The interview with the Agency Head Designee confirmed that any use of newly updated or installed monitoring technology would be utilized to assist in enhancing the agency's ability to protect inmates from sexual abuse. She stated that any technology would be utilized as a preventative measure and would assist with; viewing and scanning what is occurring; keeping staff alert of situations; identifying any patterns and investigating allegations. The Warden confirmed that when they install or update video monitoring technology, they take into account how that technology will protect inmates from sexual abuse. He stated that they have placed cameras in all the housing unit common areas and they have placed cameras throughout the entire institutions to provide more visibility. During the tour, the auditor observed video monitoring technology throughout the facility. All cameras were positioned to eliminate blind spots and enhance monitoring while still providing adequate privacy.</p> <p>Based on a review of the PAQ, observations made during the tour and information from interviews with the Agency Head Designee and Warden indicates that this standard appears to be compliant.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment 3. Health Services Policy & Procedure Manual CP-18 – Sexual Abuse 4. Memorandum with Local Law Enforcement 5. PREA Support Person (PSP) Role and Responsibilities 6. PREA Support Person Lesson Plan & Training Records 7. Memorandum of Understanding with Esther House of Montgomery County <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with the PREA Compliance Manager 3. Interview with Inmates who Reported Sexual Abuse 4. Interview with SAFE/SANE <p>Findings (By Provision):</p> <p>115.21 (a): The PAQ indicated that the agency is responsible for conducting administrative investigations while the Troy Police Department is responsible for conducting criminal investigations. It further indicated that when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. F.3400, page 25 states that investigations into allegations of sexual abuse and sexual harassment, shall be conducted promptly, thoroughly, and objectively for all allegations. Pages 25-29 describes the uniform evidence protocol including evidence preservation/collection and documentation. Interviews with fourteen random staff indicated that thirteen were aware of and understood the protocol for obtaining usable physical evidence. Additionally, twelve random staff stated they knew who was responsible for conducting sexual abuse investigations. Staff stated that there are staff at the facility responsible for PREA.</p> <p>115.21 (b): The updated PAQ indicates that the evidence protocol is developmentally appropriate for youth and that it was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents". A review of F.3400 indicates that facility staff would transport an inmate to the local hospital for a forensic medical examination and evidence collection and that facility staff would secure the crime scene and local law enforcement would be responsible for collecting evidence and releasing the crime scene.</p> <p>115.21 (c): The PAQ indicated that the facility offers all inmates who experience sexual abuse access to forensic medical examinations at an outside facility. The updated PAQ stated that forensic medical examinations are offered without financial cost to the victim at a local hospital. It further indicated examinations are conducted by SAFE or SANE, and when SAFE or SANE are not available examinations are conducted by a qualified medical practitioner. F.3400, page 20 states that if an alleged act of sexual abuse occurred and there may be forensic medical evidence, the offender may be in need of medical assistance, or other circumstances dictate, arrangements shall be promptly made to have the alleged offender-victim examined by medical services. Medical services will follow medical protocol, which includes provisions for examinations, documentation and transport to the local emergency department when appropriate, where the following will occur: collection of forensic evidence, testing for sexually transmitted diseases, counseling, and prophylactic treatment. CP-18, page 2 states that the inmate will be transported to the local Emergency Department for: examination, treatment, prophylactic treatment, counseling and collection of lab specimen for forensic purposes. The updated PAQ indicated that during the previous twelve months there have been zero forensic medical examinations. A review of documentation confirmed that none of the reported allegations involved a forensic medical examination. The interview with the staff from First Health Montgomery Memorial Hospital confirmed that they do provide forensic medical examinations in the Emergency Room. The staff stated they are typically performed by trained staff (SAFE/SANE) and if the staff were not available exams would be performed by a doctor.</p> <p>115.21 (d): The updated PAQ indicated that the facility attempts to make available to the victim a victim advocate from a</p>

rape crisis center and if a rape crisis center is not available a qualified staff member from a community-based organization or a qualified agency staff member. F.3400, page 21 states that victim support shall be offered by a PREA Support Person. The PSP shall be made available to provide victim advocate services and as requested by the victim, the PSP, of the same gender, shall accompany and support the victim through the forensic medical examination process. Offender victim shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving the offender 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 has a Memorandum of Understanding with Esther House of Montgomery County which was signed in November 2021. The MOU states that Esther House of Montgomery County will provide crisis intervention and emotional support services to inmates of sexual abuse in Southern Correctional Institution custody, via phone, mail, hospital accompaniment, or in person services. Additionally, the facility has a PREA Support Person program that is a system based advocate. The PREA Support Person Role and Responsibilities states that the PSP role will be to link services and support to inmates who reported sexual abuse and harassment by an offender, juvenile or DPS staff, contractor and/or volunteer. The PSP will connect the alleged victim to the investigative process and professional resource offered by community-based advocates and/or mental health professionals found in a confinement setting. PSP attend the PREA Support Person Training, which includes effects of victimization and sexual abuse, key active listening techniques, victim centered approach, responsibilities, how to maintain boundaries and professionalism, resources for PSP and the investigative process. The facility has qualified staff members to serve as PSP, if necessary. The interview with the PCM confirmed that inmate victims of sexual abuse are offered access to a victim advocate to accompany them during a forensic medical examination. The PCM stated that a PREA Support Person is offered and the inmate can be referred to see mental health. She stated that sometimes the PSP is also a mental health staff member. The interviews with the inmates who reported sexual abuse indicated three were offered a PSP.

115.21 (e): The updated PAQ indicated that as requested by the victim, the victim advocate, qualified agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. F.3400, page 21 states that victim support shall be offered by a PREA Support Person. The PSP shall be made available to provide victim advocate services and as requested by the victim, the PSP, of the same gender, shall accompany and support the victim through the forensic medical examination process. Offender victim shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving the offender 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 has a Memorandum of Understanding with Esther House of Montgomery County which was signed in November 2021. The MOU states that Esther House of Montgomery County will provide crisis intervention and emotional support services to inmates of sexual abuse in Southern Correctional Institution custody, via phone, mail, hospital accompaniment, or in person services. Additionally, the facility has a PREA Support Person program that is a system based advocate. The PREA Support Person Role and Responsibilities states that the PSP role will be to link services and support to inmates who reported sexual abuse and harassment by an offender, juvenile or DPS staff, contractor and/or volunteer. The PSP will connect the alleged victim to the investigative process and professional resource offered by community-based advocates and/or mental health professionals found in a confinement setting. PSP attend the PREA Support Person Training, which includes effects of victimization and sexual abuse, key active listening techniques, victim centered approach, responsibilities, how to maintain boundaries and professionalism, resources for PSP and the investigative process. The facility has qualified staff members to serve as PSP, if necessary. The interview with the PCM confirmed that inmate victims of sexual abuse are offered access to a victim advocate to accompany them during a forensic medical examination. The PCM stated that the agency has contacted rape crisis centers and is trying to establish a division wide contract to provide the service to inmates with the centers. She further stated that before agreements are reached, the agency would ensure that services adhere to the standards. The interviews with the inmates who reported sexual abuse indicated that none involved penetration and as such none were offered an advocate during a forensic medical examination, however three did state they were offered a PSP.

115.21 (f): The PAQ indicated that the agency/facility is not responsible for investigating criminal investigations of sexual abuse. The Troy Police Department conducts criminal investigations. A review of documentation indicated that in August 2021 the agency sent memos to all local law enforcement agencies, including the Troy Police Department related to PREA investigations and compliance. The memos requested that all assisting law enforcement entities adhere to the requirements of PREA standard 115.21.

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

115.21 (h): The facility has a PREA Support Person program that is a system based advocate. The PREA Support Person Role and Responsibilities states that the PSP role will be to link services and support to inmates who reported sexual abuse and harassment by an offender, juvenile or DPS staff, contractor and/or volunteer. The PSP will connect the alleged victim to the investigative process and professional resource offered by community-based advocates and/or mental health professionals found in a confinement setting. PSP attend the PREA Support Person Training, which includes effects of victimization and sexual abuse, key active listening techniques, victim centered approach, responsibilities, how to maintain boundaries and professionalism, resources for PSP and the investigative process. The facility has qualified staff members to serve as PSP, if necessary.

Based on a review of the PAQ, F.3400, CP-18, the MOU with Esther House of Montgomery County, the memo to local law enforcement, PSP roles and responsibilities, PSP training documentation and information from interviews with the random staff, the PREA Compliance Manager, SAFE/SANE and inmates who reported sexual abuse indicates that this standard appears to be compliant.

115.22	Policies to ensure referrals of allegations for investigations
	<p data-bbox="242 145 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 376 300">Documents:</p> <ol data-bbox="242 327 724 472" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Memorandum with Local Law Enforcement 3. Investigative Reports <p data-bbox="242 499 363 528">Interviews:</p> <ol data-bbox="242 555 711 640" style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with Investigative Staff <p data-bbox="242 667 507 696">Findings (By Provision):</p> <p data-bbox="242 723 1490 1256">115.22 (a): The PAQ indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. F.3400, page 18 states that the facility shall report all allegation of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators. Page 25 further states that investigations into allegations of sexual abuse and sexual harassment, shall be conducted promptly, thoroughly, and objectively for all allegations. The updated PAQ indicated there were 30 allegations reported within the previous twelve months. Fourteen of the 30 were determined through an initial inquiry to not rise to the level of PREA and sixteen had an administrative investigation initiated. A review of the fifteen investigations (including four that were deemed not PREA) indicated that twelve had a closed administrative investigation and three had an open administrative investigation. The interview with the Agency Head confirmed that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. She stated that the investigative process would include a look at allegation (letter, grievance, etc.) to initiate the tracking mechanism and that for administrative investigations each facility has a response plan to follow to investigate the allegation. She stated that they document the allegation and investigation and that there are checks and balances. She further indicated that during the investigation they monitor the inmate/staff and that if it involves a criminal investigation they keep in touch with law enforcement about the status. The Agency Head Designee stated that when an allegation is received the Warden of the facility and other staff are notified, including the PREA office.</p> <p data-bbox="242 1283 1490 1615">115.22 (b): The updated PAQ indicated that the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. F.3400, page 18 states that the facility shall report all allegation of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators. Page 25 further states that investigations into allegations of sexual abuse and sexual harassment, shall be conducted promptly, thoroughly, and objectively for all allegations. A review of the agency website indicates that F.3400 is published and accessible to the public and the information on investigation is included on pages 25-29. A review of fifteen sexual abuse and sexual harassment allegations indicated that none were referred to local law enforcement for investigation. The interview with the investigator confirmed that allegations are referred to investigators with the legal authority to conduct criminal investigations.</p> <p data-bbox="242 1641 1490 1740">115.22 (c): F.3400, page 18 states that local law enforcement shall be notified if there is evidence or suspicion that criminal conduct may have occurred. A review of documentation indicated that in August 2021 the agency sent memos to all local law enforcement agencies, including Troy Police Department related to PREA investigations and compliance.</p> <p data-bbox="242 1767 847 1796">115.22 (d): The auditor is not required to audit this provision.</p> <p data-bbox="242 1823 847 1852">115.22 (e): The auditor is not required to audit this provision.</p> <p data-bbox="242 1879 1474 1977">Based on a review of the PAQ, F.3400, the memo to local law enforcement, investigative reports, the agency's website and information obtained via interviews with the Agency Head Designee and the investigator indicate that this standard appears be compliant.</p>

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 327 1155 696" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. PREA: Sexual Abuse and Sexual Harassment 101 Training Curriculum 4. PREA: Sexual Abuse and Sexual Harassment 201 Training Curriculum 5. Staff Offender Relations Curriculum 6. Maintaining an Atmosphere of Professionalism Brochure 7. Sample of Staff Training Records <p data-bbox="240 728 363 754">Interviews:</p> <ol data-bbox="240 784 576 810" style="list-style-type: none"> 1. Interview with Random Staff <p data-bbox="240 842 507 869">Findings (By Provision):</p> <p data-bbox="240 900 1493 1798">115.31 (a): The PAQ indicates that the agency trains all employees who may have contact with inmates on the requirements under this provision. F.3400, pages 5-6 state that new employees shall receive sexual abuse and harassment 101 training that addresses the following: the agencies standard of zero tolerance of sexual abuse and sexual harassment toward offenders, either by staff, contractors, volunteers or by offenders; employees’ responsibilities when responding to sexual abuse and harassment; offenders’ right to be free from sexual abuse and sexual harassment, offenders’ and employees’ right to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in confinement, common reactions of sexual abuse and sexual harassment victims, detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with offenders, how to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; relevant laws related to age of consent; and unique attributes of working with males and/or females in confinement/supervision. A review of the PREA: Sexual Abuse and Sexual Harassment 101 training curriculum confirms that the training includes information on: the agency’s zero-tolerance policy (pages one & two), how to fulfill their responsibilities under the agency’s sexual abuse and sexual harassment policies and procedures (pages six & seven), the inmates’ right to be free from sexual abuse and sexual harassment (pages four & five), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (pages four & five), the dynamics of sexual abuse and sexual harassment in a confinement setting (pages nine through eleven), the common reactions of sexual abuse and sexual harassment victims (pages seven through nine, twelve and thirteen), how to detect and respond to signs of threatened and actual sexual abuse (pages six through thirteen), how to avoid inappropriate relationship with inmates (pages thirteen & fourteen), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (page fifteen & sixteen) and how to comply with relevant laws related to mandatory reporting (page five). Additionally, the Staff and Offender Relations training curriculum and the Maintaining an Atmosphere of Professionalism brochure indicate that staff are provided additional education on professional boundaries with offenders. A review of sixteen staff training records indicated that 100% of those reviewed received PREA training. Interviews with fourteen random staff confirmed that all fourteen had received PREA training. Staff stated they receive training once or twice a year. The staff stated the training goes over first responder duties and what to look out for. All fourteen staff stated that the required components under this provision were covered during the training.</p> <p data-bbox="240 1830 1493 2022">115.31 (b): The PAQ indicated that training is tailored to the gender of inmate at the facility and that employees who are reassigned to facilities with opposite gender are not given additional training. Further communication with the PCM indicated that Southern is a male facility and as such additional training is not required for staff. F.3400, page 6 states that new employees shall receive sexual abuse and harassment 101 training that addresses unique attributes of working with males and/or females in confinement/supervision. A review of the PREA: Sexual Abuse and Sexual Harassment 101 training curriculum confirms that pages seven through nine outline male, female and LGBTI specific training.</p> <p data-bbox="240 2054 1493 2145">115.31 (c): The updated PAQ indicated that between trainings the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment and that staff are provided training annually. F.3400, page 6 states that all staff shall receive the PREA 101 refresher training every two years</p>

and receive the PREA 201 refresher information during the alternate years on offender sexual abuse and sexual harassment issues emphasizing the zero tolerance and duty to report, as well as covering current sexual abuse and sexual harassment policies and procedures. A review of the PREA 201 training curriculum indicated that staff are provided training on PREA prevention strategies, definitions, relevant North Carolina General Statutes, sexual abuse and harassment policies, ways to report sexual abuse, first responder duties and disciplinary sanctions. A review of sixteen staff training records indicated that twelve had PREA training at least every two years. Two were missing the most recent training required in 2021 and four others had the most recent training but the prior PREA training was beyond the prior two years.

115.31 (d): The PAQ indicates that the agency documents that employees who may have contact with inmates understand the training they have received through employee signatures or electronic verification. F.3400, page 6 states that certification of employee understanding of materials shall be documented by signing the form OPA-T10 PREA Acknowledgment; or electronic signature when completing the E-Learning course authorized by the agency. A review of training records indicate that all staff complete a test at the completion of the training to ensure they received and understood the training. A review of a sample of sixteen staff training records indicated that all sixteen had completed the post training test.

Based on a review of the PAQ, F.3400, the PREA 101 and 102 training curriculums, the Staff and Offender Relations training curriculum, the Maintaining an Atmosphere of Professionalism brochure, a review of a sample of staff training records as well as interviews with random staff indicate that this standard appears to require corrective action. While all of the staff had documented PREA training, two of the staff reviewed did not have the most recent (2021 PREA training) as required under provision (c) with at least every two years. Additionally, four of the sixteen staff had training on more than one occasion but their second training was four or five years apart, which did not meet the requirement of every two years. Documentation indicated that staff PREA training is not consistently being completed annually as staff indicated during interviews and is not being completed every two years as required per policy and under this standard.

Corrective Action

The facility will need to develop a process to ensure that all staff receive PREA training at least every other year. The facility should provide the auditor with a process memo on how they will monitor and ensure staff receive the required training. Additionally, the facility will need to ensure all staff are documented with the updated PREA training. Records for the two staff that were missing the most recent PREA training as well as an assurance memo will need to be provided to the auditor.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Process Memorandum
2. Assurance Memorandum
3. Staff Training Records

On June 13, 2022 the facility provided a process memo indicating that the facility training coordinator will track staff training and ensure that all staff complete the required training. The memo further stated that any staff who fail to complete the required training will be disciplined. On the same date the facility provided an assurance memo stating that all staff, with the exception of seven, have completed the most recent PREA training. The facility also provided a spreadsheet showing that 189 staff completed the PREA training while eight had not. The spreadsheet documented that three of the staff were out on extended leave. The auditor also confirmed that the two staff who were missing the most recent PREA refresher training during the on-site portion of the audit, completed the training in February 2022 or March 2022.

On July 27, 2022 the facility provided additional training documents confirming that the remaining five staff, excluding the three who were out on extended leave, had completed the most recent PREA training.

Based on the documentation provided, the facility has corrected this standard.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Policy and Procedure E.3400 – Community Volunteer & Community Leave Program 4. PREA: Sexual Abuse and Sexual Harassment 101 Training Curriculum 5. A Guide for the Prevention and Reporting of Undue Familiarity and Sexual Abuse with Offenders/Inmates Brochure 6. Contractor Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Volunteers or Contractors who have Contact with Inmates <p>Findings (By Provision):</p> <p>115.32 (a): The updated PAQ indicated that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. F.3400, page 6 states that volunteers (with the exception of one-time volunteers who have no direct contact with offenders), custodial agents, contractors and other persons providing services to offenders: shall receive the sexual abuse and harassment 101 training as part of the initial orientation which addresses: the agencies standard of zero tolerance of sexual abuse and sexual harassment toward offenders, either by staff, contractors, volunteers, or by offenders; and applicable methods to report incidents of sexual abuse and sexual harassment. The policy indicates that volunteers and contract agents shall receive training annually. E.3400, page 5 states that volunteers will receive at least a two hour orientation and training including but not limited to: PREA; a review of relevant prison policies, procedures and guidelines; and best practices for volunteering with the inmate population, including “Undue Familiarity Guidelines.” The updated PAQ indicated that five volunteers and contractors have received PREA training. Further discussion with the PCM indicated that the number was incorrect and all 26 volunteers and contractors identified had training. A review of the PREA 101 training curriculum confirms that the zero tolerance policy is discussed on pages one and two. The brochure states that “you have a duty to report incidences of undue familiarity and offender/inmate sexual abuse!!!” and outlines methods to report, including: facility or judicial district office, facility or section administrator, officer in charge or supervisor, agency contact or PREA administration through email (prea@doc.state.nc.us). A review of a sample of training documents for three contractors indicated that all three had received training on the sexual abuse and sexual harassment policies. The interview with the contractor confirmed that he received information on the agency’s sexual abuse and sexual harassments policies. He stated that he went through a five days classroom training and they went over PREA during the training. He further stated that his company also goes over PREA every year. There were zero volunteers during the audit period due to COVID-19.</p> <p>115.32 (b): The updated PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. Additionally, the updated PAQ indicates that all volunteers and contractors who have contact with inmates have been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. F.3400, page 6 states that volunteers (with the exception of one-time volunteers who have no direct contact with offenders), custodial agents, contractors and other persons providing services to offenders: shall receive the sexual abuse and harassment 101 training as part of the initial orientation which addresses: the agencies standard of zero tolerance of sexual abuse and sexual harassment toward offenders, either by staff, contractors, volunteers, or by offenders; and applicable methods to report incidents of sexual abuse and sexual harassment. One time volunteers shall receive information on OPA-T10 which addresses; the agencies standard of zero tolerance of sexual abuse and sexual harassment, toward offenders, either by staff, contractors, volunteers, or by offenders; and how to report incidents of sexual abuse and harassment. E.3400, page 5 states that volunteers will receive at least a two hour orientation and training including but not limited to: PREA; a review of relevant prison policies, procedures and guidelines; and best practices for volunteering with the inmate population, including “Undue Familiarity Guidelines.” A review of a sample of training documents for three contractors indicated that all three had received training on the sexual abuse and sexual harassment policies. The interview with the contractor confirmed that the training covered the zero-tolerance policy and how to report. He stated that they gave him a card and it had information on what he need to do and who to report to.</p> <p>115.32 (c): The updated PAQ indicated that the agency maintains documentation confirming that volunteers and contractors</p>

understand the training they have received. F.3400, page 7 indicates that volunteers, work release/study release and contractors must review and verify understanding of training by signing the OPA-T10 PREA Acknowledgment form. E.3400, page states that all volunteers shall sign an "Acknowledgment of Volunteer Training and Orientation Form." A review of a sample of training documents for three contractors indicated that all three had received training on the sexual abuse and sexual harassment policies.

Based on a review of the PAQ, F.3400, E.3400, the PREA 101 training curriculum, the undue familiarity guideline brochure, a review of a sample of contractor training records as well as the interview with the contractor indicates that this standard appears to be compliant.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy
3. Policy and Procedure E.2600 – Reasonable Accommodations for Offenders with Disabilities
4. Policy and Procedure P.0400 – Non-English Speaking Offender Program
5. Language Resource Center (LRC) Interpretation & Translation Services
6. Sexual Abuse Awareness Brochure
7. Offender Orientation Handbook
8. PREA Poster (English and Spanish)
9. Inmate Training Records (OPA-T100 English and OPA-T100 Spanish)

Interviews:

1. Interview with Intake Staff
2. Interview with Random Inmates

Site Review Observations:

1. Observations of Intake Area
2. Observations of PREA Posters

Findings (By Provision):

115.33 (a): The updated PAQ indicated that inmates receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. The updated PAQ indicated that 795 inmates received information on the zero-tolerance policy and how to report at intake, which is equivalent to 100% of inmates who arrived in the previous twelve months and stayed over 72 hours. F.3400, page 9 states that all offenders shall receive, during reception, information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse and sexual harassment. Each offender shall receive a copy of the PREA brochure. A review of the Sexual Abuse Awareness brochure confirms that it includes information on methods to report sexual abuse. A review of the handbook confirms that it includes information on the agency's zero-tolerance policy. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Inmates go through the intake area, but all information is provided after they get assigned to a housing unit. Inmates receive the Sexual Abuse Awareness brochure as well as the handbook which together includes information on the zero-tolerance policy and methods of reporting sexual abuse. The interview with intake staff confirmed that inmates are provided information related to the agency's sexual abuse and sexual harassment policies, including the zero tolerance policy and methods to report, during intake. The staff member stated that case managers have three days to provide the inmates with the information. She stated that the case managers go over the information verbally with the inmates, they are provided the packet with the information in it as well and the information is posted around the facility too. Interviews with 27 inmates indicated that 21 were provided information on the agency's sexual abuse and sexual harassment policies. A review of 24 inmate files of those that arrived in the previous twelve months indicated that all 24 had received PREA education at intake.

115.33 (b): F.3400, page 9 states that all offenders shall receive comprehensive PREA education about sexual abuse and sexual harassment. Such education shall be completed within 30 days of intake and upon transfer to a different facility. Comprehensive education shall include: offenders' rights to be free from sexual abuse and sexual harassment; offenders' rights to be free from retaliation for reporting incidents of sexual abuse and sexual harassment; the agencies policies and procedures for responding to incidents of sexual abuse and sexual harassment and methods available to offenders for reporting incidents of sexual abuse or sexual harassment internally and to an external agency or entity. The updated PAQ indicated that 705 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to 100% of those received in the previous twelve months whose length of stay was for 30 days or more. Inmates receive the initial

education and the comprehensive education at the Diagnostic Center and the facility provides only the information that is different. Inmates are provided the Sexual Abuse Awareness for Inmates brochure as well as the handbook which together include information on the zero-tolerance policy and methods of reporting sexual abuse. The staff member providing the brochure and handbook verbally go over the information with the inmate at that time. The auditor reviewed the staff members talking points related to the comprehensive education. The auditor determined that the staff was not covering the inmate's right to be free from retaliation from reporting during comprehensive education. Additionally, neither the handbook or the brochure had information related to the inmates right to be free from retaliation from reporting. The interview with intake staff indicated that inmates are provided education on their rights under PREA and how to report sexual abuse and sexual harassment within three days of arrival. The staff member stated that all the information is included in the packet and is verbally discussed with the inmate. She stated that the hotline information as well as the duty to report information is also covered. Interviews with 27 inmates indicated that 20 were provided information on their right to be free from sexual abuse, their right to be free from retaliation and how to report allegations of sexual abuse and sexual harassment. Inmates stated that they received the information within a few days of arrival at the facility. A review of 24 inmate files of that arrived within the previous twelve months indicated that all 24 were documented with receiving comprehensive PREA education, however three were documented with receiving the education prior to arrival at Southern. One of the three had received it in 2007. The facility provided the auditor with documentation during the on-site portion of the audit confirming that the inmate was provided updated PREA comprehensive PREA education at Southern.

115.33 (c): The PAQ indicated that all inmates had been education and as such that part of the provision was not applicable. Additionally, the PAQ indicated that agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. F.3400, pages 9-10 state that all offenders shall receive education about sexual abuse and sexual harassment upon transfer to a different facility. Education shall be completed utilizing the Offender Factsheet OPA-T101 Facilitator Talking Points. Each offender shall receive a copy of the PREA brochure. Each offender will sign the Orientation Form and it will be placed in his/her field jacket. A review of 24 inmate files of that arrived within the previous twelve months indicated that all 24 were documented with receiving comprehensive PREA education, however three were documented with receiving the education prior to arrival at Southern. One of the three had received it in 2007. The facility provided the auditor with documentation during the on-site portion of the audit confirming that the inmate was provided updated PREA comprehensive PREA education. Additionally, the facility provided the auditor an assurance memo that they reviewed all current inmates to ensure that any that received education prior to 2013 received updated comprehensive PREA education. The interview with the intake staff indicated all inmates that arrive are provided information by their case managers within three day of arrival.

115.33 (d): The updated PAQ indicated that inmate PREA education is available in formats accessible to all inmates, including those who are limited English proficient. The facility has staff members who are able to provide accommodations for inmates who are LEP. F.3400, page 10 states that appropriate provisions shall be made as necessary for offenders not fluent in English, persons with disabilities and those with low literacy levels. P.0400 describes the Non-English Speaking Offender Program which is located at certain facilities and provides special service to meet the needs of the LEP population. E.2600, describes that each facility has an Americans with Disabilities Act (ADA) Coordinator who handles reasonable modification requests and assists inmates with obtaining necessary items and equipment related to his/her disability. A review of PREA posters, the PREA brochure and inmate distributed information confirmed that information can be provided in large font, bright colors, is available in both English and Spanish and can be translated into other languages, as needed. Additionally, the agency indicated that they have posters for opposite gender staff and blinking colored lights in specific housing units for deaf inmates. However, during the tour the auditor did not view the opposite gender posters displayed at the facility nor did the auditor observe any blinking colored lights. While there was one verbal opposite gender announcement upon entry into one unit, it was very low and the hearing impaired inmates in the ADA dorm were not afforded accommodations to benefit from this provision. The facility also has a contract with Language Resource Center Interpretation & Translation Services. This company provides the facility a number that they can call that connects the staff member with a translator who can will translate information between the staff member and LEP inmate. During the on-site portion of the audit, the auditor did not utilize LRC translation service, however the auditor did utilize the service at prior NCDPS audits and can confirm functionality. During the tour the auditor observed that limited PREA information was posted. The little PREA information that was posted was hard to find and difficult to read and as such was not accommodating for disabled inmates. During the tour the auditor observed that limited PREA information was posted. The little PREA information that was posted was difficult to locate and was all in English. A review of seven disabled inmate files indicated that all seven had signed that they received and understood the PREA information. The facility indicated they have not had any LEP inmates at the facility during the audit period and as such there were no files available for review.

115.33 (e): The updated PAQ indicated that the agency maintains documentation of inmate participation in PREA education sessions. F.3400, page 10 states that each offender will sign the Orientation Form and it will be placed in his/her field jacket. A review of 24 inmate files indicate that all 24 were documented with receiving the education.

115.33 (f): The updated PAQ indicated that the agency ensures that key information about the agency's PREA policies is

continuously and readily available or visible through posters, inmate handbooks or other written formats. F.3400, page 10 states that additional sexual abuse and sexual harassment information shall be provided through offender brochures, handbooks and posters. A review of the brochure, handbook and posters confirmed information is accessible to inmates through these avenues. However, during the tour, the auditor observed that inmates did not have access to the posters, brochures or handbook with the information.

Based on a review of the PAQ, F.3400, E.2600, P.0400, Language Resource Center (LRC) Interpretation & Translation Services, the Sexual Abuse Awareness for Inmates brochure, the Rules and Policies handbook, the PREA Poster, observations made during the tour to include the availability of PREA information via signage as well as information obtained during interviews with intake staff and random inmates indicate that this standard appears to require corrective action. While the facility provides inmates with information at intake and comprehensive PREA education, the comprehensive education does not cover all the required components. The auditor reviewed the staff members talking points related to the comprehensive education. The auditor determined that the staff was not covering the inmate's right to be free from retaliation from reporting during comprehensive education. Additionally, neither the handbook or the brochure had information related to the inmates right to be free from retaliation from reporting. Additionally, the facility does not provide ensure that key information is continuously available or visible to inmates through handbooks and other written formats. Additionally, PREA information was not accessible to disable and LEP inmates. The agency indicated that they have posters for opposite gender staff and blinking colored lights in specific housing units for deaf inmates. However, during the tour the auditor did not view the opposite gender posters displayed at the facility nor did the auditor observe any blinking colored lights. While there was one verbal opposite gender announcement upon entry into one unit, it was very low and the hearing impaired inmates in the ADA dorm were not afforded accommodations to benefit from this provision. During the tour the auditor observed that limited PREA information was posted. The little PREA information that was posted was hard to find and difficult to read and as such was not accommodating for disabled inmates. During the tour the auditor observed that limited PREA information was posted. The little PREA information that was posted was difficult to locate and was all in English. Additionally, during the tour, the auditor observed that inmates did not have access to the posters, brochures or handbook.

Corrective Action

The agency will need to update the talking points sheet as well as one or both of the inmate distributed documentation (the brochure and the handbook) to include the required information about the inmates right to be free from retaliation from reporting sexual abuse or sexual harassment. Once completed, the facility will need to determine a way to educate all current inmates on this information. The facility will need to provide the auditor with the updated talking points, brochure and/or handbook and the confirmation that all current inmates were educated. The facility will also need to ensure that posters, brochures and handbooks are accessible to inmates through distribution and by posting them or painting the information around the facility. The information should be in formats accessible to disabled (large font) and LEP (Spanish) inmates. The information should include zero tolerance, reporting mechanism (to include the outside entity, ability to remain anonymous, etc. and the victim advocacy contact information). Once the information is posted, photos of the posted information should be labeled and forwarded to the auditor.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Memorandum Related to Inmate Education
2. Updated Talking Points
3. Updated Sexual Abuse Awareness Brochure
4. Updated Offender Orientation Handbook
5. Documentation of Education with all Inmates
6. Photos of Posted Documents

On June 6, 2022 the facility provided the auditor with a memo indicating that program staff were provided a copy of the updated Talking Points to address with offenders during intake/orientation. The memo stated staff were trained on how to orientate offenders on sexual abuse and sexual harassment. A copy of the updated Talking Points and the End the Silence Brochure was provided with the memo. Both documents were updated to have appropriate information on the inmates' right to be free from sexual abuse, the inmates' right to be free from retaliation and the methods to report sexual abuse.

On June 24, 2022 the facility again provided the auditor with the Updated Talking Points, the updated End the Silence Brochure and the Updated Offender Orientation Handbook. All three documents included information related to the agency's

policies and procedures. The handbook included the PREA Information Insert that included detailed information on rights, reporting, victim advocacy, opposite gender announcements and what will occur once an allegation is reported. All new inmates will receive the handbook and will be required to sign the bottom of the PREA Information insert. On the same date the facility provided the auditor with a plethora of photos illustrating that the Sexual Abuse Awareness Brochure and the PREA Posters were displayed in each housing unit and in other areas around the facility in English and Spanish. Additionally, at least one document was posted in a large size with visible font for disabled inmates.

On July 27, 2022 the facility provided documentation confirming that staff conducted town halls with all current inmates at the facility. The town hall meetings addressed the updated information from the Talking Points and End the Silence Brochure, to include rights under PREA, facility policies and procedures and the different reporting mechanisms. Inmates signed a form confirming their participation in the town hall meeting.

Based on the documentation provided, the facility has corrected this standard.

115.34	Specialized training: Investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 376 300">Documents:</p> <ol data-bbox="242 327 1417 528" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. North Carolina Department of Public Safety (NCDPS) Specialized Investigations: Sexual Abuse and Harassment 4. Investigator Training Records <p data-bbox="242 555 363 584">Interviews:</p> <ol data-bbox="242 611 616 640" style="list-style-type: none"> 1. Interview with Investigative Staff <p data-bbox="242 667 507 696">Findings (By Provision):</p> <p data-bbox="242 723 1481 1093">115.34 (a): The PAQ indicates that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. F.3400, page 8 states that investigators shall complete appropriate employee training defined in .3406(a) and shall receive training on conducting sexual abuse and harassment investigations in a confinement setting. Such training shall include: techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in a confinement setting; and criteria and evidence required to substantiated a case for administrative action or prosecution referral. The agency utilizes their own training for this standard; NCDPS Specialized Investigations: Sexual Abuse and Harassment Response. A review of documentation indicated that twelve facility staff, including the four investigators who completed the reviewed investigations were documented with the specialized investigations training. The interview with the investigator confirmed he received specialized training regarding conducting sexual abuse and sexual harassment investigations in a confinement setting. He stated the training discussed how to complete a thorough investigations, how to collect evidence, timeframes and topics like that.</p> <p data-bbox="242 1120 1489 1552">115.34 (b): F.3400, page 8 states that investigators shall complete appropriate employee training defined in .3406(a) and shall receive training on conducting sexual abuse and harassment investigations in a confinement setting. Such training shall include: techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in a confinement setting; and criteria and evidence required to substantiated a case for administrative action or prosecution referral. The agency utilizes their own training for this standard; NCDPS Specialized Investigations: Sexual Abuse and Harassment Response. A review of the training curriculum confirmed it includes the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. A review of documentation indicated that twelve facility staff, including the four investigators who completed the reviewed investigations were documented with the specialized investigations training. The interview with the investigator confirmed that the specialized investigator training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative case.</p> <p data-bbox="242 1579 1485 1742">115.34 (c): The updated PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that ten facility investigators have completed the specialized training. F.3400, page 8 states that completion of training shall be documented on form OSDT-1 and in appropriate agency training tracking system. A review of documentation indicated that twelve facility staff, including the four investigators who completed the reviewed investigations were documented with the specialized investigations training.</p> <p data-bbox="242 1769 847 1798">115.34 (d): The auditor is not required to audit this provision.</p> <p data-bbox="242 1825 1497 1921">Based on a review of the PAQ, F.3400, the Specialized Investigations: Sexual Abuse and Harassment curriculum, a review of investigator training records as well as the interview with the investigator, indicates that this standard appears to be compliant.</p>

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="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 376 300">Documents:</p> <ol data-bbox="242 327 1262 528" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Sexual Abuse and Sexual Harassment Medical and Mental Health Response Training Curriculum 4. Medical and Mental Health Staff Training Records <p data-bbox="242 562 363 591">Interviews:</p> <ol data-bbox="242 618 756 647" style="list-style-type: none"> 1. Interview with Medical and Mental Health Staff <p data-bbox="242 680 507 710">Findings (By Provision):</p> <p data-bbox="242 736 1493 1227">115.35 (a): The PAQ indicated that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. F.3400, page 8 states that all full and part time medical and mental health care practitioners who work regularly in its facilities shall be trained in: detecting and assessing signs of sexual abuse and sexual harassment; preserving physical evidence of sexual abuse; responding effectively and professionally to victims of sexual abuse and sexual harassment; and how and whom to report allegations or suspicions of sexual abuse and sexual harassment. The training is conducted via the Sexual Abuse and Sexual Harassment Medical and Mental Health Response training. A review of the training curriculum confirmed that it includes the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The updated PAQ indicated that the facility has 31 medical and mental health care staff and 100% of the staff have received the specialized training. A review of nine medical and mental health staff training records confirmed that all nine had completed the specialized medical and mental health training. Interviews with medical and mental health staff confirm that they received specialized training related to sexual abuse and sexual harassment. The staff stated that the training discussed how to keep inmates safe, preserving evidence, reporting procedures, signs and symptoms and mandatory reporting laws. Both staff confirmed that the training covered the required topics under this provision.</p> <p data-bbox="242 1261 1437 1350">115.35 (b): The PAQ indicated that this provision does not apply as agency medical and mental health care staff do not perform forensic medical examinations. Interviews with medical and mental health staff confirm that they do not perform forensic medical examinations.</p> <p data-bbox="242 1384 1485 1507">115.35 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. F.3400, page 9 states that verification of employee training shall be documented on form OSDT-1 and in appropriate agency training tracking system. A review of nine medical and mental health staff training records confirmed that all nine have completed the specialized medical and mental health training.</p> <p data-bbox="242 1541 1485 1697">115.35 (d): F.3400, page 8 states that medical and mental health care practitioners shall complete mandated training defined in section .3406(a) for employees; or mandated training defined in section .3406(b) for volunteers, custodial agents, contractors and other persons providing services to offenders for contractor’s. A review of nine medical and mental health staff training records indicated that eight had completed the staff PREA training and one had completed the contractor PREA training.</p> <p data-bbox="242 1731 1485 1821">Based on a review of the PAQ, F.3400, Sexual Abuse and Sexual Harassment Medical and Mental Health Response training curriculum, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate that this standard appears to be compliant.</p>

115.41 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy
3. Diagnostic Center Procedure (DCP) 305 – Psychological and Psychiatric Referral
4. Initial Risk Screening Tool
5. Reassessment and Transfer Screening Tool
6. PREA Screening Compliance Tool Memorandum
7. Risk to Sexual Victimization and Abusiveness Screening Guide (Prisons)
8. Inmate Assessment and Reassessment Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Random Inmates
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of Where Inmate Files are Located

Findings (By Provision):

115.41 (a): The PAQ indicated that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates. F.3400, page 10 states that all offenders and safekeepers shall receive a mental health screening (MHSI), administered via the web-based Offender Population Unified System (OPUS) intake system, within 72 hours after admission to prison. Diagnostic Services staff shall conduct screening to determine an offender’s risk of being sexually abused by other offenders or their risk of being sexually abusive toward other offenders. DCP 305 further states that using the following risk factors, inmates will also be evaluated during diagnostic processing to determine if they are prone to victimize other inmates. They are: guilty of substantiated PREA incidents, and/or identified as a “sex predator”, and/or guilty of assaultive sexual infraction, and/or convicted of sex and violent offense an guilty of sexual act and violent infractions. During the tour, the auditor observed the intake area, but confirmed that this is not the area where the risk screening is conducted. The risk screening is conducted in an open area with numerous cubicle style desk. The space does not allow for confidentiality or privacy. The interview with the staff responsible for the risk screening confirmed that inmates are screened for their risk of victimization and abusiveness during intake. Interviews with 23 inmates that arrived within the previous twelve months (four of the 27 interviewed arrived prior to the twelve months) indicated that twelve were asked questions related to risk of victimization and abusiveness.

115.41 (b): The PAQ indicated that the policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. F.3400, page 10 states that 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 prison. Diagnostic Services staff shall conduct 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 PAQ indicated that 795 inmates were screened within 72 hours over the previous twelve months. This indicates that 100% of those whose length of stay was for 72 hours or more received a risk screening within 72 hours. A review of 23 inmate records of those that arrived within the previous twelve months indicated that 22 had an initial risk screening. Of the 24 risk screenings that were completed, fifteen were completed within 72 hours. The interview with the staff responsible for the risk screening confirmed that inmates are screened for their risk of victimization and abusiveness within 72 hours. Interviews with 23 inmates that arrived within the previous twelve months indicate that twelve were asked the questions related to risk of victimization and abusiveness a few

days after they arrived.

115.41 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. F.3400, page 10 states that the screening shall use an objective screening instrument that obtains the following minimum biographical data about the offender: whether the offender has a mental, physical or developmental disability; the age of the offender; the physical build of the offender; whether the offender has previously been incarcerated; whether the offender's criminal history is exclusively nonviolent; whether the offender has prior convictions for sex offenses against an adult or child; whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the offender has previously experienced sexual victimization; the offender's own perception of vulnerability and whether the offender is detained solely for civil immigration purposes. Additionally, policy states that the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing offenders for risk of being sexually abusive. A review of the initial risk screening tool in the electronic OPUS system indicates that inmates are asked about mental health concerns, prior sexual abuse, prior charges or convictions for a sex offense, prior violent behavior, sexual orientation, special education history, the inmates perceived risk of sexual victimization and the screening staff's perception of whether the inmate is lesbian, gay, bisexual, transgender, intersex or gender nonconforming. Additionally, the Risk of Sexual Victimization and Abusiveness Screening Guide indicates that general information such as gender, body build, race, age, height, weight, physical and mental health capabilities, education level, developmental disabilities and arrest history are completed on the Screening Inventory which is factored into the risk screening assessment tool. OPUS automatically calculates each response to the screening questions to determine if the offender is considered high-risk for victimization and/or abusiveness.

115.41 (d): F.3400, page 10 states that the screening shall use an objective screening instrument that obtains the following minimum biographical data about the offender: whether the offender has a mental, physical or developmental disability; the age of the offender; the physical build of the offender; whether the offender has previously been incarcerated; whether the offender's criminal history is exclusively nonviolent; whether the offender has prior convictions for sex offenses against an adult or child; whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the offender has previously experienced sexual victimization; the offender's own perception of vulnerability and whether the offender is detained solely for civil immigration purposes. A review of the electronic OPUS system indicates that inmates are asked fourteen questions including: have you ever been a victim of sexual abuse, have you ever been convicted of or charged with a sex offense, have you ever engaged in violent behavior, what is your sexual orientation, do you feel like you are at risk of being harmed (physically, emotionally or sexually). The screening also has a question for the screening related to their perception of whether the inmate is gay, lesbian, bisexual, transgender, intersex or gender nonconforming. A review of the initial risk screening tool in the electronic OPUS system indicates that inmates are asked about mental health concerns, prior sexual abuse, prior charges or convictions for a sex offense, prior violent behavior, sexual orientation, special education history, the inmates perceived risk of sexual victimization and the screening staff's perception of whether the inmate is lesbian, gay, bisexual, transgender, intersex or gender nonconforming. Additionally, the Risk of Sexual Victimization and Abusiveness Screening Guide indicates that general information such as gender, body build, race, age, height, weight, physical and mental health capabilities, education level, developmental disabilities and arrest history are completed on the Screening Inventory which is factored into the risk screening assessment tool. OPUS automatically calculates each response to the screening questions to determine if the offender is considered high-risk for victimization and/or abusiveness. The staff responsible for the risk screening indicated that that the risk screening includes yes or no questions and a drop down for LGBTI preference/identity. The staff stated that the assessment asks whether the offender is at risk to be victimized, is LGBTI, has any previous sexual abuse and then based on their answers it determines how likely they are to be victimized and their risk level. The risk screening staff member stated there is a longer risk screening process at the intake center but at Southern they only ask the four questions.

115.41 (e): F.3400, page 10 states that the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing offenders for risk of being sexually abusive. A review of the initial risk screening tool in the electronic OPUS system indicates that inmates are asked about mental health concerns, prior sexual abuse, prior charges or convictions for a sex offense, prior violent behavior, sexual orientation, special education history, the inmates perceived risk of sexual victimization and the screening staff's perception of whether the inmate is lesbian, gay, bisexual, transgender, intersex or gender nonconforming. Additionally, the Risk of Sexual Victimization and Abusiveness Screening Guide indicates that general information such as gender, body build, race, age, height, weight, physical and mental health capabilities, education level, developmental disabilities and arrest history are completed on the Screening Inventory which is factored into the risk screening assessment tool. OPUS automatically calculates each response to the screening questions to determine if the offender is considered high-risk for victimization and/or abusiveness. The staff responsible for the risk screening indicated that that the risk screening includes yes or no questions and a drop down for LGBTI preference/identity. The staff stated that the assessment asks whether the offender is at risk to be victimized, is LGBTI, has any previous sexual abuse and then based on their answers it determines how likely they are to be victimized and their risk level. The risk screening staff member stated there is a longer risk screening process at the intake center but at Southern they only ask the four questions.

115.41 (f): The updated PAQ indicated that the policy requires that the facility reassess each inmate's risk of victimization or

abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. F.3400, page 11 states that within a set time period, not to exceed 30 days from the offender's arrival at the facility, the facility will reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. The updated PAQ indicated that the facility requires inmates to be reassessed and that 705 inmates were reassessed within 30 days, which is equivalent to 100% of inmates that stayed for 30 days or more. The memo from the Director of Rehabilitative Services indicated that prior to April 30, 2021 the agency was not conducting reassessments. The issue was identified during a previous audit and the agency updated their risk screening process. A training PowerPoint was created related to the changes in OPUS and was provided to agency staff as well as the memo. The memo indicates that effective April 30, 2021 all inmates are to be reassessed within 30 days and the OPUS system would electronically trigger staff to complete this review. A review of the Reassessment and Transfer Risk Screening indicates that inmates are asked five questions upon transfer to a new facility and during the 30 day reassessment, including: prior victimization that was not already reported, the inmate's sexual preference, the inmate's gender identity and/or sexual preference, the staff's perception of whether the inmate is LGBTI and the inmate's perception on their risk for being sexually abuse. The interview with the staff responsible for the risk screening indicated inmates are reassessed within 30 days. Interviews with 23 inmates that arrived within the previous twelve months indicated that only one had a reassessment completed. A review of 23 inmate files of those that arrived in the previous twelve months indicated that ten had a reassessment completed. Of the ten, nine were completed within 30 days.

115.41 (g): The updated PAQ indicated that the policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The agency does not have a policy related to this provision. The interview with the staff responsible for the risk screening indicated that inmates are not reassessed when warranted due to referral, request, incident of sexual abuse or receipt of additional information. Interviews with 23 inmates that arrived within the previous twelve months indicated that only one had a reassessment completed. A review of 23 inmate files of those that arrived in the previous twelve months indicated that ten had a reassessment completed. Of the ten, nine were completed within 30 days. There were zero substantiated sexual abuse allegations, and as such there were not reassessments required due to allegation of sexual abuse. The facility did not have information related to reassessments for the victims of the unsubstantiated sexual abuse allegations.

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

115.41 (i): F.3400, page 11 states that the responses to the MHSI, are confidential; therefore the facility shall implement appropriate controls on the dissemination of response to questions asked in order to ensure that sensitive information is not exploited to the offender's detriment by staff or other offenders. The interview with the PREA Coordinator indicated that each division has a process that is confidential. For the adult and community confinement division the system is OPUS. He stated that there is limited access to the system and only assigned individuals have certain access. The PCM stated that the agency has outlined who has access to the risk screening information so it is not exploited. She stated that only a staff with a need to know has access to ensure the inmate's job placement requirements while maintaining confidentiality. She indicated the information is not included in any emails that are public record. The staff responsible for risk screening confirmed that the agency has outlined who should have access to the risk screening information to ensure it is not exploited.

Based on a review of the PAQ, F.3400, DCP 305, the Initial Risk Screening Tool, the Reassessment and Transfer Screening Tool, the PREA Screening Compliance Tool Memorandum, the Risk to Sexual Victimization and Abusiveness Screening Guide (Prisons), a review of inmate files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicate that this standard requires corrective action. During the tour, the auditor observed the intake area, but confirmed that this is not the area where the risk screening is conducted. The risk screening is conducted in an open area with numerous cubicle style desk. The space does not allow for confidentiality or privacy. Interviews with 23 inmates that arrived within the previous twelve months indicated that only one had a reassessment completed. A review of 23 inmate files of those that arrived in the previous twelve months indicated that ten had a reassessment completed. Of the ten, nine were completed within 30 days. With regard to provision (g), the agency does not have a policy related to this provision. Additionally, the interview with the staff responsible for the risk screening indicated that inmates are not reassessed when warranted due to referral, request, incident of sexual abuse or receipt of additional information.

Corrective Action

The facility will need to develop a process for the risk screening to ensure that it is conducted in a more private and

confidential setting. Once the process is established a process memo will need to be provided as well as photos of where the risk assessment will be conducted. With regard to reassessments the facility will need to provide training on the requirements under this standard and current agency policy and practice. Training documentation will need to be provided to the auditor. Additionally, the facility will need to provide a list of inmates that arrived during the corrective action period. The auditor will select a sample to review to ensure that the facility has completed the reassessments as required. The agency will need to update their current policy with the requirement under provision (g). Appropriate staff will need to be provided training on the requirements under this standard. The training curriculum and training records should be provided to the auditor.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Updated Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy
2. OPUS Manual
3. Staff Training Documentation
4. Process Memorandum Related to Risk Screening Areas
5. Photos of Risk Screening Areas
6. List of Inmates Received During the Corrective Action Plan
7. Sample of Initial Assessments and Reassessments

On May 17, 2022 the agency provided the auditor with the updated policy related to reassessments due to request, referral, incident of sexual abuse and receipt of additional information. The agency advised that the OPUS system automatically reevaluates inmates' risk levels due to receipt of additional information, including after an investigation is completed (to include sexual abuse and sexual harassment investigations). A review of the OPUS Manual, page 19, confirms that "OPUS automatically reassesses an offender in the event new information has been received (e.g., offender weight gain, age change, ADA status change, investigation outcome, and education level programming is completed). The auditor advised that while the system may do this facet of the provision, request, and referrals are manual reassessments and as such training was still needed related to this practice. F.3400 interim policy and procedure, dated March 10, 2022, states an offender's risk level shall be reassessed when warranted due to referral, request, incident of sexual abuse and/or sexual harassment or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. On June 13, 2022 the facility provided the auditor with a process memo related to the area that risk assessments would be completed. The memo stated that risk assessments would be completed in offices on each of the housing units. Additionally, documentation confirmed that all appropriate staff were provided the Risk of Sexual Victimization and Abusiveness Screening Guide and were provided training on the initial screening and reassessment and how this information is utilized to inform decisions about housing, bed, program, work and education assignments. On June 13, 2022 and June 22, 2022 the facility provided training documentation confirming that appropriate staff were trained on the requirements, the appropriate location for risk screenings and the revised policy language. The facility also provided photos of the offices where the risk screening would be conducted to confirm they were a private setting.

During the corrective action period the facility provided the auditor with a list of inmates that arrived at the facility. The auditor selected thirteen inmates from the list. All thirteen had an initial risk screening conducted at Southern. Five of the thirteen were past the 72 hours, however three were over a weekend and were one day late. Eleven of the thirteen had a 30 day reassessment completed. One inmate was transferred prior to the 30 days and one inmate was missing the reassessment. Of the eleven completed, three were past the 30 days. While one reassessment was missing and three were late, the auditor determined that these were due to human error and not a systematic failure related to the process.

Based on the documentation provided, the facility has corrected this standard.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 300">Documents:</p> <ol data-bbox="240 327 1211 640" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Policy and Procedure F.4300 – Evaluation & Management of Transgender Offenders 4. Housing Assignments of Inmates at Risk of Sexual Victimization and/or Sexual Abusiveness 5. Transgender/Intersex Biannual Reassessments 6. LGBTI Housing Assignments <p data-bbox="240 674 363 703">Interviews:</p> <ol data-bbox="240 730 804 931" style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with PREA Coordinator 3. Interview with PREA Compliance Manager 4. Interview with Gay, Lesbian and Bisexual Inmates <p data-bbox="240 958 528 987">Site Review Observations:</p> <ol data-bbox="240 1014 596 1104" style="list-style-type: none"> 1. Location of Inmate Records 2. Shower Area in Housing Units <p data-bbox="240 1131 507 1160">Findings (By Provision):</p> <p data-bbox="240 1187 1493 1951">115.42 (a): The updated PAQ indicated that the agency/facility uses information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. F.3400, page 13 states that the information from the screening for risk of victimization and abusiveness shall be used to inform housing, bed, work, education and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized for those at high risk of being sexually abusive. The policy details managing housing and bed assignments including: offenders identified as high risk abusers shall be restricted from double-cell housing and newly admitted high risk abusers will be reviewed weekly by prison administration and manager of classification services. Policy indicates that when managing work assignments, facilities will consider such factors as the amount of staff supervision in the area, the presence or absence of surveillance equipment, and whether the job is in an isolated area prior to making assignments for high risk abusers. A review of documentation related to the risk screening confirmed that the electronic system will not allow inmates at high risk of victimization and/or abusiveness in certain housing units and job assignments. During the tour the auditor observed that any physical paper inmate files are behind a locked door with limited access to ensure sensitive information is not disseminated. The interview with the PREA Compliance Manager indicated that the information from the risk screening is used to identify the high risk inmates, concentrating on the high risk abusers and keeping them from victimizing other inmates by not placing them in jobs where they can be alone such as canteen operators, barbers, etc. The interview with the staff responsible for the risk screening indicate that information from the risk screening is utilized to house inmates appropriately. The staff member stated that the facility houses high risk inmates in areas that are easily seen by staff and that they do not place high risk inmates in housing units together or in job assignments together. A review of housing and job assignments for inmates at high risk of victimization and inmates at high risk of abusiveness confirmed that information from the risk screening is utilized to house inmates appropriately. Inmates at high risk of victimization were not housed with inmates who were at a high risk of being sexually abusive. Additionally, inmates on the high risk victimization list were not assigned as canteen operators or barbers.</p> <p data-bbox="240 1977 1493 2145">115.42 (b): The updated PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each inmate. F.3400, page 13 states that the facility shall make individualized determination for bed assignments, based on facility housing designs, to ensure the safety of each offender. It further states that facilities shall take appropriate actions to ensure all job assignments are appropriate for high-risk abusers. Page 14 also states that facilities shall take appropriate action to ensure all program assignments are appropriate for high-risk abusers. The interview with the staff</p>

responsible for the risk screening indicate that information from the risk screening is utilized to house inmates appropriately. The staff member stated that the facility houses high risk inmates in areas that are easily seen by staff and that they do not place high risk inmates in housing units together or in job assignments together.

115.42 (c): The updated PAQ indicated that the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. F.3400, page 14 states that in deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems. The interview with the PCM indicated that there is a committee that has been set up that makes these decisions on a case-by-case basis. She confirmed that the agency considers whether the placement will ensure the inmate's health and safety and whether the placement would present any management or security problems. There were zero transgender and intersex inmates at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.42 (d): F.3400, page 14 states that placement and programming assignments for each transgender or intersex offender shall be reassessed by the case manager at least twice each year to review any threats to safety experienced by the offender. The facility indicated during the audit period they had one transgender inmate. A review of documentation indicated that the transgender inmate was only reviewed once by the transgender committee. The PCM confirmed that transgender and intersex inmates are reviewed at least twice a year to assess any threats to safety by the mental health committee that decides their housing. The staff responsible for the risk screening confirmed transgender and intersex inmates are reassessed at least twice per year.

115.42 (e): F.3400, page 14 states that transgender and intersex offender's own views with respect to his or her own safety shall be given serious consideration. The interviews with the PCM and staff responsible for the risk screening confirmed that transgender and intersex inmates' views with respect to their safety are given serious consideration. There were zero transgender and intersex inmates at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.42 (f): F.3400, page 14 states that transgender and intersex offender shall be given the opportunity to shower separately from other offenders. During the tour the auditor observed that showers had a curtain at the entrance and then curtains for each individual shower. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates are afforded the opportunity to shower separately. The PCM stated that they do not currently have any transgender inmates but if there were any they would set up a time that the inmate(s) could shower separately. There were zero transgender inmates at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.42 (g): F.3400, page 14 states that the agency shall not place lesbian, gay, bisexual, transgender or intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit or wing established in connection with a consent decree, legal settlement or legal judgment for the purpose of protecting such offenders. The interview with the PC confirmed that they are not subject to a consent decree and that there is not a dedicated facility for LGBTI inmates. He further stated that there is a review committee and offenders are screened and how they respond to how they identify is provided to the Warden and mental health staff to handle per policy and procedure. The PCM confirmed that the agency goes not have a consent decree and that LGBTI inmates are not placed in dedicated facilities, units or wings solely because of their identification or status. A review of housing assignments for LGBTI inmates confirmed that the identified inmates were not all housed in one unit or wing of the facility.

Based on a review of the PAQ, F.3400, F.4300, inmates at risk of sexual abusiveness and sexual victimization housing determinations, transgender or intersex biannual assessments, LGBTI inmate housing assignments, observations made during the tour and information from interviews with the PC, PCM, staff responsible for conducting the risk screening and LGBTI inmates, indicates that this standard requires corrective action. The facility indicated during the audit period they had one transgender inmate. A review of documentation indicated that the transgender inmate was only reviewed once by the transgender committee.

Corrective Action

The facility will need to train staff on the requirements under PREA for transgender and intersex inmates. The facility will need to provide the auditor with the training documents. If additional documents are available for transgender inmates housed at the facility during the audit period the facility will need to provide these to the auditor. If the facility houses any transgender inmates during the corrective action period the auditor will need to be provided the biannual assessments.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training Documents
2. Transgender Inmate Biannual Assessments

On June 28, 2022 the facility provided the auditor with a memo describing the information that was provided during a staff training in March 2022. The training discussed all the elements under this standard related to transgender and intersex inmates. Additionally, staff were provided a copy of the Risk to Sexual Victimization and Abusiveness Screening Guide. A sign-in sheet was provided to confirming appropriate staff were trained.

The facility provided the auditor with a list of transgender and intersex inmates at the facility during the corrective action plan. There was one transgender inmate housed at Southern. A review of documentation indicated that the inmate was seen by the facility's Transgender Accommodation Committee on March 22, 2022 and May 3, 2022.

Based on the documentation provided, the facility has corrected this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy
3. Inmates at High Risk of Victimization Housing Assignments

Interviews:

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing

Site Review Observations:

1. Observations in the Segregated Housing Unit

Findings (By Provision):

115.43 (a): The updated PAQ indicated that the agency has a policy prohibiting the placement of 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. It further indicated that there were zero instances where inmates had been placed in involuntary segregated housing due to their risk of sexual victimization. F.3400, page 15 states that offenders at high risk for sexual victimization shall not be placed in restrictive housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If the facility cannot conduct such an assessment immediately, the facility may hold the offender in restrictive housing for less than 24 hours while completing the assessment. The interview with the Warden confirmed that agency policy prohibits placing inmates at high risk of sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and it is determined that there are no alternative means of separation from likely abusers. A review of housing assignments for current inmates at high risk of sexual victimization confirmed that none were placed in involuntary segregated housing due to their risk of victimization.

115.43 (b): F.3400, page 15 states that offenders placed in restrictive housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: the opportunities that have been limited, the duration of the limitation, and the reasons for such limitations. During the tour the auditor observed that the segregated housing had a separate indoor recreation area as well as a space that can be utilized for programming and education. The interview with the staff who supervise inmates in segregated housing confirmed that inmates at high risk of sexual victimization placed in involuntary segregated housing would have access to recreation, work, programs, education, etc. to the extent possible. He further confirmed that that any restrictions would be documented.

115.43 (c): The updated PAQ indicated there were zero inmates at risk of sexual victimization who were assigned to involuntary segregated housing due to their risk of sexual victimization for over 30 days. F.3400, page 15 states that the facility shall assign such offender to restrictive housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. Policy further states that alternative placement can include, but are not limited to, the following temporary options: relocation to a different housing unit; placement in a cell or bed closer to the Corrections Officer's desk within the unit; any other housing area that the facility head or designee deems appropriate to separate from likely abusers. The interview with the Warden confirmed that inmates would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. He stated they would typically remain no longer than three days while they evaluated alternative means of separation. The interview with the staff who supervise inmates in segregated housing confirmed that inmates would only be placed in involuntary segregated housing until they could find an alternative means of separation. He stated inmates would rarely be placed in segregation over 30 days. There were no inmates identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

115.43 (d): The updated PAQ indicated there were zero inmates at risk of sexual victimization who were held in involuntary segregated housing in the past twelve months who had both a statement of the basis for the facility's concern for the inmate's safety and the reason why alternative means of separation could not be arranged. F.3400, page 15 states that if a

restrictive housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document: the basis for the facility's concern for the offender's safety and the reason why no alternative means of separation can be arranged. A review of housing assignments for current inmates at high risk of sexual victimization confirmed that none were placed in involuntary segregated housing due to their risk of victimization.

115.43 (e): The updated PAQ indicate that if an inmate was placed in segregation due to risk of victimization, they would be reviewed every 30 days to determine if there was a continued need for the inmate to be separated from the general population. F.3400, page 16 states that every 30 days, the facility shall afford each such offender a review to determine whether there is a continuing need for separation from the general population. The interview with the staff who supervise inmates in segregated housing confirmed that inmates would be reviewed at least every 30 days for their continued placement. There were no inmates identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

Based on a review of the PAQ, F.3400, high risk inmate housing assignments, observations from the facility tour as well as information from the interviews with the Warden and staff who supervise inmates in segregated housing indicates this standard appears to be compliant.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy
3. Policy and Procedure D.0300 – Offender Use of the Mail
4. Offender Orientation Handbook
5. Sexual Abuse Awareness Brochure
6. PREA Poster

Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observation of Posted PREA Reporting Information

Findings (By Provision):

115.51 (a): The PAQ indicated that the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. F.3400, page 16 states that multiple internal ways shall be provided for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Page 17 further states that ways of reporting incidents of sexual abuse and harassment include: to any employee, through the administrative remedy process, through the PREA/grievance locked box and through the toll free telephone number for reporting directly to an external agency or entity. Additionally, the policy states that third party reporting can be made via email, phone or letter. A review of additional documentation to include the brochure and handbook indicated that they advise inmates to report: verbally or in writing to any staff member, visitor, attorney or family member; in writing through the information form or grievance form; externally to an entity outside the prison; to the local crisis center (*63 feature); to any family, friend volunteer, law enforcement, Department of Public Safety Management other governmental agency, the media or the Governor's Office; through the PREA line; by sending a letter to the PREA Office or by dropping a letter in the PREA box outside the dining hall. The agency also has PREA poster that indicate the numerous ways for the inmates to report. During the tour, the auditor observed one or two PREA posters. The posters included information on how to report, including to any departmental employee, through the administrative remedy process, by writing the PREA Office, to a third party, to the local rape crisis center (a signed consent form must be received before the facility can be informed) and/or through the external reporting entity, Project Offender Reporting Sexual Abuse (ORSA). While these posters exist, the facility did not have many posted and the few that were posted were very hard to find. Interviews with 27 inmates confirmed that all 27 were aware of at least one method to report sexual abuse and sexual harassment. Most inmates indicated that they would report through the hotline, staff or a grievance. Interviews with fourteen random staff confirmed that inmates can report through the hotline, drop box, grievance, letter, officer and request.

115.51 (b): The PAQ stated that the agency provides at least one way for inmates to report sexual abuse to a public or private entity or office that is not part of the agency. Additionally, the PAQ states that the facility does not house inmates solely for civil immigration purposes. F.3400, page 16 states that at least one way shall be provided for offenders to report abuse or sexual harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to agency officials, allowing the offender to remain anonymous upon request. A review of the PREA poster confirmed that inmates can report externally to Project Offender Reporting Sexual Abuse by calling 972-535-3499. The poster states that anonymous report will be investigated. A review of the PREA brochure indicates that inmates are provided information on Project ORSA, which is a partnership between the NCDPS and Forgiven Ministry. The brochure advises that information will be provided to the facility for

investigation and that the inmate has a right to remain anonymous. The PREA brochure further provides inmates information on when the number is monitored and how to report if there is an immediate safety concern. The auditor reached out to the Regional staff member about the call and he provided a screen shot confirming that information was received by the agency. The auditor was not required to utilize a pin number or utilize voice recognition and as such the auditor determined that even though the phone is monitored, inmates are able to remain anonymous. The interview with the PCM indicated that inmates can report through Prisoners Legal Services and they can also contact family and friends via mail and telephone. She further stated that family and friends can contact the PREA office directly and inmates can also write the PREA office directly. The PCM stated that inmates with authorized profiles can report anonymously directly to the PREA office, Director's office or the Governor's office. During the tour there were limited PREA posters with the Project ORSA information posted around the facility. Interviews with 27 inmates indicated that six were aware of the outside reporting entity and sixteen were aware they could anonymously report. The facility does not house inmates detained solely for immigration services and as such this part of the provision is not applicable.

115.51 (c): The updated PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. It further indicated that staff are required to document verbal reports immediately. F.3400, page 17 states that all reports of sexual abuse and sexual harassment, however made are to be forwarded to the Facility Head and the PREA office. Additionally, it states that all staff are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against offenders or staff who reported such incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. A review of documentation confirmed that three of the allegations were reported verbally and in all three instances staff completed a written incident report the same date as the allegation. Interviews with 27 inmates indicate that 26 knew they could report verbally and/or in writing and 26 knew they could report through a third party. Interviews with fourteen staff indicated that inmates can report verbally, in writing, anonymously and through a third party. Staff stated that they would immediately document any verbal reports. It should be noted that during inmate interviews, many inmates indicated that verbal reports are not taken seriously at the facility. The inmates stated that staff require the inmates to submit all allegations in writing. If an inmate reports verbally they require them to submit it in writing either through request or through a grievance. The auditor was unable to confirm or deny this information. As such, the information was passed on to the facility leadership and the auditor made the recommendation to provide training to the facility staff related to accepting verbal reports of sexual abuse and not requiring inmates to submit reports in writing.

115.51 (d): The PAQ indicates the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. It further states that staff can privately report through email to the PREA office. F.3400, page 17 states that staff may report allegations privately. Ways to report include but are not limited to: the PREA office by email (PREA@ncdps.gov) or by telephone (919-825-2754), anonymous by contacting the Fraud, Waste, Abuse & Misconduct Hotline (844-208-4018) or by calling local law enforcement. Interviews with fourteen staff indicated that twelve were aware that they could privately report sexual abuse of an inmate. Most staff stated there is a box that they can submit reports through.

Based on a review of the PAQ, F.3400, D.0300, the PREA brochure, the handbook, the PREA poster, observations during the tour, information from interviews with the PCM, random inmates and random staff indicate this standard appears to require to be compliant.

Recommendation

The auditor highly recommends that the facility post reporting information around the facility for inmates to access to ensure they are more aware of the options they have for reporting, including the outside entity and the ability to remain anonymous. The auditor also recommends that these options be emphasized during comprehensive PREA education. The auditor recommends that the PCM be educated on the outside entity as well as she was unfamiliar on this process. Additionally, the auditor recommends that staff be educated about the requirement of accepting verbal reports from inmates as outlined in provision (c) and not requiring them to submit a written report.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 376 297">Documents:</p> <ol data-bbox="242 327 943 640" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure G.300 – Administrative Remedy Procedure 3. Offender Orientation Handbook 4. Sexual Abuse Grievances 5. Grievance Log 6. Sample Grievances <p data-bbox="242 674 363 701">Interviews:</p> <ol data-bbox="242 730 667 757" style="list-style-type: none"> 1. Inmates who Reported Sexual Abuse <p data-bbox="242 790 504 817">Findings (By Provision):</p> <p data-bbox="242 846 1422 904">115.52 (a): G.0300 is the policy related to grievance procedures for inmates. The PAQ indicated that the agency is not exempt from this standard.</p> <p data-bbox="242 938 1481 1167">115.52 (b): The PAQ indicated that agency policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The PAQ further indicated that inmates are not required to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. G.0300, page 3 states that if a grievance complains about sexual abuse or harassment of an inmate(s), immediate notification shall be made to the Department of Public Safety’s PREA office. Further, the policy states that no inmate grievance alleging sexual abuse or harassment shall be rejected. A review of handbook confirmed that information on grievances is provided to inmates on the second to last page (page numbers are missing)</p> <p data-bbox="242 1200 1485 1458">115.52 (c): The PAQ updated stated that agency policy and procedure allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. It further stated that agency policy and procedure requires that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. G.0300, page 3 that no employee who appears to be involved in a grievance shall participate in any capacity in the resolution process, except as a witness where necessary. In addition, no employee who appears to be involved in an inmate sexual abuse or sexual harassment allegation shall accept a grievance which suggest such personal involvement or shall participate in any capacity in the response to the grievance. A review of handbook confirmed that information on grievances is provided to inmates on the second to last page (page numbers are missing)</p> <p data-bbox="242 1491 1493 2145">115.52 (d): The PAQ stated that agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The updated PAQ indicated there were 21 sexual abuse grievances filed in the previous twelve months and ten of the grievances reached a final decision in 90 days. The updated PAQ further indicated that the agency always notifies an inmate in writing when the agency files for an extension, including notice of the date by which a decision will be made. G.0300, page 4 states that from filing to final disposition, all grievances shall be processed within 90 days. Within three days after submission of the grievance, the inmate who submits the grievance will be notified of the acceptance or rejection in writing upon the appropriate form. At step one, formal written response to the inmate shall be made within fifteen days from the date of acceptance of the grievance. At step two, formal written response to the inmate shall be made within 20 days from the date of request for step two review. Policy further states that if at any level of the administrative remedy process, including the final level, the inmate does not receive a response within the time provided for reply, including any properly noticed extension, the absence of a response shall be a denial at that level which the inmate may appeal, but the 24 hour time limited to request an appeal does not begin until the inmate receive a written denial. Prisons may grant an extension of time to respond for up to 70 days, if the normal time period for response in insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made. A review of documentation indicated that there were 20 grievances filed, however only four were sexual abuse allegations. All four sexual abuse grievances had a response provided within 90 days. An additional review of the grievance log and sample of grievances confirmed there were zero additional sexual abuse allegations filed in the previous twelve months. The interviews with inmates who reported sexual abuse indicated that one of the four knew the facility was required to inform them of the outcome of the investigation into their allegation. One of the inmates stated he reported the allegation via a grievance and was provided a response that the</p>

allegation was under investigation a few weeks after he submitted the grievance.

115.52 (e): The PAQ indicated that agency policy and procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. The PAQ also indicated that agency policy and procedure require that if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline. G.0300, page 2 states that third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates shall be permitted to assist inmates in submitting a grievance related to allegations of sexual abuse and shall be permitted to submit such a grievance on behalf of an inmate. If a third party submits a grievance on behalf of an inmate, the facility may require, as a condition of processing the grievance, that the alleged victim agree to have the grievance submitted on his or her behalf and also may require that alleged victim personally to pursue any subsequent steps in the grievance process. If the inmate declines to have the grievance processed on his or her behalf, the facility shall document the inmate's decision. The updated PAQ indicated there were zero third-party grievances filed in the previous twelve months where the inmate declined assistance and contained the inmate's decision to decline. A review of the four sexual abuse grievances, the grievance log and a sample of grievances confirmed that there were zero third party sexual abuse grievances filed in the previous twelve months.

115.52 (f): The PAQ indicated that the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. It further indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The PAQ also indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days. G.0300, page 6 states that if an emergency grievance alleges an inmate is subject to a substantial risk for imminent sexual abuse, the facility shall: immediately forward the grievance to a level of review which immediate corrective action can be taken, provide an initial response within 48 hours, and issue a final agency decision within five calendar days. Policy further states that the initial response and final decision shall document the agency's determination that the inmate is at substantial risk of imminent sexual abuse and the action take in response to the emergency grievance. The updated PAQ indicated there were zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. A review of the four sexual abuse grievances, the grievance log and sample grievances confirm that there were zero grievances filed alleging imminent risk of sexual abuse.

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

Based on a review of the PAQ, G.300, handbook, the grievance log, sexual harassment grievances, sample grievances and information from the interviews with inmates who reported sexual abuse, this standard appears to be compliant.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 327 1155 584" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Memorandum of Understanding with Esther House of Montgomery County 4. Esther House Brochure 5. Reporting Poster <p data-bbox="240 613 363 640">Interviews:</p> <ol data-bbox="240 669 807 757" style="list-style-type: none"> 1. Interview with Random Inmates 2. Interview with Inmates who Reported Sexual Abuse <p data-bbox="240 786 528 813">Site Review Observations:</p> <ol data-bbox="240 842 732 869" style="list-style-type: none"> 1. Observation of Victim Advocacy Information <p data-bbox="240 898 505 925">Findings (By Provision):</p> <p data-bbox="240 954 1485 1653">115.53 (a): The updated PAQ indicated that the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse and the facility provides inmates with access to such services by enabling reasonable communication. It indicated that the facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers for local, state or national victim advocacy or rape crisis centers. The updated PAQ also stated that inmates the facility does not detain inmates solely for civil immigration purposes. F.3400, page 21 states that offender victims shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving the offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible. The facility has a Memorandum of Understanding with Esther House of Montgomery County which was signed in November 2021. The MOU states that Esther House of Montgomery County will provide crisis intervention and emotional support services to inmates of sexual abuse in Southern Correctional Institution custody, via phone, mail, hospital accompaniment, or in person services. A review of the Esther House brochure confirms that it includes contact information including the mailing address for the Montgomery Office as well as the 24/7 crisis line. The brochure provides information about the Esther House, their services, their volunteer opportunities and what is sexual abuse and domestic violence. During the tour the auditor did not observed any victim advocacy contact information posted around the facility. The auditor tested the advocacy line (*63) during the tour and reached the advocacy center. Interviews with 27 inmates indicated that eight were aware of outside victim advocacy services and were provided contact information for a local, state or national victim advocacy service. The majority of the eights stated they thought the information was provide to them, however they did not know any details about the organization. The interviews with the inmates who reported sexual abuse indicated none of the four were provided a mailing address and phone number for a local rape crisis center.</p> <p data-bbox="240 1682 1485 2145">115.53 (b): The PAQ stated that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. The PAQ stated that the facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. F.3400, page 21 states that the facility shall inform the offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The facility has a Memorandum of Understanding with Esther House of Montgomery County which was signed in November 2021. The MOU states that Esther House of Montgomery County will provide crisis intervention and emotional support services to inmates of sexual abuse in Southern Correctional Institution custody, via phone, mail, hospital accompaniment, or in person services. A review of the Esther House brochure confirms that it includes contact information including the mailing address for the Montgomery Officer as well as the 24/7 crisis line. The brochure provides information about the Esther House, their services, their volunteer opportunities and what is sexual abuse and domestic violence. During the tour the auditor observed one Reporting Poster which had the *63 number, but no additional specific victim advocacy contact information. The inmates were not informed the level of confidentiality,</p>

however the Reporting Posters did indicate that if they reported to the *63, the organization was required to obtain their consent before they reported the allegation. The auditor tested the advocacy line (*63) during the tour and reached the advocacy center. Interviews with 27 inmates indicated that eight were aware of outside victim advocacy services and were provided contact information for a local, state or national victim advocacy service. The majority of the eights stated they thought the information was provide to them, however they did not know any details about the organization. The interviews with the inmates who reported sexual abuse indicated none of the four were provided a mailing address and phone number for a local rape crisis center.

115.53 (c): The PAQ indicated that the facility maintains a memorandum of understanding or other agreement with a community service provider that is able to provide inmates with emotional support services related to sexual abuse. The PAQ stated that the facility maintains copies of the agreement. A review of documentation confirms that the facility has an MOU with Esther House of Montgomery County, a local rape crisis center. The MOU was signed in November 15, 2021 and the facility maintains a copy of the MOU.

Based on a review of the PAQ, F.3400, the MOU with Esther House of Montgomery County, the Esther House brochure, and interviews with random inmates and inmates who reported sexual abuse, this standard appears to require corrective action. While the facility has an MOU with a local rape crisis center, inmates are not provided any information, including the phone number and mailing address. The brochure was provided to the auditor, however inmates are not provided the brochure and the brochure was not observed to be posted anywhere within the facility. The auditor did view the reporting poster in one housing unit which had the *63 information. The inmates were not informed the level of confidentiality, however the Reporting Posters did indicate that if they reported to the *63, the organization was required to obtain their consent before they reported the allegation.

Corrective Action

The facility will need to provide the inmates with the telephone number and mailing address to the local victim advocacy center. This can be done through posting the brochure, updating current posters or through developing a new poster. The facility will need to inform the inmates the level of confidentiality related to calls and mail to this organization. Once the information is posted/painted and distributed the facility will need to provide the auditor with labeled photos of the information.

Recommendation

The auditor highly recommends that the facility cover this information during comprehensive PREA education.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Updated Talking Points
2. Updated Offender Orientation Handbook (PREA Information Insert)
3. Victim Advocacy (Esther House) Brochure
4. Photos of Posted Information
5. Documentation of Inmate Education on Victim Advocacy

On June 6, 2022 the facility provided the auditor with the Esther House brochure as well as a memo advising that the information was posted in all the housing units. A review of the brochure indicated that it had the phone number and mailing address to Esther House and indicates the services they provide.

On June 24, 2022 the facility provided the auditor with the Updated Talking Points. The document instructs staff to inform inmates that outside confidential support services are available via the local rape crisis center and services are available for anyone who has ever been a victim of sexual abuse. The speed dial number is provided (*63) and staff advise that the call does not require a pin number and the calls are not monitored or recorded. The document further advises that a consent form is required in order for the rape crisis center to report any allegations.

On June 27, 2022 the facility provided the updated Offender Orientation Handbook which included the PREA Information insert. The insert included information on dialing *63 to contact the local rape crisis center and stated the call does not require a pin number. The handbook also as the name, phone number and address to the local rape crisis center (Esther House). All newly received inmates will receive the handbook with the information and are required to sign the bottom of the PREA Information insert. On the same date the facility provided numerous photos of the *63 information posted in bright green in all

the housing units. Photos were also provided of the Reporting Poster and the Victim Advocacy Brochure posted in each of the housing units. Additionally, documentation was also provided confirming that staff conducted a town hall meeting and discussed the information contained on the PREA Information insert. Sign-in sheets confirmed that inmates received and understood the information.

Based on the documentation provided, the facility has corrected this standard.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 208 451 235">Auditor Discussion</p> <p data-bbox="244 271 376 297">Documents:</p> <ol data-bbox="244 327 1155 412" style="list-style-type: none"> <li data-bbox="244 327 536 353">1. Pre-Audit Questionnaire <li data-bbox="244 383 1155 412">2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy <p data-bbox="244 443 507 470">Findings (By Provision):</p> <p data-bbox="244 501 1469 761">115.54 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and the agency publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. F.3400, page 17 states that third partying reporting can be made via email, phone or letter. A review of the agency’s website (https://www.ncdps.gov/adult-corrections/prison-rape-elimination-act) confirms that there is a link available to report via email. Additionally, the website advises the public that reports of sexual abuse can be made via: the prison facility or judicial district office, to the officer in charge or probation officer, to the facility or division administrator, to any correction employee, to the division director’s office, to the Department of Public Safety Communications Office (1-800-368-1985) and through the PREA administration office (919-825-2754 or prea@ncdps.gov).</p> <p data-bbox="244 790 1278 817">Based on a review of the PAQ, F.3400 and the agency’s website this standard appears to be compliant.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 376 297">Documents:</p> <ol data-bbox="242 327 1155 470" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Investigative Reports <p data-bbox="242 501 363 528">Interviews:</p> <ol data-bbox="242 557 759 757" style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with Medical and Mental Health Staff 3. Interview with the Warden 4. Interview with the PREA Coordinator <p data-bbox="242 788 507 815">Findings (By Provision):</p> <p data-bbox="242 844 1485 1272">115.61 (a): The PAQ indicated that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against inmates or staff who reported such an incident; and/or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. F.3400, page 17 states that all staff are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Staff have a duty to report any allegations that offenders are having sexual relationships with other offenders or with staff. Policy further states that any retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews with fourteen staff confirm that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation. Staff stated they would immediately report to their supervisor.</p> <p data-bbox="242 1303 1481 1697">115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. F.3400, page 32 states that the facility investigator and all others involved in the PREA process, to the extent possible, will ensure confidentiality of PREA complaints except as required in the following circumstances: to cooperate with law enforcement in any investigation and prosecution of the incidents alleged in such complaints; to take and enforce disciplinary action against any staff member as a result of the incidents alleged in the complaint; to defend against claims brought by the offender for violation of the offender’s rights for having been subjected to sexual abuse; and to otherwise comply with the law. Interviews with fourteen staff confirm that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation. Staff stated they would immediately report to their supervisor. Most stated the supervisor would be the officer in charge.</p> <p data-bbox="242 1729 1493 1921">115.61 (c): F.3400, page 18 states that unless otherwise precluded by Federal, State or local law, medical and mental health practitioners shall be required to report sexual abuse to inform offenders of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services. Interviews with medical and mental health care staff confirm that at the initiation of services with an inmate they disclose the limitations of confidentiality and any duty to report. Both staff stated they are required to report any knowledge, suspicion or information related to sexual abuse and sexual harassment. Neither staff stated they were made aware of such allegations.</p> <p data-bbox="242 1953 1477 2114">115.61 (d): F.3400, page 18 states that if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person’s statute, reporting such allegations to the local NC Department of Social Services is required. The interview with the PREA Coordinator stated that policy requires that they contact the Department of Social Services (DSS), the PREA office and the Regional office. The Warden stated that Southern does not house offenders under eighteen and as such this provision does not apply.</p>

115.61 (e): F.3400, page 18 states that the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. The interview with the Warden confirmed that all allegations are reported to the facility investigator. A review of fifteen investigative reports indicate that allegations were reported either verbally, in writing or through the hotline and all allegations were reported to the facility investigator.

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

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden 3. Interview with Random Staff <p>Findings (By Provision):</p> <p>115.62 (a): The PAQ indicated that when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). F.3400, page 18 states that when the staff learns that an offender is subject to a substantial risk of imminent sexual abuse immediate action shall be taken to protect the offender. Policy further describes first responder duties, including separating the alleged victim and alleged perpetrator. The updated PAQ indicated there were zero inmates who were determined to be at risk of imminent sexual abuse. The interview with the Agency Head Designee indicated that if there is an instance where an inmate is determined to be at imminent risk of sexual abuse the facility staff would immediately implement the response plan. She stated that the inmate would be removed from the location and that staff would speak to the inmate one-on-one. An investigation would be initiated and the inmate would be separated from the potential abuser to try to prevent the issue from occurring. The Agency Head Designee further stated that staff and supervisors should be aware of the vulnerability of the inmate in order to keep them safe. Possible measures that can be taken include transferring the inmate to another housing unit or to a different facility. The interview with the Warden indicated that if an inmate was at substantial risk of imminent sexual abuse the offender would be offered a change in housing or, if they requested, they could be placed on Protective Housing while the allegation was reviewed. He also stated that depending on the threat level the offender could be transferred. Interviews with random staff confirmed that they would all take action. Most indicated they would remove the inmate from the area and report the information to the supervisor.</p> <p>Based on a review of the PAQ, F.3400 and information from interviews with the Agency Head Designee, Warden and random staff indicates that this standard appears to be compliant.</p>

115.63	Reporting to other confinement facilities
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 376 300">Documents:</p> <ol data-bbox="242 327 1155 470" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Investigative Reports <p data-bbox="242 501 363 530">Interviews:</p> <ol data-bbox="242 557 711 640" style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden <p data-bbox="242 672 507 701">Findings (By Provision):</p> <p data-bbox="242 728 1484 987">115.63 (a): The updated PAQ indicated that the agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. F.3400, page 18 states that 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 updated PAQ stated there were zero inmates that reported that they were abused while confined at another facility. A review of a documentation confirmed there were zero inmates who reported sexual abuse while confined at another facility.</p> <p data-bbox="242 1019 1489 1115">115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. F.3400, page 18 states that such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p data-bbox="242 1146 1469 1243">115.63 (c): The PAQ indicated that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. F.3400, page 18 states that the Facility Head shall document such notifications by completing a memorandum to file, and uploading into the correspondence tracking system (CTS).</p> <p data-bbox="242 1274 1489 1697">115.63 (d): The updated PAQ indicated that the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. F.3400, page 18 states that upon receiving notification from another facility or agency that an allegation of sexual abuse or sexual harassment has been reported, the Facility Head shall ensure that the allegation is investigated in accordance with these standards. The updated PAQ stated there were zero allegations reported to the facility from another facility in the previous twelve months. The Agency Head Designee stated that the designated point of contact would be the Warden, who would then contact the PREA office. She indicated that if another agency calls the PREA office and makes an allegation or a report, the office would immediately contact the facility. In all instances, whether reported to the Warden or the PREA office, an investigation would be initiated and if criminal, local law enforcement would be contacted. The Agency Head Designee confirmed that the agency has received allegations from outside agencies. The interview with the Warden confirmed that when they receive an allegation from another facility they investigate it just as they would if it were reported at the facility. He indicated there have been examples of this and they were investigated. A review of fifteen investigative reports indicated all were reported at Southern Correctional Institution.</p> <p data-bbox="242 1729 1457 1792">Based on a review of the PAQ, F.3400, incident reports, investigative reports, notifications and interviews with the Agency Head Designee and Warden, this standard appears to be compliant.</p>

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 327 1155 584" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Sexual Abuse Incident Response Plan 4. PREA: Sexual Abuse and Sexual Harassment 101 Training Curriculum 5. Investigative Reports <p data-bbox="240 613 363 640">Interviews:</p> <ol data-bbox="240 669 667 813" style="list-style-type: none"> 1. Interview with First Responders 2. Interviews with Random Staff 3. Inmates who Reported Sexual Abuse <p data-bbox="240 842 507 869">Findings (By Provision):</p> <p data-bbox="240 898 1493 1798">115.64 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse and that the policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser. It further states that the policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence and if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim and ensure that the alleged perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. F.3400, pages 19-20 states that upon learning of an allegation that an offender was sexually abuse, the first security staff member to respond to the report shall be required to: take the necessary steps to separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim/ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. In addition, the Sexual Abuse Incident Response Plan and the PREA 101 staff training outline first responder duties under this provision. The updated PAQ stated there were zero sexual abuse allegations in the previous twelve months zero times involved a security staff member separating the alleged victim and abuser. The updated PAQ further indicated that zero of the allegations were reported within a timeframe that still allowed for evidence collection and zero of the allegations included securing the scene and instruction of inmates not to take any action to destroy any evidence. A review of fifteen investigations indicated that six were sexual abuse. None involved the immediate separation of alleged victim and abuser and none occurred within a timeframe that still allowed for the collection of physical evidence. The security staff first responders stated that after an allegation she would lock down the area, take the victim to get medical attention, inform the victim not to shower, brush his teeth or destroy any evidence and take the victim to a safe place. The non-security staff first responder stated that she would separate the individuals, report it to security immediately, make sure the offender doesn't do anything to damage evidence and take the offender to medical and mental health. The interviews with inmates who reported sexual abuse indicated two involved staff and two involved inmates. The two that involved inmates did not involve first responder duties, but the inmates were moved to different housing units and were separated that way.</p> <p data-bbox="240 1827 1493 2157">115.64 (b): The PAQ indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. It further indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. F.3400, page 20 states that if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The PAQ stated there were zero allegations of sexual abuse that involved a non-security staff first responder and in zero instances the staff member notified security and requested the victim not take any action to destroy evidence. A review of fifteen investigations indicated that six were sexual abuse. None involved the immediate separation of alleged victim and abuser and none occurred within a timeframe that still allowed for the collection of physical evidence. The security staff first responders stated that after an allegation she would lock down the area, take the victim to get medical</p>

attention, inform the victim not to shower, brush his teeth or destroy any evidence and take the victim to a safe place. The non-security staff first responder stated that she would separate the individuals, report it to security immediately, make sure the offender doesn't do anything to damage evidence and take the offender to medical and mental health. The interviews with inmates who reported sexual abuse indicated two involved staff and two involved inmates. The two that involved inmates did not involve first responder duties, but the inmates were moved to different housing units and were separated that way.

Based on a review of the PAQ, F.3400, the Sexual Abuse Institutional Response Plan, the staff PREA training, investigative reports and interviews with inmates who reported sexual abuse, random staff and first responders, this standard appears to be compliant.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 273 376 300">Documents:</p> <ol data-bbox="242 327 1155 470" style="list-style-type: none"> <li data-bbox="242 327 536 353">1. Pre-Audit Questionnaire <li data-bbox="242 385 1155 412">2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy <li data-bbox="242 443 679 470">3. Sexual Abuse Incident Response Plan <p data-bbox="242 501 363 528">Interviews:</p> <ol data-bbox="242 555 555 582" style="list-style-type: none"> <li data-bbox="242 555 555 582">1. Interview with the Warden <p data-bbox="242 613 507 640">Findings (By Provision):</p> <p data-bbox="242 672 1481 972">115.65 (a): The PAQ indicated that the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. F.3400, page 25 states that the facility shall develop a written institutional plan, consistent with the agency's plan, to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. A review of the Sexual Abuse Institutional Response Plan confirms that the facility has a document that outlines duties for first responders, medical staff, investigators, the PCM, the PSP, mental health care staff and the sexual abuse response team. The Warden confirmed that the facility has an institutional plan that coordinates actions among staff first responders, medical and mental health practitioners, investigators and facility leadership. He stated the plan is also described in the facility Standard Operating Procedure.</p> <p data-bbox="242 1003 1490 1061">Based on a review of the PAQ, F.3400, the Sexual Abuse Institutional Response Plan and information from the interview with the Warden, this standard appears to be compliant.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee <p>Findings (By Provision):</p> <p>115.66 (a): The PAQ indicated that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. The interview with the Agency Head Designee confirmed that the agency does not have collective bargaining agreements.</p> <p>115.66 (b): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, and the interview with the Agency Head Designee, this standard appears to be compliant.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy
3. Investigative Reports
4. PREA Offender/Juvenile Retaliation Monitoring and Period Status Checks (OPA-I24)
5. PREA Staff Retaliation Monitoring and Period Status Checks (OPA-I22)

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interview with Designated Staff Member Charged with Monitoring Retaliation
4. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.67 (a): The PAQ indicated that the agency has 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. F.3400, page 22 states that the PSP shall monitor retaliation against the victim and the offender who either report allegations, or cooperate with investigations, of sexual abuse or sexual harassment. The PAQ indicated that the agency designates staff members charged with monitoring for retaliation and that the PSP is the staff responsible for monitoring for retaliation.

115.67 (b): F.3400, page 22 states that the PSP shall monitor retaliation against the victim and the offender who either report allegations, or cooperate with investigations, of sexual abuse or sexual harassment. Policy further states that upon notification of a sexual abuse or sexual harassment allegation the PSP will initiate monitoring the alleged victim and offender who reported the allegation or cooperated with officials during the investigation. Interviews with the Agency Head Designee, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. The interview with the Agency Head Designee indicated that each facility has a PCM and a PSP. The PCM is the staff member responsible for monitoring staff for retaliation while the PSP is responsible for monitoring the inmates for retaliation. The Agency Head Designee stated that inmates and staff are offered support services and that potential protective actions include housing changes, facility transfers, a change in work schedule and monitoring for 90 days. The Warden stated that the alleged victim and any offender or staff cooperating with the investigation would be monitored to ensure retaliation does not occur. He stated, if necessary, staff can be reassigned to another area or the offender could be transferred or rehoused in another area to prevent retaliation. The staff responsible for monitoring for retaliation stated that he meets with the inmates and offers services as the PSP. He stated that he asks them if they need mental health services and then ensures that the individual is separated from the perpetrator. He stated he monitors for retaliation and advises of the progress of the investigation. The staff member indicated that he ensures separation through housing changes, facility transfers, placement in restrictive housing (for the alleged perpetrator), movement of staff, change in job assignment for staff, etc. The staff member confirmed that he meets with the individual within 30 days and then every 30 days thereafter. Interviews with inmates who reported abuse indicated two felt protected against retaliation. One inmate stated that he did not feel protected because he felt like he was removed from his job and that was retaliation in itself. The auditor was unable to verify this claim. A review of documentation indicated the removal from the job assignment was based on other issues and did not illustrate retaliation. The other inmate stated he felt he was not protected against retaliation because staff do not take things seriously at the facility. There were no inmates in segregated housing for risk of victimization or for reporting sexual abuse and as such no interviews were conducted.

115.67 (c): The PAQ indicated that the agency/facility monitors the conduct or treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The PAQ stated that the agency/facility monitors the conduct or treatment for 90 days. The PAQ further stated that the agency/facility acts promptly to remedy any relation and that the agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. F.3400, page 22 states that upon notification of a sexual abuse or sexual harassment allegation the PSP will initiate monitoring the alleged victim and

offender who reported the allegation or cooperated with officials during the investigation. In the case of offenders, such monitoring shall also include periodic status checks. Policy further states that monitoring will continue for a minimum of 90 days or beyond 90 days if the initial monitoring indicates a continuing need. Upon completion of the monitoring period, complete and document results on OPA-I24 and forward it to the PCM. The updated PAQ stated there were zero incidents of retaliation that occurred in the previous twelve months. The interview with the Warden indicated that if retaliation is suspected or reported an investigation would be conducted. If retaliation is found to have occurred, staff would face discipline up to and including dismissal. The interview with the staff member responsible for monitoring retaliation indicated he checks disciplinary infractions, the origin of the infraction, any unusual or repeated room inspections, removal from any job assignments, changes in anything out of the normal and also he also asks the inmate about things when meeting with him. The staff stated that he monitors for retaliation until the investigation ends, which is typically about three months. He stated there is not a maximum time, and he would monitor until it was necessary. A review of fifteen investigative reports indicated that six required monitoring. One of the six had partial monitoring completed, with two instances of checks documented.

115.67 (d): F.3400, page 22 states that upon notification of a sexual abuse or sexual harassment allegation the PSP will initiate monitoring the alleged victim and offender who reported the allegation or cooperated with officials during the investigation. In the case of offenders, such monitoring shall also include periodic status checks. The interview with the staff member responsible for monitoring retaliation confirmed that he conducts in-person status checks typically every 30 days. A review of fifteen investigative reports indicated that six required monitoring. Of the six, one had partial monitoring documented with one in-person status check.

115.67 (e): F.3400, page 22 states that the PSP shall monitor retaliation against the victim and the offender who either report allegations, or cooperate with investigations, of sexual abuse or sexual harassment. The Agency Head Designee stated that if an individual who cooperates with an investigation expresses fear of retaliation they would offer emotional support and crisis intervention services and that they would look at the area to see if any housing changes are necessary. She further stated that there is an open door policy and that all individuals have a right to call the PREA office directly. The Warden stated that the alleged victim and any offender or staff cooperating with the investigation would be monitored to ensure retaliation does not occur. He stated, if necessary, staff can be reassigned to another area or the offender could be transferred or rehoused in another area to prevent retaliation. The Warden further indicated that if retaliation is suspected or reported an investigation would be conducted. If retaliation is found to have occurred, staff would face discipline up to and including dismissal.

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

Based on a review of the PAQ, F.3400, investigative reports, monitoring documents and interviews with the Agency Head Designee, Warden and staff charged with monitoring for retaliation, this standard appears to require corrective action. Only one of six required sexual abuse allegations had any monitoring completed. The one only had partial monitoring. The staff member responsible for monitoring indicated he only monitored until the investigation was completed, which is not the requirement under this standard.

Corrective Action

The facility will need to train staff on the requirements for monitoring for retaliation and provide the auditor with the training documents. The facility will need to provide the auditor with the sexual abuse allegations during the corrective action period. The auditor will select a sample to view the monitoring for retaliation documents.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training Documents
2. List of Sexual Abuse Allegations During the Corrective Action Period
3. Monitoring for Retaliation Documents

On June 13, 2022 the facility provided a training memo that outlined the roles and timeframes for monitoring for retaliation. It discussed the PSP role including the three primary forms to utilized, including the monitoring for retaliation form. The training memo states that monitoring is done for 90 days or longer if needed and it includes updates at least every 30 days. It also states that monitoring will include periodic status checks. A sign-in sheet was provided confirming that PSP's completed the training.

During the corrective action period the facility provided a list of sexual abuse allegations. There were three incidents of sexual abuse reported. The auditor requested monitoring documents for all three allegations. The facility provided

confirmation that all three sexual abuse allegations included monitoring for retaliation through the PREA Monitoring and Period Status Checks form (OPA-I24). Two of the allegations illustrated a full 90 day monitoring period with a review of housing, work, program and discipline as well as periodic status checks. One incident had monitoring completed for 60 days and included weekly updates and status checks.

Based on the documentation provided, the facility has corrected this standard.

115.68	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Inmate Victim Housing Assignments <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Staff who Supervise Inmates in Segregated Housing <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of the Segregated Housing Unit <p>Findings (By Provision):</p> <p>115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse 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. The PAQ further indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. The updated PAQ stated that zero inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. F.3400 pages 15-16 state if the Facility Head, in consultation with the PREA Support Person, determines that the safety of the offender victim requires placement in administrative segregation, then such segregation shall be administered in accordance with applicable policies and procedures for administrative segregation. The Region Director and the Department of Public Safety PREA Office shall be notified in writing of the use of segregation and the reasons therefore. To the maximum extent possible, the offender victim while in administrative segregation shall have the same privileges of access to the canteen, telephone, visitation and property as they were afforded prior to reporting. The policy further outlines that to the extent possible the offender will return to the previously assigned housing unit and job assignment, unless they expose the offender to a safety risk. During the tour the auditor observed that the segregated housing units had the same physical plant as the general population units. The housing area had its own indoor recreation space on each wing as well as an outdoor recreation area. A review of housing assignments for six sexual abuse victims indicated that none of the six were placed in involuntary segregated housing after the reported allegation. One inmate was placed in segregated housing weeks later due to a disciplinary issue and the other five remained in their current housing assignment. The interview with the Warden confirmed that agency policy prohibits placing inmates who report sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and it is determined that there are no alternative means of separation from likely abusers. He further confirmed that inmates would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. He stated that they would ordinarily take no more than three day to conduct the assessment of alternative housing. He stated they had one instance where they utilized involuntary segregated housing when a staff member was the alleged perpetrator. They utilized it only until they were able to get the staff member reassigned. The interview with the staff who supervise inmates in segregated housing confirmed that inmate victims of sexual abuse placed in involuntary segregated housing would have access to recreation, work, programs, education, etc. to the extent possible. He further confirmed that that any restrictions would be documented. The staff member stated that inmates would only be placed in involuntary segregated housing until they could find an alternative means of separation. He stated inmates would rarely be placed in segregation over 30 days. He confirmed that the inmate would be reviewed at least every 30 days for continued need for placement in segregated housing. There were no inmates identified to be in segregated housing due to an allegation of sexual abuse and as such no interviews were conducted.</p> <p>Based on a review of the PAQ, F.3400, housing documentation for inmates who reported sexual abuse and the interview with the Warden and staff who supervise inmates in segregated housing, this standard appears to be compliant.</p>

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 376 297">Documents:</p> <ol data-bbox="242 327 1155 528" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Investigative Reports 4. Investigator Training Records <p data-bbox="242 560 363 586">Interviews:</p> <ol data-bbox="242 616 807 875" style="list-style-type: none"> 1. Interview with Investigative Staff 2. Interview with Inmates who Reported Sexual Abuse 3. Interview with the Warden Designee 4. Interview with the PREA Coordinator 5. Interview with the PREA Compliance Manager <p data-bbox="242 904 507 931">Findings (By Provision):</p> <p data-bbox="242 960 1493 1458">115.71 (a): The PAQ indicated that the agency/facility has a policy related to criminal and administrative agency investigations. F.3400, page 25 states that investigations into allegations of sexual abuse and sexual harassment, shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. During the previous twelve months, there were 30 allegations reported at the facility. Of the 30, fourteen were determined not to rise to the level of PREA. Of the remaining sixteen, six were abuse and ten were harassment. A review of the fifteen investigations confirmed that all were forwarded to the facility investigator for investigation. Twelve investigations were closed and four were still open. Of the twelve closed investigations, none were closed within 30 days (closed as deemed by the agency through the Regional staff review) and only two were closed within 90 days. It should be noted most investigations were completed at the facility level within 30 days, however the Regional staff did not approve until the closure date. Ten of the investigations were thorough and objective, while two had in incorrect investigative outcome based on the information provided in the investigative report and were missing key interviews (alleged perpetrator and identified witnesses). All twelve included interviews, a review of video monitoring (when applicable) and collection of any evidence, when applicable. The interview with the investigator indicated that it takes about 72 hours to initiate an investigation. He stated that they try to gather all the facts and complete an investigation within 30 days. The investigator confirmed that they would complete an investigation the same way, regardless of whether it was reported anonymously or through a third party.</p> <p data-bbox="242 1487 1493 1850">115.71 (b): F.3400, page 8 states that investigators shall complete appropriate employee training defined in .3406(a) and shall receive training on conducting sexual abuse and harassment investigations in a confinement setting. Such training shall include: techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in a confinement setting; and criteria and evidence required to substantiated a case for administrative action or prosecution referral. The agency utilizes their own training for this standard; NCDPS Specialized Investigations: Sexual Abuse and Harassment Response. A review of the training curriculum confirmed it includes the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. The interview with the investigator confirmed that the specialized investigator training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative case.</p> <p data-bbox="242 1879 1493 2139">115.71 (c): F.3400, page 26 states that investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data including video and/or audio recordings; shall interview alleged victims, suspected perpetrators, and witnesses. Policy further describes steps to take to ensure the appropriate preservation of evidence. A review of the fifteen investigations confirmed that all included statements and/or interviews of the alleged victim, perpetrator and witnesses, when applicable, however one investigation was missing the interview of the alleged perpetrator and one investigation was missing an interview of an alleged witness. Six investigations involved the review of video cameras and none involved the collection of physical evidence. The interview with the investigator indicated that the first step to the investigation is to get as much evidence as possible with statements. He</p>

stated when he receives the allegation he finds out if the offenders have received medical treatment and if they are still in the same unit. He stated he ensures they have been separated and seen by medical and then he starts the interview process. He stated he interviews the victim first and then the perpetrator. The investigators indicated he then gathers as much evidences as he can, including video footages. He stated he would be responsible for gathering DNA evidence, physical evidence such as clothing, video evidence and statements.

115.71 (d): F.3400, page 27 states that when the quality of evidence appears to support criminal prosecution, the Department of Public Safety sexual abuse and harassment investigators shall only be permitted to continue interviews after consulting with local law enforcement agency as to whether interviews may be an obstacle for subsequent criminal prosecution. The investigator confirmed that they would consult with prosecutors prior to conducting any compelled interviews.

115.71 (e): F.3400, page 27 states that an offender that alleges sexual abuse shall not be required to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. Page 28 further states that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis not be determined by the person's status as offender or staff. The interview with the investigator confirmed that the agency does require inmate victims of sexual abuse to submit to a polygraph tests or any other truth-telling devices. He stated that credibility is based on a preponderance of evidence and all the facts. The investigators stated they do not judge credibility, it all based on facts. Interviews with four inmates who reported sexual abuse indicated none were required to take a polygraph examination or other truth-telling device test.

115.71 (f): F.3400, page 28 states that investigations shall include an effort to determine whether staff actions or failure to act contributed to the abuse. Policy further states that investigations shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. A review of fifteen investigations confirmed that all fifteen were documented in a written report with information related to the initial allegation, a description of statements/interviews with the alleged victim, perpetrator(s) and/or witnesses, if applicable, whether video was reviewed, other evidence that was reviewed and investigatory facts and findings. The interview with investigative staff confirmed that all administrative investigations are documented in a written report in OPUS. He stated the report includes everything from start to finish including; the reporting parties, the allegation, the offenders involved, the outcome, the complete investigation, written statements, a description of statements, a description of evidence, facts, etc. The investigator stated he would gather as much evidence as possible with video and statements to determine if staff did or did not do something in order to determine if their actions or failure to act contributed to the sexual abuse.

115.71 (g): F.3400, page 28 states that investigations shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. There were zero criminal investigations completed during the previous twelve months. A review of fifteen investigations indicated none were referred to local law enforcement for criminal investigation. The interview with the investigator indicated that criminal investigation are documented in a written report and would be in a similar format as an administrative investigation.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal are referred for prosecution. F.3400, page 28 states that substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. The updated PAQ indicated there were zero allegations referred for prosecution since the last PREA audit. A review of documentation confirmed that there have been no substantiated sexual abuse allegations over the audit period. The interview with the investigator indicated that an allegation would be referred to outside law enforcement once they discover a criminal act has occurred.

115.71 (i): The PAQ indicated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. F.3400, page 28 states that all written reports reference in paragraph (g) of this section shall be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. A review of a sample of historic investigations confirmed retention is being met.

115.71 (j): F.3400, page 28 states that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The interview with the investigator confirmed that an investigation would be completed regardless of whether the staff member leaves/resigns or the inmate departs the facility or agency's custody.

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

115.71 (l): F.3400, page 28 states that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The PREA Coordinator stated that the information would be provided to the PREA office and that there would be communication between law enforcement agency and the PREA office. The PREA office staff would then update OPUS related to any information/outcomes. The Warden stated that the facility investigator would maintain contact with the local law enforcement officer assigned to investigate the allegation. The PCM stated she would stay in contact with the outside agency by phone or

personal visit and that they have an agreement with local law enforcement that is reviewed annually. The interview with the investigator indicated that he would work with the local authorities as much as possible to assist.

Based on a review of the PAQ, F.3400, investigative reports, training records and information from interviews with the Warden Designee, PREA Coordinator, PREA Compliance Manager, investigative staff and inmates who reported sexual abuse, indicate that this standard appears to be require corrective action. A review of the fifteen investigations confirmed that all were forwarded to the facility investigator for investigation. Twelve investigations were closed and four were still open. Of the twelve closed investigations, none were closed within 30 days (closed as deemed by the agency through the Regional staff review) and only two were closed within 90 days.

Corrective Action

The facility will need to work with the Regional to come up with a plan to ensure the Regional staff review investigations in a timelier manner. The Region will need to provide the auditor with a memorandum indicating their process of how they will ensure investigations are reviewed no later than 90 day (the standards prefer 30 days) after the allegation is reported. The process memo will need to be provided to the auditor with an assurance that all future investigations will reviewed and completed timely for Southern Correctional Institution.

Recommendation

The auditor recommends that the facility investigators conduct a refresher training emphasizing correct investigative outcomes, interviewing requirements, medical and mental health requirements and overall investigative process for sexual abuse allegations.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Memorandum Related to Timely Investigations

On June 13, 2022 the agency provided a memo that indicated all investigations would be reviewed by Regional staff within 30 days. The memo stated that a 30 day extension may be requested, but that if the review extends beyond 60 days approval must be obtained from the PREA Director. The auditor determined that based on the assurance memo the agency will make best efforts to complete investigations timely. It should be noted that the three sexual abuse investigations conducted during the corrective action period (all prior to the assurance memo) were completed at the facility level in a timely manner, however the Regional staff again did not review the investigation for final approval in a timely manner. The auditor determined that because the actual investigation at the facility level is completed timely (typically between 30-90 days) and the assurance memo was after the reported sexual abuse, that this standard has been corrected.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Investigative Staff <p>Findings (By Provision):</p> <p>115.72 (a): F.3400, page 2 states that this standard is satisfied if the evidence shows that it is more probable than not that an event occurred and that the agency shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A review of a sample of fifteen investigations indicated while two investigative findings were incorrect based on the evidence, they should have been unfounded rather than unsubstantiated and as such the level of evidence related to substantiated was still met as a preponderance of evidence. The interview with the investigator indicated that the standard of evidence to substantiate an administrative allegation is a preponderance of evidence.</p> <p>Based on a review of the PAQ, F.3400, investigative reports and information from the interview with the investigator, it is determined that this standard appears to be compliant.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 300">Documents:</p> <ol data-bbox="240 327 1155 528" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Investigative Reports 4. PREA Support Services Status Notification (OPA-I30) <p data-bbox="240 557 363 586">Interviews:</p> <ol data-bbox="240 613 810 757" style="list-style-type: none"> 1. Interview with the Warden Designee 2. Interview with Investigative Staff 3. Interview with Inmates who Reported Sexual Abuse <p data-bbox="240 786 507 815">Findings (By Provision):</p> <p data-bbox="240 842 1485 1272">115.73 (a): The updated PAQ indicated that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. F.3400, page 22 states that following an investigation into an offender’s allegation that he or she suffered sexual abuse in a facility, the PSP shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Notifications shall be documented on OPA-I30. The updated PAQ indicated there were eleven sexual abuse investigations completed and that eleven involved a verbal or written notification. A review of fifteen investigations indicated that six were sexual abuse. Of the six sexual abuse investigation all were closed and none were documented with an inmate victim notification. The interviews with the Warden and the investigator confirmed that inmates are informed of the outcome of the investigation into their allegation. The interviews with the inmates who reported abuse indicated that one of the four was aware they were to be told the outcome of the investigation into their allegation. Only one of the four inmates stated he was told the outcome of the investigation into his allegation verbally. He stated he was told by the PSP about four months after he reported the allegation.</p> <p data-bbox="240 1301 1485 1496">115.73 (b): The updated PAQ indicated if an outside entity conducts such investigations, the agency provides the inmate victim a victim’s rights notification form that has the investigative outcome documented on it. The PCM stated there were zero notifications made under this provision. F.3400, page 22 states that if the Department of Public Safety did not conduct the investigation, the PSP shall request, through the chain of command, the relevant information from the investigative agency in order to inform the offender. A review of investigations confirmed that zero investigations completed by an outside agency and as such no documentation was required under this provision.</p> <p data-bbox="240 1525 1485 2056">115.73 (c): The updated PAQ indicated following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Additionally, the updated PAQ indicated there have been substantiated or unsubstantiated complaints (i.e., not unfounded) of sexual abuse committed by a staff member against an inmate in an agency facility in the past 12 months. F.3400, page 23 states that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the PSP shall subsequently inform the offender (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the offender's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Notifications shall be documented on OPA-I30. A review of a sample of investigations indicated five were staff-on-inmate sexual abuse allegations, none of which were substantiated. None of the investigations included any documentation of notifications under this provision. Interviews with four inmates who reported sexual abuse indicated two were against a staff member. Both stated they were not informed any information related to the staff member under this provision.</p> <p data-bbox="240 2085 1485 2145">115.73 (d): The updated PAQ indicated following an inmate’s allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged</p>

abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. F.3400, page 23 states that following an offender's allegation that he or she has been sexually abused by another offender, the agency shall subsequently inform the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of a sample of investigative reports indicated there was one inmate-on-inmate sexual abuse allegation which was unsubstantiated and did not require notification under this provision. Interviews with inmates who reported sexual abuse indicated two had an allegation that involved another inmate and neither had any notifications regarding the inmate under this provision.

115.73 (e): The updated PAQ indicated the agency has a policy that all notifications to inmates described under this standard are documented. F.3400, page 23 states that all such notifications or attempted notification shall be documented. The updated PAQ stated that fourteen notifications were made pursuant to this standard. A review of fifteen investigations indicated that six were sexual abuse. Of the six sexual abuse investigation all were closed and none were documented with an inmate victim notification.

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

Based on a review of the PAQ, F.3400, investigative reports and information from interviews with the Warden, the investigator and the inmates who reported sexual abuse, this standard appears to be require corrective action. The interviews with the inmates who reported abuse indicated that one of the four was aware they were to be told the outcome of the investigation into their allegation. Only one of the four inmates stated he was told the outcome of the investigation into his allegation verbally. He stated he was told by the PSP about four months after he reported the allegation. A review of fifteen investigations indicated that six were sexual abuse. Of the six sexual abuse investigation all were closed and none were documented with an inmate victim notification. Thus evidence indicates that victim notifications are not being completed.

Corrective Action

The facility will need to review policy and procedure related to the requirements under this standard and train appropriate staff on when these reviews are required to be complete. The training will need to be provided to the auditor. The facility will need to provide the auditor with a list of sexual abuse allegations during the corrective action period. The auditor will select a sample to review the victim notifications.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training Documents
2. List of Sexual Abuse Allegations During the Corrective Action Period
3. Victim Notification Documents

On June 13, 2022 the facility provided a training memo that outlined the roles and timeframes for PSP staff. It discussed the PSP role including the three primary forms to utilized, including the PSP Status Notification form (victim notification). The training memo states that once a determination has been made the PSP will be responsible for meeting with the offender and providing the outcome of the investigation. The training further went over the requirement to notify the victim of any updates related to the alleged abuser (provisions c and d). The training memo stated that the PSP will advise the outcome and have the offender sign and date the form. A sign-in sheet was provided confirming that PSP's completed the training.

During the corrective action period the facility provided a list of sexual abuse allegations. There were three incidents of sexual abuse reported. The auditor requested victim notifications for all three allegations. The facility provided confirmation that two of the three had a victim notification. The one that did not was still an open investigation. For the allegation that was still open, the facility provided documentation confirming that the inmate was advised that the staff member was no longer working in the inmate's housing unit and that the staff member was no longer working at the facility.

Based on the documentation provided, the facility has corrected this standard.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Investigative Reports <p>Findings (By Provision):</p> <p>115.76 (a): The updated PAQ indicated that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. F.3400, page 30 states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>115.76 (b): F.3400, page 30 states that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The updated PAQ indicated there were zero staff members who violated the sexual abuse or sexual harassment policies in the previous twelve months and that zero staff were terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. A review of investigative reports confirmed that there were zero substantiated sexual abuse or sexual harassment allegations against a staff member.</p> <p>115.76 (c): The updated PAQ indicated that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PAQ indicated there were zero staff that were disciplined short of termination for violating the sexual abuse or sexual harassment policies. F.3400, page 20 states that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. A review of investigative reports confirmed that there were zero substantiated sexual abuse or sexual harassment allegations against a staff member.</p> <p>115.76 (d): The updated PAQ indicated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. F.3400, page 20 states that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal and to any relevant licensing bodies. The updated PAQ indicated there were no staff members who were reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual or sexual harassment policies. A review of investigative reports confirmed that there were zero substantiated sexual abuse or sexual harassment allegations against a staff member.</p> <p>Based on a review of the PAQ, F.3400 and investigative reports, this standard appears to be compliant.</p>

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden <p>Findings (By Provision):</p> <p>115.77 (a): The updated PAQ indicated that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies and that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. F.3400, page 30 states that any contractor or volunteer who engages in sexual abuse shall be immediately prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Policy further states that if an allegation of sexual abuse is which a volunteer or contracting agent is the alleged abuser is substantiated the volunteer or contracting agent shall be terminated from the relationship with NCDPS. The updated PAQ indicated that there have been no contractors or volunteers who violated the sexual abuse or sexual harassment policies nor were there any who were reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports confirmed there were no contractors or volunteers who violated the agency's sexual abuse or sexual harassment policies.</p> <p>115.77 (b): The updated PAQ indicated that the facility does not take appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Further communication with the PCM indicated that they have not had to take any remedial measures because there have not been any violations. He further confirmed that if there were to be violations they would take appropriate remedial measures and consider whether to prohibit further contact with inmates. F.3400, page 30 states that appropriate remedial measures shall be considered whether to prohibit further contact with offenders in the case of any other violation of sexual abuse or sexual harassment policies. The interview with the Warden confirmed that any violation of the sexual abuse and sexual harassment policies would result in the individual being suspended from being an approved contractor or volunteer. He further stated the individual would be reported to local law enforcement and an investigation would be initiated. The Warden confirmed that the facility would always prohibit further contact with that volunteer or contractor with inmates .He confirmed there have been zero contractors or volunteers who violated the sexual abuse or sexual harassment policies.</p> <p>Based on a review of the PAQ, F.3400, investigative reports and information from the interview with the Warden, this standard appears to be compliant.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 300">Documents:</p> <ol data-bbox="240 327 1155 528" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Policy and Procedure B.0200 – Offender Disciplinary Procedures 4. Investigative Reports <p data-bbox="240 562 363 591">Interviews:</p> <ol data-bbox="240 618 759 701" style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Medical and Mental Health Staff <p data-bbox="240 734 507 763">Findings (By Provision):</p> <p data-bbox="240 790 1493 1014">115.78 (a): The updated PAQ indicated that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding and/or a criminal finding that an inmate engaged in inmate-on-inmate sexual abuse. F.3400, page 30 states that 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. The updated PAQ indicated there were zero administrative and criminal findings of inmate-on-inmate sexual abuse. A review of investigative reports confirmed there have been zero substantiated inmate-on-inmate sexual abuse allegations.</p> <p data-bbox="240 1048 1493 1305">115.78 (b): F.3400, page 30 states that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender’s disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories. B.0200 outlines the offender disciplinary procedures, including level of offenses and sanctions. The Warden confirmed that the inmate would be charged with a Class “A” (most severe) disciplinary offense. He stated if the offender is found guilty, sanctions could include, restrictive housing, loss of credit time, extra duty, loss of privileges, possible control housing referral, etc. He confirmed that sanctions would be 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.</p> <p data-bbox="240 1339 1493 1462">115.78 (c): F.3400, page 31 states that the disciplinary process shall consider whether an offender’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanctions, if any, should be imposed. The interview with the Warden confirmed that the disciplinary process considers whether the inmate’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p data-bbox="240 1496 1493 1821">115.78 (d): The PAQ indicated the facility does not offers therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for abuse. Further communication with the PCM indicated that the facility does not offer any special treatment, just regular mental health services. F.3400, page 31 states that a mental health evaluation shall be conducted after a substantiated incident and the offender shall be offered treatment when deemed appropriate by mental health practitioners. Policy further states that if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. The interview with the mental health staff member indicated that they do not have any specialized sex offender treatment therapy, but they would offer any perpetrators individuals services related to their treatment plan. The mental health staff member stated they would only require an inmate to participate in services if it is court ordered, otherwise all services are voluntary.</p> <p data-bbox="240 1854 1493 1944">115.78 (e): The PAQ indicated that the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. F.3400, page 31 states that the agency may not discipline an offender victim for sexual contact with staff unless a finding that the staff member did not consent to such contact.</p> <p data-bbox="240 1977 1493 2134">115.78 (f): The PAQ indicated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. F.3400, page 31 states that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p>

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

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

115.81 Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- 1. Pre-Audit Questionnaire
- 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy
- 3. Health Services Policy & Procedure Manual CP-18 – Sexual Abuse
- 4. Medical/Mental Health Documents

Interviews:

- 1. Interview with Staff Responsible for Risk Screening
- 2. Interview with Medical and Mental Health Staff

Site Review Observations:

- 1. Observations of Risk Screening Area
- 2. Observation of Inmate Medical and Classification Files

Findings (By Provision):

115.81 (a): The PAQ indicated that all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. F.3400, page 12 states that if the screening for risk of victimization and abusiveness indicates that a prison offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within fourteen of the intake screening. CP-18, page 4 states that whenever an inmate reports being the victim or perpetrator of sexual abuse, including at intake processing or upon transfer to another facility, the nurse and provided will document the report in the victim’s medical record and within fourteen days, a mental health evaluation will be offered to the victim of abuse and to the perpetrator of abuse. The PAQ did not indicate the percent of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. The auditor requested a list of inmates who reported sexual victimization during the risk screening. The facility advised that they do not track this information and were unable to produce a list. Additionally, the auditor was unable to view the response to risk screening questions and information as the risk screening is not accessible to staff in order to keep information confidential. As such, the auditor was unable to identify any potential examples for this provision to review. The interview with the staff responsible for the risk screening indicated that inmates would be offered a follow-up with mental health and they would be seen that same day. The facility was unable to identify any inmates who reported sexual abuse during the risk screening and as such no interviews were conducted.

115.81 (b): The PAQ indicated that all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41, are offered a follow-up meeting with a mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. F.3400, page 12 states that if the screening for risk of victimization and abusiveness indicates that a prison offender has previously sexual abuse, 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 mental health practitioner within fourteen days of the intake screening. CP-18, page 4 states that whenever an inmate reports being the victim or perpetrator of sexual abuse, including at intake processing or upon transfer to another facility, the nurse and provided will document the report in the victim’s medical record and within fourteen days, a mental health evaluation will be offered to the victim of abuse and to the perpetrator of abuse. The PAQ did not indicate the percent of those inmates who reported prior perpetration were seen within fourteen days by medical or mental health. The facility is not an intake facility and as such the staff at this facility do not identify this criteria during the risk screening. As such there were no inmates with prior sexual abusiveness. The interview with the staff responsible for the risk screening indicated that inmates were identified with prior sexual perpetration they would be offered a follow-up with mental health the same day.

115.81 (c): The PAQ indicated that all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner and the follow-up

meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. F.3400, page 12 states that if the screening for risk of victimization and abusiveness indicates that a prison offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within fourteen of the intake screening. CP-18, page 4 states that whenever an inmate reports being the victim or perpetrator of sexual abuse, including at intake processing or upon transfer to another facility, the nurse and provided will document the report in the victim's medical record and within fourteen days, a mental health evaluation will be offered to the victim of abuse and to the perpetrator of abuse. The PAQ did not indicate the percent of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. The auditor requested a list of inmates who reported sexual victimization during the risk screening. The facility advised that they do not track this information and were unable to produce a list. Additionally, the auditor was unable to view the response to risk screening questions and information as the risk screening is not accessible to staff in order to keep information confidential. As such, the auditor was unable to identify any potential examples for this provision to review. The interview with the staff responsible for the risk screening indicated that inmates would be offered a follow-up with mental health and they would be seen that same day. The facility was unable to identify any inmates who reported sexual abuse during the risk screening and as such no interviews were conducted.

115.81 (d): The PAQ indicated that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. The PAQ further stated that information is shared only with staff who make security and management decisions, including treatment plans, housing, bed, work, education and program assignments. F.3400, page 12 states that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decision, including housing, bed, work, education and program assignments or as otherwise required by Federal, State or local law. During the tour the auditor observed that all paper medical files and classification files were maintained behind locked doors. Medical and mental health files were electronic and were in only accessible to medical and mental health staff. The risk screening information was also electronic and all information was not accessible to any staff after it was entered into the system.

15.81 (e): The PAQ indicated that 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 eighteen. F.3400, page 13 states that medical and mental health practitioners shall obtain informed consent from offender before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of eighteen. Interviews with medical and mental health staff indicate that they obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting. Additionally, they indicated there they do not house anyone under the age of eighteen.

Based on a review of the PAQ, F.3400, CP-18, medical and mental health documents and information from interviews with staff who perform the risk screening and medical and mental health care staff, this standard appears to require corrective action. The PAQ did not indicate the percent of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. The auditor requested a list of inmates who reported sexual victimization during the risk screening. The facility advised that they do not track this information and were unable to produce a list. Additionally, the auditor was unable to view the response to risk screening questions and information as the risk screening is not accessible to staff in order to keep information confidential. As such, the auditor was unable to identify any potential examples for this provision to review. The facility was unable to identify any inmates who reported sexual abuse during the risk screening and as such no interviews were conducted.

Corrective Action

The facility will need to develop a method to track inmates who disclose prior sexual victimization during the risk screening. The facility will need to provide the auditor with a process memo of the tracking mechanism. The facility will need to provide the auditor with a list of inmates who reported prior sexual victimization during the risk screening and provide mental health documentation related to their mental health follow-up. The staff will need to be provided training related to this standard to include that when asking this question this refers to victimization that occurred in an institutional setting and in the community. A copy of the training will need to be provided to the auditor.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Risk to Sexual Victimization and Abusiveness Screening Guide
2. Staff Training

3. Mental Health Referral Report

On June 21, 2022 the facility provided documentation indicating that appropriate staff were trained via the Risk of Sexual Victimization and Abusiveness Screening Guide. The guide advises staff that if an inmate answers yes to prior sexual victimization that it will cause an automatic referral to mental health. The facility provided updated information indicating that they were advised by the agency of the electronic report that tracks referrals to mental health based on the risk screening. On the same date the facility provided the auditor with the electronic report of inmates who reported prior victimization during the risk screening. One inmate was on the report and was offered a follow-up with mental health the day after the risk screening.

Based on the documentation provided, the facility has corrected this standard.

115.82 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- 1. Pre-Audit Questionnaire
- 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy
- 3. Health Services Policy & Procedure Manual CP-18 – Sexual Abuse
- 4. Medical and Mental Health Documents

Interviews:

- 1. Interview with Medical and Mental Health Staff
- 2. Interview with Inmates who Reported Sexual Abuse
- 3. Interview with First Responders

Site Review Observations:

- 1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): The PAQ indicated that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature of scope of services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further indicates that medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. F.3400, page 20 states that medical services will follow medical protocol, which includes provision for examination, documentation and transport to the local emergency department, when appropriate, where the following will occur: collection of forensic evidence, testing for sexually transmitted disease, counseling and prophylactic treatment. Medical services will ensure that the offender receives medical follow-up and is offered a referral for mental health services. CP-18, page 1 states that when an inmate reports or is suspected of being the victim of recent sexual abuse he/she will be treated as an emergency patient and will be examined by the Division of Adult Correction physician/physician extender, if on-site. If no physician/physician extender is on site the nurse will perform a visual external exam for obvious life-threatening injuries requiring immediate attention. If injuries are seen, the nurse shall administer first aid and call 911 and if no injuries are seen, the nurse shall refer the inmate to the local Emergency Department (ED). During the tour, the auditor noted that the medical consisted of a waiting area, an exam room an ancillary area and dental. The exam room and ancillary area had curtains and doors that provided adequate privacy and confidentiality. A review of six sexual abuse allegations indicated four were voyeurism and one was a verbal threat that did not involve physical contact. The remaining sexual abuse allegation had documentation confirming the victim was seen by medical after the allegation occurred but was not seen again after it was reported. Interviews with medical and mental health care staff confirm that inmates receive timely and unimpeded access to emergency medical treatment and crisis intervention service. The medical staff stated that services are 24 hours and as such inmates would be seen immediately. Mental health indicated that they would see the inmates the same day if they are on-site. Both staff stated that services would be based on their professional judgement as well as policy and procedure. Interviews with inmates who reported sexual abuse indicated that one of the four was seen by medical and/or mental health. The inmate stated he was seen by mental health and was offered follow-up services. It should be noted that all four inmates stated that none of their allegation involved any type of sexual abuse involving contact or penetration.

115.82 (b): CP-18, page 1 states that when an inmate reports or is suspected of being the victim of recent sexual abuse he/she will be treated as an emergency patient and will be examined by the Division of Adult Correction physician/physician extender, if on-site. If no physician/physician extender is on site the nurse will perform a visual external exam for obvious life-threatening injuries requiring immediate attention. If injuries are seen, the nurse shall administer first aid and call 911 and if no injuries are seen, the nurse shall refer the inmate to the local Emergency Department (ED). The security staff first responders stated that after an allegation she would lock down the area, take the victim to get medical attention, inform the victim not to shower, brush his teeth or destroy any evidence and take the victim to a safe place. The non-security staff first responder stated that she would separate the individuals, report it to security immediately, make sure the offender doesn't do

anything to damage evidence and take the offender to medical and mental health.

115.82 (c): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. F.3400, page 20 states that medical services will follow medical protocol, which includes provision for examination, documentation and transport to the local emergency department, when appropriate, where the following will occur: collection of forensic evidence, testing for sexually transmitted disease, counseling and prophylactic treatment. Medical services will ensure that the offender receives medical follow-up and is offered a referral for mental health services. CP-18, page 2 states that the inmate will be transported to the local ED for examination, treatment, prophylactic treatment, counseling and collection of lab specimen for forensic purposes. Upon return to the institution, a registered nurse will evaluate and document the inmate's health status, review treatment rendered and assess follow-up needs. Emergency contraception will be approved if ordered in the ED and for sexual abuse reported within 72 hours, consideration of post-exposure prophylaxis for HIV, chlamydia, gonorrhea, trichomonas and bacterial vaginosis, will be based on the current CDC guidelines. Policy further indicates that when the alleged abuse is reported more than 72 hours after vaginal or anal abuse, or more than 24 hours after oral abuse, HIV and STI testing will be provided. A review of investigations indicated that none of the six sexual abuse allegations involved penetration. Interviews with medical and mental health care staff confirm that inmates receive timely information and access to emergency contraception and sexually transmitted infection prophylaxis. The interviews with the inmates who reported sexual abuse indicate that none of their allegations involved penetration and as such the requirements under this provision did not apply.

115.82 (d): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. CP-18, page 4 states that all care for sexual abuse will be provided at no cost.

Based on a review of the PAQ, F.3400, CP-18, medical and mental health documents and information from interviews with medical and mental health care staff and inmates who reported sexual abuse indicate that this standard appears to be compliant.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Health Services Policy & Procedure Manual CP-18 – Sexual Abuse 4. Health Services Policy & Procedure Manual CC-8 – Aftercare Planning for Inmates in Health Services 5. Medical and Mental Health Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Medical and Mental Health Staff 2. Interview with Inmates who Reported Sexual Abuse <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Medical Treatment Areas <p>Findings (By Provision):</p> <p>115.83 (a): The PAQ indicated the facility offers 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. F.3400, page 20 states that medical services will follow medical protocol, which includes provision for examination, documentation and transport to the local emergency department, when appropriate, where the following will occur: collection of forensic evidence, testing for sexually transmitted disease, counseling and prophylactic treatment. Medical services will ensure that the offender receives medical follow-up and is offered a referral for mental health services. CP-18, page 2 states that upon return to the institution (from the ED), a registered nurse will evaluate and document the inmate’s health status, review treatment rendered and assess follow-up needs. CC-8 describes follow-up and aftercare planning for inmates who have an anticipated release date of less than six months. During the tour, the auditor noted that the medical consisted of a waiting area, an exam room an ancillary area and dental. The exam room and ancillary area had curtains and doors that provided adequate privacy and confidentiality. A review of six sexual abuse allegations indicated four were voyeurism and one was a verbal threat that did not involve physical contact. The remaining sexual abuse allegation had documentation confirming the victim was seen by medical after the allegation occurred but was not seen again after it was reported.</p> <p>115.83 (b): F.3400, page 20 states that medical services will follow medical protocol, which includes provision for examination, documentation and transport to the local emergency department, when appropriate, where the following will occur: collection of forensic evidence, testing for sexually transmitted disease, counseling and prophylactic treatment. Medical services will ensure that the offender receives medical follow-up and is offered a referral for mental health services. CP-18, page 2 states that upon return to the institution (from the ED), a registered nurse will evaluate and document the inmate’s health status, review treatment rendered and assess follow-up needs. CC-8 describes follow-up and aftercare planning for inmates who have an anticipated release date of less than six months. A review of six sexual abuse allegations indicated four were voyeurism and one was a verbal threat that did not involve physical contact. The remaining sexual abuse allegation had documentation confirming the victim was seen by medical after the allegation occurred but was not seen again after it was reported. Interviews with medical and mental health care staff confirm that they provide ongoing and follow-up services to inmate victims of sexual abuse. A few of the services include; treatment of injuries/trauma, labs, referrals, follow-up treatment, counseling, education, individual treatment, family involvement therapy and other referrals as needed. Interviews with inmates who reported sexual abuse indicated that one of the four was seen by medical and/or mental health. The inmate stated he was seen by mental health and was offered follow-up services. It should be noted that all four inmates stated that none of their allegation involved any type of sexual abuse involving contact or penetration.</p> <p>115.83 (c): The facility provides access to medical and mental health staff on-site and also transports inmates to the local hospital for treatment that is not available at the facility. All medical and mental health care staff are required to have the appropriate licensure and credentials. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.</p> <p>115.83 (d): The PAQ indicated that this provision is not applicable as the facility does not house female inmates. The facility does not house cisgender female offenders, however agency policy does address the requirements under this provision.</p>

115.83 (e): The PAQ indicated that this provision is not applicable as the facility does not house female inmates. The facility does not house cisgender female offenders, however agency policy does address the requirements under this provision.

115.83 (f): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. F.3400, page 20 states that medical services will follow medical protocol, which includes provision for examination, documentation and transport to the local emergency department, when appropriate, where the following will occur: collection of forensic evidence, testing for sexually transmitted disease, counseling and prophylactic treatment. CP-18, page 2 indicates that the inmate will be scheduled for the next provider visit, at which time the following tests will be ordered in accordance with CDC guidelines; RPR (serology for syphilis), HIV, gonorrhea, chlamydia, hepatitis B and hepatitis C. A review of investigations indicated that none of the six sexual abuse allegations involved penetration. The interviews with the inmates who reported sexual abuse indicate that none of their allegations involved penetration and as such the requirements under this provision did not apply.

115.83 (g): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. CP-18, page 4 states that all care for sexual abuse will be provided at no cost. The interviews with the inmates who reported sexual abuse indicated that only one of the four was provided medical/mental health services and he was not charged a co-pay for the services.

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. CP-18, page 4 states that once an investigation has been completed and an inmate has been determined to be an inmate-on-inmate abuser, within 60 days, a mental health clinician will attempt to conduct an evaluation and offer treatment when deemed appropriate. There were zero substantiated inmate-on-inmate allegations and as such there were no confirmed inmate-on-inmate abusers who required an evaluation under this provision. The interview with the mental health care staff member confirmed that the inmate perpetrator would be offered an evaluation and services. She stated the referral would be within five to seven days per policy, but they would try to do it within 24 to 72 hours.

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

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 300">Documents:</p> <ol data-bbox="240 327 1155 528" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Investigative Reports 4. Post Incident Review (PIR) – OPA-I10 <p data-bbox="240 557 363 586">Interviews:</p> <ol data-bbox="240 613 756 757" style="list-style-type: none"> 1. Interview with the Warden Designee 2. Interview with the PREA Compliance Manager 3. Interview with Incident Review Team <p data-bbox="240 786 507 815">Findings (By Provision):</p> <p data-bbox="240 842 1484 1043">115.86 (a): The PAQ indicated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. F.3400, page 24 states that a PIR shall be completed for all substantiated and unsubstantiated allegations of sexual abuse and documented on form OPA-I10 Post Incident Review (PIR). The updated PAQ stated there were zero sexual abuse incident reviews completed within the previous twelve months. A review of fifteen investigations indicated that six were sexual abuse and required a sexual abuse incident review. None of the six had a completed review.</p> <p data-bbox="240 1070 1493 1229">115.86 (b): The updated PAQ indicated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation and that zero were completed within 30 days of the conclusion of the investigation. F.3400, page 25 states that the PIR shall be completed by the facility within 30 days of the conclusion of the sexual abuse investigation. A review of fifteen investigations indicated that six were sexual abuse and required a sexual abuse incident review. None of the six had a completed review.</p> <p data-bbox="240 1256 1481 1487">115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. F.3400, page 24 states that the PIR is completed with input from upper-level management officials, investigators, and medical and mental health practitioners. None of the six sexual abuse investigations had a review completed and as such the auditor was unable to confirm who was on the facility's review team. The interview with the Warden confirmed that these reviews are supposed to be completed by upper management officials and include input from line supervisors, medical and/or mental health staff and investigators.</p> <p data-bbox="240 1514 1490 2085">115.86 (d): The PAQ indicated that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. F.3400, pages 24-25 state that the review team shall consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender or intersex identification, status or perceived status, gang affiliation, or was motivated or otherwise cause by other group dynamics; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enabled abuse; assess the adequacy of staffing levels in the area during the different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. The policy further states that the review team shall prepare a report of its findings pursuant to standards, and any recommendations for improvement. While a review of the form confirms a section exists for each of the required components, none of the six sexual abuse allegations had a completed review. Interviews with the Warden, PCM and incident review team member confirmed that these reviews are supposed to be completed and should include the required components. The Warden stated that the reviews are completed to ensure adequate staffing, possible policy modifications, practice modifications and additional needed equipment, including mirrors and cameras. The PCM stated that she reviews all the sexual abuse incident reviews and she has not noted any trends. She stated that after the report is submitted, if there were any deficiencies noted, she would take any corrective action.</p> <p data-bbox="240 2112 1474 2141">115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons</p>

for not doing so. F.3400, page 25 states that the review team prepare a report of its findings pursuant to standards, and any recommendations for improvement. Policy indicates such reports should be submitted to the facility head and PCM. A review of the form indicated there is a section for recommendations.

Based on a review of the PAQ, F.3400, investigative reports and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, this standard appears to require corrective action. A review of fifteen investigations indicated that six were sexual abuse and required a sexual abuse incident review. None of the six had a completed review.

Corrective Action

The facility will need to review policy and procedure related to the requirements under this standard and train appropriate staff on when these reviews are required to be complete. The training will need to be provided to the auditor. The facility will need to provide the auditor with a list of sexual abuse allegations during the corrective action period. The auditor will select a sample to review the sexual abuse incident reviews.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training Documents
2. List of Sexual Abuse Allegations During the Corrective Action Period
3. Sexual Abuse Incident Reviews

On June 29, 2022 the facility provided a sign-in sheet indicating appropriate staff were provided training on completing sexual abuse incident reviews.

During the corrective action period the facility provided a list of sexual abuse allegations. There were three incidents of sexual abuse reported. The auditor requested the sexual abuse incident reviews for all three allegations. The facility provided documentation indicating one investigation was still open and as such a sexual abuse incident review was not completed. The other two were documented with a sexual abuse incident review via the Post Incident Review form (OPA-110). One sexual abuse incident review was completed within 30 days of the conclusion of the investigation while the second was completed after the 30 days. The one completed over 30 days had justification in the review that indicated it was late due to investigative oversight. Both completed reviews included the Warden, Assistant Warden, PCM and facility compliance manager. The form indicated that input was also obtained from the investigation and medical or mental health care staff.

Based on the documentation provided, the facility has corrected this standard.

115.87	Data collection
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 376 300">Documents:</p> <ol data-bbox="242 327 1155 584" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. OPUS Manual 4. OPUS Incident PREA Package 5. Sexual Abuse Annual Report <p data-bbox="242 613 505 642">Findings (By Provision):</p> <p data-bbox="242 672 1485 898">115.87 (a): The PAQ indicated that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. F.3400, page 31 states that accurate, uniform data for every allegation of sexual abuse shall be documented in OPUS by all facilities. A review of the OPUS Manual and OPUS Incident PREA Package confirms that all allegations of sexual abuse and sexual harassment are entered into the electronic database (OPUS). Upon entry of the information staff have to choose from five allegation types: inmate on inmate sexual act, inmate on inmate sexual abuse, inmate on inmate sexual harassment, staff sexual misconduct and staff sexual harassment.</p> <p data-bbox="242 927 1493 1057">115.87 (b): The updated PAQ indicated that the agency aggregates the incident-based sexual abuse data at least annually. F.3400, page 31 states that the agency shall aggregate the incident-based sexual abuse data at least annually. A review of the Sexual Abuse Annual Report confirmed that data is aggregated annually and documented in the report with a comparison of the prior years aggregated data.</p> <p data-bbox="242 1086 1485 1348">115.87 (c): The updated PAQ indicated that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. F.3400, page 32 states that the incident-based data collected shall include, at minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. A review of the OPUS Manual and OPUS Incident PREA Package confirms that all allegations of sexual abuse and sexual harassment are entered into the electronic database (OPUS). Upon entry of the information staff have to choose from five allegation types: inmate on inmate sexual act, inmate on inmate sexual abuse, inmate on inmate sexual harassment, staff sexual misconduct and staff sexual harassment.</p> <p data-bbox="242 1377 1469 1507">115.87 (d): The updated PAQ indicated that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. F.3400, page 32 states that the agency shall maintain, review, and collect data as needed from all available incident-based documents, including incident reports, investigative files and sexual abuse incident reviews.</p> <p data-bbox="242 1536 1493 1697">115.87 (e): The PAQ indicated that the agency does not contract for the confinement of its inmates and as such this provision does not apply. Further communication with the agency indicated that the agency currently has an expired contract for the confinement of its inmates. The agency is working on a renewal to the contract. F.3400, page 32 states that the agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders.</p> <p data-bbox="242 1727 1469 1823">115.87 (f): The updated PAQ indicated that the agency complete the Survey of Sexual Victimization annually. F.3400, page 32 states that upon request, the agency shall provide all such data from previous calendar year to the US Department of Justice no later than June 30.</p> <p data-bbox="242 1852 1485 1912">Based on a review of the PAQ, F.3400, the OPUS Manual, the OPUS Incident PREA Package and the Sexual Abuse Annual Report this standard appears to be compliant.</p>

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

Documents:

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

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager

Findings (By Provision):

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

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

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

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

Based on a review of the PAQ, F.3400, the sexual abuse annual report, the website and information obtained from interviews with the Agency Head Designee, PC and PCM, this standard appears to be compliant.

115.89	Data storage, publication, and destruction
	<p data-bbox="240 143 740 172">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 300">Documents:</p> <ol data-bbox="240 327 1155 468" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure F.3400 – Offender Sexual Abuse and Sexual Harassment Policy 3. Sexual Abuse Annual Report <p data-bbox="240 499 363 528">Interviews:</p> <ol data-bbox="240 555 660 584" style="list-style-type: none"> 1. Interview with the PREA Coordinator <p data-bbox="240 613 507 642">Findings (By Provision):</p> <p data-bbox="240 672 1484 831">115.89 (a): The updated PAQ indicated that the agency ensures that incident-based and aggregate data are securely retained. F.3400, page 32 indicates that the agency must ensure that data is securely retained. The interview with the PREA Coordinator indicated that the agency reviews data collected and aggregated pursuant to 115.87 and that it is securely retained. He stated that the information is confidential and secured and that most data is profile driven through the OPUS system.</p> <p data-bbox="240 862 1493 1158">115.89 (b): The updated PAQ indicated that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. F.3400, page 32 states that the agency shall maintain, review, and collect data as needed from all available incident-based document, including reports, investigative files and sexual abuse incident reviews. Policy also states that the agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its offender. Page 32 further states that the agency’s report shall be approved by the agency head and made readily available to the public through its website, or if it does not have one, through other means. A review of the website (https://www.ncdps.gov/adult-corrections/prison-rape-elimination-act) confirmed that the current annual report, which includes aggregated data, as well as prior annual reports are available for review.</p> <p data-bbox="240 1189 1442 1283">115.89 (c): The updated PAQ indicated that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. A review of the Sexual Abuse Annual Report confirmed that there was no personal identifying information included nor any security related information. The report did not contain any redacted information.</p> <p data-bbox="240 1314 1477 1507">115.89 (d): The updated PAQ indicated that the agency maintains sexual abuse data collected pursuant to Standard 115.87 for at least ten years after the date of initial collection, unless federal, state or local law requires otherwise. F.3400, page 32 states that all written investigation reports will be retained as long as the alleged abuser is incarcerated or employed by the agency, plus five years; or sexual abuse data collected for at least ten years after the date of the initial collection unless Federal, State or local law requires otherwise, whichever is greater. A review of prior Sexual Abuse Annual Reports confirmed that data is available from 2015 to current.</p> <p data-bbox="240 1538 1481 1599">Based on a review of the PAQ, F.3400, the Sexual Abuse Annual Report, the agency website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings (By Provision):</p> <p>115.401 (a): The facility is part of the North Carolina Department of Public Safety. All facilities were audited in the previous three-year audit cycle and audit report are found on the agency's website.</p> <p>115.401 (b): The facility is part of the North Carolina Department of Public Safety. The Department has a schedule for all their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the third year of the three-year cycle.</p> <p>115.401 (h) – (n): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates. The auditor observed a few audit announcements posted during the on-site portion of the audit. The facility sent photos of the posted announcement six weeks prior to the audit and the PCM advised that the inmates had torn the announcements down in between the time they were posted and the on-site portion of the audit.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings (By Provision):</p> <p>115.403 (f): The facility was previously audited on June 7-8, 2017. The final audit report is publicly available via the agency website. A review of the website confirms that prior audit reports have been published on the agency website.</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.)	yes
	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.)	yes
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes

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

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual 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.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

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

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

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

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

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

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

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

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

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	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).	yes
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.)	yes
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.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with 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