

# PREA Facility Audit Report: Final

Name of Facility: C.A. Dillon Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/05/2022

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: Karen d. Murray	Date of Signature: 06/05/2022

AUDITOR INFORMATION	
Auditor name:	Murray, Karen
Email:	kdmconsults1@gmail.com
Start Date of On-Site Audit:	05/02/2022
End Date of On-Site Audit:	05/02/2022

FACILITY INFORMATION	
Facility name:	C.A. Dillon Juvenile Detention Center
Facility physical address:	100 Dillon Drive, Butner, North Carolina - 27509
Facility mailing address:	

Primary Contact	
Name:	Casey Reece
Email Address:	casey.reece@ncdps.gov
Telephone Number:	919-575-3166

Superintendent/Director/Administrator	
Name:	Casey Reece
Email Address:	casey.reece@ncdps.gov
Telephone Number:	919-575-3166

Facility PREA Compliance Manager	
<b>Name:</b>	Jeffrey Hayes
<b>Email Address:</b>	jeffrey.c.hayes@ncdps.gov
<b>Telephone Number:</b>	O: 2522131054

Facility Health Service Administrator On-Site	
<b>Name:</b>	Ebony Crutchfield
<b>Email Address:</b>	ebony.crutchfield@ncdps.gov
<b>Telephone Number:</b>	919-283-4717

Facility Characteristics	
<b>Designed facility capacity:</b>	24
<b>Current population of facility:</b>	24
<b>Average daily population for the past 12 months:</b>	17
<b>Has the facility been over capacity at any point in the past 12 months?</b>	Yes
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	11-19
<b>Facility security levels/resident custody levels:</b>	n/a
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	31
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	4
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	2

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

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

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

**SUMMARY OF AUDIT FINDINGS**

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

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

Number of standards exceeded:	
4	<ul style="list-style-type: none"> <li>• 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</li> <li>• 115.322 - Policies to ensure referrals of allegations for investigations</li> <li>• 115.333 - Resident education</li> <li>• 115.373 - Reporting to residents</li> </ul>
Number of standards met:	
39	
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:	2022-05-02
2. End date of the onsite portion of the audit:	2022-05-02

### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	At 3:00 pm, on 4.9.2022, this Auditor contacted the Families Living Violence Free Rape Crisis Center at 919.693.3579 at 212 W. Antioch Drive, Oxford, NC 27565. After proper introductions, 'Anne' stated this was a crisis hotline for anyone who may need services and if my call would have been an emergency, she would contact an advocate to assist the caller. This Auditor provided the operator with her name and reason for the call for her calling records. Note: This call was made on a Saturday even though the brochure and the website state office hours are Monday-Friday from 9:00 am to 5:00 pm.

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	24
15. Average daily population for the past 12 months:	17
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="radio"/> Yes <input 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:	29
37. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:	29

38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	1
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	31
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:	2
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:	4

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 text provided.
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## INTERVIEWS

### Inmate/Resident/Detainee Interviews

#### Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	9
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54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
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55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The facility provided student rosters by living wing and ethnicity. Student interviews were chosen randomly, five each, from each wing.
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56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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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.
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#### Targeted Inmate/Resident/Detainee Interviews

58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	1
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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".

59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	1
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:	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).	Based on student rosters, student and staff interviews, and student file review, this category of students did not appear to be currently admitted to this facility.
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:	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).	Based on student rosters, student and staff interviews, and student file review, this category of students did not appear to be currently admitted to this facility.
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:	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.

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on student rosters, student and staff interviews, and student file review, this category of students did not appear to be currently admitted to this facility.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on student rosters, student and staff interviews, and student file review, this category of students did not appear to be currently admitted to this facility.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on student rosters, student and staff interviews, and student file review, this category of students did not appear to be currently admitted to this facility.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on student rosters, student and staff interviews, and student file review, this category of students did not appear to be currently admitted to this facility.</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on student rosters, student and staff interviews, and student file review, this category of students did not appear to be currently admitted to this facility.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on student rosters, student and staff interviews, and student file review, this category of students did not appear to be currently admitted to this facility.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>1</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on student rosters, student and staff interviews, and student file review, this category of students did not appear to be currently admitted to this facility.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>8</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</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>Each floor staff, from each shift, was interviewed during the on-site review.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>13</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes <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 <input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Agency contract administrator</li> <li><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</li> <li><input checked="" type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</li> <li><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</li> <li><input checked="" type="checkbox"/> Medical staff</li> <li><input checked="" type="checkbox"/> Mental health staff</li> <li><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</li> <li><input checked="" type="checkbox"/> Administrative (human resources) staff</li> <li><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</li> <li><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</li> <li><input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</li> <li><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</li> <li><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</li> <li><input checked="" type="checkbox"/> First responders, both security and non-security staff</li> <li><input checked="" type="checkbox"/> Intake staff</li> <li><input type="checkbox"/> Other</li> </ul>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
<p><b>a. Enter the total number of VOLUNTEERS who were interviewed:</b></p>	<p>1</p>

<p><b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Mental health/counseling</p> <p><input type="checkbox"/> Religious</p> <p><input type="checkbox"/> Other</p>
<p><b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>a. Enter the total number of CONTRACTORS who were interviewed:</b></p>	<p>2</p>
<p><b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>No text provided.</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><b>84. Did you have access to all areas of the facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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### Was the site review an active, inquiring process that included the following:

<p><b>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)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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).	No text provided.

### 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.

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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

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

**Sexual Harassment Investigation Outcomes**

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

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

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	00	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	The facility has not experienced a sexual abuse investigation in the past 36 months.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

**Inmate-on-inmate sexual abuse investigation files**

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
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<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</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 abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</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 abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</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 abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</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 abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>The facility has not experienced a sexual harassment investigation in the past 36 months.</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><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</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>
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<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative 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>
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**Staff-on-inmate sexual harassment investigation files**

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<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>
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<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative 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>
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<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The facility has not experienced a sexual abuse investigation in the past 36 months.</p>
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**SUPPORT STAFF INFORMATION**

**DOJ-certified PREA Auditors Support Staff**

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

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

<b>121. Who paid you to conduct this audit?</b>	<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>
<b>Identify the name of the third-party auditing entity</b>	DX Consulting

## 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.

115.311	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. C.A. Dillon Juvenile Detention Center PAQ</li> <li>2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, dated June 2013</li> <li>3. Department of Public Safety Organizational Chart, dated 2.9.2022</li> <li>4. Dillon Organization Chart, not dated</li> <li>5. Dillon Detention PREA Team Listing, not dated</li> <li>6. NCDPS Office Memorandum, subject: Prison Rape Eliminate Act (PREA) Standards in Juvenile Facilities (1.14 Discipline), dated 11.8.2021</li> <li>7. NCDPS Designation of PREA Compliance Manager(s), dated 1.5.2020</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Students</li> <li>2. Targeted Student</li> <li>3. Random staff</li> <li>4. Supervisor</li> <li>5. PREA Compliance Manager</li> </ol> <p>This facility did not have any gay, bisexual or transgender students at the time of the onsite review. When looking at data over the last 12 months with the PREA Compliance Manager and the Facility Director, averages demonstrated only one gay resident had been in the program during the last year and one student was segregated due to his small stature and young age. The one targeted student at this program consisted of a juvenile who was targeted as a perpetrator and disclosed to the auditor during the interview that he was also a victim of sexual abuse. This student was accepted the facilities offering of mental health services and currently continues therapy at this time. There were no informal interviews conducted during the tour as students were in their rooms, allowed to sleep in on a no school day.</p> <p>Through interviews with students and staff and review of student and staff files, it was evident that this facility interweaves requirements for this standard in their daily protocols. Both students and staff could speak to the facility PREA practices and protocols being used as is described in the agency NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document. Students interviewed spoke to the many reporting options available to them to include the 'black box' (grievance box) on the Wing for PREA and grievance complaints, the ability and comfort in speaking directly to a staff member and having the availability of preaddressed envelopes to reporting directly to the Director, the agency PREA Coordinator and the Department of Public Safety.</p> <p>Site Review Observation:</p> <p>During the tour of the facility, this Auditor noticed Zero Tolerance and Red Flag postings, Advocate brochures and PREA Audit Notices throughout the facility. The facility is currently under construction, allowing for three available wings of 10 individual wet cells, each with one shower behind a full windowless door. Due to the design, limited furniture placement throughout the day rooms, also used as classrooms, and camera placement throughout each building, the facility had no apparent blind spots. The facility has recently added bar codes on each student cell door which are to be scanned with staff tablets when door checks are in progress.</p> <p>115.311</p> <p>(a) The C.A. Dillon Juvenile Detention Center PAQ states the agency NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures Document mandates zero tolerance toward all forms of sexual abuse and sexual harassment in the facility it operates and those directly under contract.</p> <p>NCDPS Sexual Abuse and Harassment Policy and P&amp;R document, page iii, section DJJ Sexual Abuse Elimination Policy states, "The North Carolina Department of Public Safety is committed to a standard of zero-tolerance of sexual abuse and sexual harassment of persons under its supervision. Therefore, it is the policy of Juvenile Justice to provide a safe, humane and appropriately secure environment, free from the threat of sexual abuse and sexual harassment of juveniles, by maintaining a program of prevention, detection, response, investigation, and tracking."</p> <p>The facility provided a NCDPS Office Memorandum, subject: Prison Rape Eliminate Act (PREA) Standards in Juvenile Facilities (1.14 Discipline). This memo states, "The PREA Auditor requests an addition or clarifying language to existing policy for NC Juvenile Justice Facilities. As a result, please find the modifications below in relation to "Juvenile Justice Facilities Sexual Abuse and Harassment Policy: dated September 2013 (additional language underlined). This change will be incorporated into the aforementioned policy revision to be completed by the end of the year.</p> <p>1.14 Discipline:</p>

A. (Underlined language only) Staff who engage in sexual abuse shall immediately be prohibited from contact with residents and shall be reported to relevant licensing bodies or law enforcement agencies, unless the activity was clearly not criminal.”

(b) The agency employs an upper-level, agency wide PREA Coordinator. The PREA Coordinator demonstrates she has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards in all of its facilities. The PREA Coordinator is in the agency organization chart, who reports to the Professional Standards Policy and Planning Chief Deputy Secretary.

The facility provided the Department of Public Safety Organizational Chart. The organizational chart demonstrating Charlotte Jordan-Williams is the agency PREA Director.

(c) The C.A. Dillon Juvenile Detention Center PAQ states the facility has a facility PREA Manager. This position is shown on the facility organization chart as the 1st Shift Supervisor. This position reports to the Center Director.

The facility provided the Organizational Chart for the C.A. Dillon Juvenile Detention Center demonstrating Jeff Hays is the 1st Shift Supervisor.

The facility provided a NCDPS Designation of PREA Compliance Manager(s). This designation demonstrates a primary and alternate PREA Compliance Managers by the Office of PREA Administration.

The facility provided a Dillon Detention PREA Team Listing. This listing designates the following:

- PREA Compliance Manager
- PREA Investigator
- PREA Instructor
- PREA Nurse
- 2 PREA PSP positions on 1st Shift, 2 PSP's on 2nd Shift and 2 PSP's on 3rd Shift

Through such reviews, of the facilities three alternate/secondary PREA Compliance Managers, six PREA Support Persons, one Investigator for a facility with a bed capacity of 36, the facility exceeds the standards requirements.

<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:  1. C.A. Dillon Juvenile Detention Center PAQ</p> <p>Interviews:  1. PREA Coordinator  The interview with the PREA Coordinator states the agency does not contract with private agencies for confinement services of their students.</p> <p>115.312  (a) The C.A. Dillon Juvenile Detention Center PAQ states the agency does not contract with private agencies for confinement services of their residents.</p> <p>Through such reviews, the facility meets standard requirements.</p>

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Document Review:

1. C.A. Dillon Juvenile Detention Center PAQ
2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013
3. NCDPS Juvenile Justice Facility Operations Detention Services Policy, dated 12.2021
4. Staffing Analysis, dated 2.3.2022 and 2021
5. Sample Staff and Supervisor Shift Schedule for the month of March 2022
6. Completed Unannounced Monitoring Reports, dated 1.10.2021, 1.15.2022, 1.17.2022, 1.18.2022, 2.12.2022, 2.20.2022

Interviews:

1. Random Students
2. Targeted Student
3. Random staff
4. Detention Supervisors
5. PREA Compliance Manager

Student interviewed could attest to staff being available to them on all shifts.

During the interviews with Detention Supervisors, each attested to completing unannounced rounds, at least monthly, on a shift other than their own. The first shift supervisor stated he completed rounds on the third shift and the second shift supervisor stated she completed rounds on the first and third shifts. Both Detention Supervisors interviewed attested to conducting rounds without making staff aware.

Site review observation:

During the tour and when waiting for interviews, this Auditor was able to witness the Supervisor in the 'Booth' also known as Control. Detention Supervisors had access to and view of each Wing and was available for questions, needs and concerns throughout each shift. Ratios of 1:8 were witnessed throughout the day of the onsite audit visit of 7:30 am to 8:30 pm.

(a) The C.A. Dillon Juvenile Detention Center PAQ states the agency requires the facility 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 residents against abuse. The daily number of residents is 24 and the staffing plan was predicated on 24 residents.

The NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 11, section 1.12B Staffing, states "Juvenile Justice Central Office shall submit annual staffing plans to the PREA Office. The report must include staffing reports and any deviations from the required ratios. Additionally, the Central Office shall assess, determine, and document whether adjustments are needed to:

1. The staffing plan;
2. Prevailing staffing patterns;
3. The center's deployment of video monitoring systems and other monitoring technologies; and
4. The resources the center has available to commit to ensure adherence to the staffing plan.

The facility provided Staffing Analysis for 2022. The facility was closed for three years and reopened late 2021. The analysis contains the following:

- NCDPS PREA Report: Staffing Analysis
- General Facility Information
  - o Mission
  - o Juvenile Population and Special Vulnerabilities
  - o Facility Program and Services
  - o Current Staffing Levels
- PREA
  - o Prevalence of Substantiated and Unsubstantiated Incidents of Sexual Abuse and Harassment
  - o Previous Audit Findings
  - o Additional Information and/or Recommendations (nine recommendations for 2022)
- Conclusion

These documents are signed by the PREA Director and the Facility Director/Warden.

(b) The C.A. Dillon Juvenile Detention Center PAQ states each time the staffing plan is not complied with, the facility documents and justifies deviations. The facility did not have any deviations from the required ratios of their staffing plan.

(c) The C.A. Dillon Juvenile Detention Center PAQ states the facility is mandated by regulation to maintain 1:8 waking hour and 1:16 sleeping hour ratios. In the last 12 months the facility has not deviated from the staffing ratios during awake or sleeping hours.

The NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 11, section 1.12A Staffing, states, "Each center director shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only certified staff shall be included in these ratios."

The facility provided samples for Staff and Supervisor Shift Schedule for the month of March 2022. Schedules demonstrate 1st Shift have a total of five direct care on shift. 2nd Shift have a total of three direct care on shift and 3rd Shift have a total of three direct care on shift. The Supervisor schedule demonstrates a supervisor is scheduled on each shift.

(d) The C.A. Dillon Juvenile Detention Center PAQ states the staffing plan is reviewed annually, in collaboration with the PREA Coordinator. Compliance is documented in policy as shown in provision (a) of this standard.

The facility completes staffing plans on an annual basis. Staffing Plans were received for 2021 and 2022. The facility was closed 2018-2020.

(e) The C.A. Dillon Juvenile Detention Center PAQ states unannounced rounds are conducted by intermediate or higher level staff to identify and deter staff sexual abuse and sexual harassment.

The NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 11-12, section 1.13E. Searches, states, "Center Directors or designated supervisors will conduct unadvertised rounds monthly during all shifts to identify and deter staff sexual abuse and sexual harassment. The Director/designee shall document unadvertised rounds in the logbook and in a separate file/document dedicated to recording (person conducting, time, relevant notes) unannounced rounds. Staff members are prohibited from alerting other staff members that these supervisory rounds are occurring unless such information is related to the legitimate operational functions of the center."

The facility provided completed Unannounced Monitoring Reports, dated 1.10.2021, 1.15.2022, 1.17.2022, 1.18.2022, 2.12.2022, 2.20.2022. Rounds demonstrate the following areas are reviewed:

- Housing Units – E and B Cottages
- Cafeteria
- Recreation
- Maintenance
- School
- Any additional areas
- Listing of positive issues noted and they are shared with the facility

Rounds were completed at the following times:

- 12:00 am
- 11:00 pm
- 1:00 am
- 11:00 pm
- 11:00 am
- 11:00 pm

Through such reviews, the facility meets the standard requirements.

115.315	<b>Limits to cross-gender viewing and searches</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. C.A. Dillon Juvenile Detention Center PAQ</li> <li>2. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, dated September 2013</li> <li>3. NCDPS Juvenile Justice Facility Operations Detention Services Policy, dated 12.2021</li> <li>4. Cross Gender Announcement Logbook entries 1.2022 – 3.2022</li> <li>5. Training Record Template, dated 2016</li> <li>6. Post Audit: Corrective Action Plan and Documentation, dated 5.8.2022</li> <li>7. Post Audit: Cross-gender Announcement Training Roster Documentation, dated 5.5.2022</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Students</li> <li>2. Targeted Student</li> <li>3. Random staff</li> <li>4. Detention Supervisors</li> <li>5. Human Services Coordinator</li> <li>6. Intake staff</li> <li>7. PREA Compliance Manager</li> <li>8. Facility Director</li> </ol> <p>Students interviewed stated each had experienced either a pat or strip search while at the facility and those searches had been conducted in a respectful manner, some adding very respectable. Each student interviewed was asked when considering sexual safety if he felt safe and each student replied 'yes', some adding, very safe. When asked if female staff announced their presence when entering their living area, student stated some of the time.</p> <p>Interviews with staff demonstrated that cross-gender announcements were made, most of time. When prompted, staff stated a cross gender announcement was made at the beginning of the shift; however, staff also tried to remember to make announcements when entering the Wings.</p> <p>Site Review Observation:</p> <ol style="list-style-type: none"> <li>1. Intake area</li> <li>2. Search area</li> </ol> <p>During the tour of the facility the Auditor observed the Intake and search area of the facility. Both areas were conducive to ensuring searches were conducted in a private secured area, outside of camera view. The intake/search area consisted of a day room area where one shower, with a full door is located. During the intake, all existing students in this area are locked down. Staff provide the new intake with facility clothing, two staff of the same gender escort the intake to the shower room, request the intake remove all articles of his clothing, complete all search of the intake's body, remove the intake street clothing, allow the intake to shower, wash and store the intake's clothing and begin the intake paperwork process.</p> <p>Post Audit: Corrective Action Plan and Documentation was provided by the facility. The Facility Director provided a memorandum attesting to:</p> <ol style="list-style-type: none"> <li>1. The Field Training Officer will train staff during the orientation period pursuant to the Cross-gender Announcement Policy.</li> <li>2. During each shift change, a reminder will be announced pursuant to the Cross-Gender Announcement Procedure that each time staff goes into the wings that they announce themselves.</li> <li>3. The facility provided Post Audit: Cross-gender Announcement Training Roster Documentation. This roster demonstrates that all facility staff were retrained on cross-gender announcements, before entering wings.</li> </ol> <p>(a) C.A. Dillon Juvenile Detention Center PAQ states the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of their residents. In the past 12 months the facility has conducted zero cross-gender strip or cross-gender visual body cavity searches of residents.</p> <p>NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, dated September 2013, page 11, section 1.13 A-B, states, "The center shall not conduct cross-gender strip searches except in emergency circumstances, where other remedies are not available, or when performed by medical practitioners. Emergency situations shall be thoroughly documented in the logbook and approved by the Center Director. The center shall not conduct cross-gender pat-down searches except in exigent circumstances. The center shall thoroughly document in the logbook all searches of juveniles and include the gender of the juvenile and staff member."</p> <p>(b) C.A. Dillon Juvenile Detention Center PAQ states the facility does not conduct cross-gender strip or cross-gender visual</p>

body cavity searches absent exigent circumstances. The NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 11, section 1.13B. Searches, states, "The center shall not conduct cross-gender pat-down searches except in exigent circumstances. The center shall thoroughly document in the logbook all searches of juveniles and include the gender of the juvenile and staff member."

(c) C.A. Dillon Juvenile Detention Center PAQ states the facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified. Documentation of cross-gender searches will be recorded in the search log book.

(d) C.A. Dillon Juvenile Detention Center PAQ states the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).

The NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 11, section 1.13B. Searches, states, "Staff shall ensure that residents 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 room checks."

The facility provided Cross Gender Announcement Log Book entries. Log Book entries include statements, such as:

- 1.27.2022 – Cross gender announced on both wings
- 1.27.2022 3:10 Cross gender announcement completed

(e) The C.A. Dillon Juvenile Detention Center PAQ states the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Zero such searches occurred in the past 12 months.

The NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 12, section 1.13F. Searches states, "The center shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner."

(f) The C.A. Dillon Juvenile Detention Center PAQ states 100% of security staff receive training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner. "The NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 12, section 1.13G. Searches, states, "The Department of Public Safety shall provide direct care staff with training in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs."

The facility provided a Training Record Template demonstrating the following search procedures are trained.

- Conducting random room searches of juveniles rooms and common areas to discover and seize contraband in accordance with policy.
- Searching lobby, visiting, and interview rooms to discover contraband.
- Conducting searches in small areas, e.g. plumbing access, to locate contraband.
- Conducting pat searches of juvenile. No cross gender searches.
- Conducting strip searches and drug screens after 8 hour visits and any off-site appointments away from facility. No cross gender strip searches.
- Examination of mail (removing stamps from envelopes to prevent contraband from being brought into the facility).
- Recognizing common items used to smuggle in contraband, e.g. chap stick container and seize contraband being brought into the facility.

Through such reviews, the facility meets standard requirements.

115.316	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. C.A. Dillon Juvenile Detention Center PAQ</li> <li>2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, dated June 2013</li> <li>3. NCDPS PREA Information for Persons with Direct Contact with Inmates/Offenders/Juveniles Acknowledgement, dated 3.26.2013</li> <li>4. Facility Specific Orientation Checklist, (Safety, Security, and Supervision) Template, dated 6.2016</li> <li>5. Master Agreement: United Language Group, dated 9.19.2019</li> <li>6. Department of Juvenile Justice Brochure, "Expect Respect" brochures in English and Spanish, dated 12.2013</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random staff</li> <li>2. Detention Supervisors</li> <li>3. PREA Compliance Manager</li> <li>4. Facility Director</li> </ol> <p>During the onsite review, the facility had zero students who were disabled and or limited English proficient. Interviews with staff demonstrated the facility would utilize language contract services. Staff attested to the contact information of language services being available in the PREA book located in the Booth. During the past 12 months, the facility has not utilized the language contract, nor had they had a disabled or limited English-speaking student in their care.</p> <p>(a) The C.A. Dillon Juvenile Detention Center PAQ states the agency has established procedures to provide disabled residents equal opportunities to be provided with and learn about the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment.</p> <p>The NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, page 7, section 1.6 A.-E., Resident Education, state,</p> <p>A. "All residents shall receive, during admission, information containing the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse and sexual harassment.</p> <p>B. All residents shall receive comprehensive age-appropriate education: (1) regarding their rights to be free from sexual abuse and sexual harassment, (2) their right to be free from retaliation for reporting such incidents, and (3) regarding response procedures for sexual abuse, sexual harassment, and retaliation incidents. Such education shall be completed within 10 days of admission.</p> <p>C. Appropriate provisions shall be made as necessary for residents not fluent in English, persons with disabilities and those with low literacy levels.</p> <p>D. All materials provided to residents on the subject of resident sexual abuse and sexual harassment, and any lesson plans used during any presentations on this topic shall be approved by Department of Public Safety's PREA Office in consultation with the Manager of Clinical Programs.</p> <p>E. Education for Residents shall be offered by staff members who have received training to deliver the PREA Resident Education course."</p> <p>The facility provided a Facility Specific Orientation Checklist, (Safety, Security, and Supervision) Template. The template includes training for:</p> <ul style="list-style-type: none"> <li>• Read and acknowledge policies and procedures paying special attention to "juvenile rights", Reporting Abuse and/or Neglect", "Use of Force", Incident Reporting, "Blood borne Pathogens" (Universal Precautions) and Suicide Prevention policies.</li> </ul> <p>The facility provided a NCDPS PREA Information for Persons with Direct Contact with Inmates/Offenders/Juveniles Acknowledgement. The first paragraph states, "The North Carolina Department of Public Safety has adopted a ZERO-TOLERANCE standard for sexual abuse in its prisons, juvenile justice centers, community corrections facilities and other locations related to supervision. The intent of PREA is to ensure a safe, humane and appropriately secure environment, free from the threat of sexual abuse of all inmates/offenders/juveniles." The document provides space for printing of name/organization, signature and date, name, signature and title of NCDPS Representative.</p> <p>The facility provided a Master Agreement: United Language Group, The Master Agreement does not have an expiration date.</p> <p>(b) The C.A. Dillon Juvenile Detention Center PAQ states the agency has established procedures to provide residents with limited English 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. The C.A. Dillon Juvenile Detention Center addresses compliance for this measure, in measure (a) of this provision.</p>

The facility provided Department of Juvenile Justice Brochure, "Expect Respect" brochures in English and Spanish. Brochures speak to the following:

- NCDPS Zero Tolerance
- What are forms of Abuse and Neglect
  - o Physical Abuse
  - o Emotional Abuse
  - o Childhelp National Child Abuse Hotline 1.800.422.4453
- Reporting Abuse
  - o How Do I Report in the Community?
  - o How Do I Report in a Detention Center or Youth Development Center?
- Staying Safe
- Expect Respect
  - o You have the RIGHT to expect to be RESPECTED, kept SAFE, and for people to RESPOND if something does happen
  - o You should know
    - Sexual Abuse or Assault

(c) The C.A. Dillon Juvenile Detention Center PAQ states the agency prohibits the use of resident interpreters. In the last 12 months the facility has had zero instances where students were used for interpreters.

NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 10, section 1.9 PREA Compliance Manager, states, "The Department will not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties, or the investigation of the resident's allegations."

Through such reviews, the facility meets standard requirements.

115.317	<b>Hiring and promotion decisions</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 435 300">Document Review:</p> <ol data-bbox="240 304 1445 568" style="list-style-type: none"> <li>1. C.A. Dillon Juvenile Detention Center PAQ</li> <li>2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, dated June 2013</li> <li>3. Employee Statement, PREA Notice and Information Collection for Current Employees, not dated</li> <li>4. Employee Statement, PREA Hiring and Promotion Prohibitions, not dated</li> <li>5. NC DPS Criminal History Check Form, dated 9.2013</li> <li>6. DPS North Carolina Department of Public Safety Applicant Verification, dated 9.2013</li> <li>7. NCDPS Applicant Verification form, dated 12.2020</li> <li>8. NCDPS Employment Statements form, dated 12.2020</li> </ol> <p data-bbox="240 595 352 622">Interviews:</p> <ol data-bbox="240 627 552 725" style="list-style-type: none"> <li>1. Administrative Specialist II</li> <li>2. PREA Compliance Manager</li> <li>3. Facility Director</li> </ol> <p data-bbox="240 730 1485 824">Interviews with the specialized staff demonstrated applicants determined to have been involved in sexual harassment or sexual abuse allegations were screened out during the application review process. Additionally, applicants who were terminated in past institutions for sexual abuse and or sexual harassment were not considered for employment or promotion.</p> <p data-bbox="240 851 499 878">Site Review Observation:</p> <p data-bbox="240 882 1473 1016">Review of 11 personnel files and one volunteer file demonstrated 100% compliance with each area of the PREA Audit – Juvenile Facilities Documentation Review – Employee File/Records. Every employee reviewed had completed the required administrative adjudication questions during the interview process or during promotion processes. Institutional references had been completed during the interview process and such references were completed for each past institutional employer.</p> <p data-bbox="240 1043 1465 1178">(a) The C.A. Dillon Juvenile Detention Center PAQ states the agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who has engaged in or been convicted in or administratively adjudicated in sexual activity described in paragraph (a)(2) of this standard.</p> <p data-bbox="240 1205 1445 1267">The facility provided an NCDPS Employee Statement, demonstrating applicants have affirmed they have not engaged in sexual harassment and sexual abuse, upon hire.</p> <p data-bbox="240 1303 1457 1366">The facility provided an NCDPS Employee Statement, demonstrating staff have affirmed they have not engaged in sexual harassment and sexual abuse, upon promotion.</p> <p data-bbox="240 1402 1417 1464">The facility provided NCDPS Applicant Verification where applicant affirm agreement with PREA hiring and Promotion Prohibitions in relation to 115.317.</p> <p data-bbox="240 1500 1453 1563">The facility provided NCDPS Public Safety Professional Reference Check demonstrating institutional reference questions are asked for applicable applicants.</p> <p data-bbox="240 1599 1406 1662">The facility provided a NCDPS Criminal History Record Check demonstrating the applicant has no convictions, traffic violations other than those that are considered minor.</p> <p data-bbox="240 1697 1485 1796">(b) The C.A. Dillon Juvenile Detention Center PAQ states agency policy requires the consideration of any incidents of sexual harassment when determining to hire and or promote anyone, or to enlist services of any contractor, who may have contact with residents.</p> <p data-bbox="240 1832 1485 1930">The facility policy did not speak to institutional background reference checks; however, the facility provided an administrative memo, subject: PREA Hiring and Promotion Prohibitions, from the DPS Human Resource Director, clearly stating and directing all hiring and promotions to be in compliance with the provisions (b)(c)(d)(e)(f) and (g) of this standard, 115.317.</p> <p data-bbox="240 1966 1485 2123">(c) The C.A. Dillon Juvenile Detention Center PAQ states Agency policy requires background checks are conducted with all new hires who have contact with residents, consults child abuse registries and 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. In the past 12 months persons hired may have contact with resident who have had criminal background checks was 19.</p>

(d) The C.A. Dillon Juvenile Detention Center PAQ states the agency policy requires that a criminal background records check be completed and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents. In the past 12 months there were seven contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents.

(e) The C.A. Dillon Juvenile Detention Center PAQ states the agency requires background checks to be completed every five years. Compliance of this standard is substantiated in provision (b) of this standard.

(f) Policy compliance can be found in provision (b) of this standard.

(g) Policy compliance can be found in provision (b) of this standard.

(h) Policy compliance can be found in provision (b) of this standard.

Through such reviews, the facility meets standard requirements.

115.318	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. C.A. Dillon Juvenile Detention Center PAQ</li> <li>2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, dated June 2013</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Facility Director</li> </ol> <p>During the pre-audit phase the Auditor noticed the PAQ stated yes to both provisions in this standard. The Facility Director clarified and stated both answers to both provisions are no.</p> <p>(a) The C.A. Dillon Juvenile Detention Center PAQ states the facility has not acquired a new facility or made substantial expansions or modifications to existing facilities since the last PREA audit.</p> <p>(b) The C.A. Dillon Juvenile Detention Center PAQ states the facility has not installed electronic surveillance system since the last PREA audit.</p> <p>Through such reviews, the facility meets standard requirements.</p>

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Document Review:

1. C.A. Dillon Juvenile Detention Center PAQ
2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013
3. OPA-120 Incident Scene Tracking Log, dated 1.27.2010
4. NCDPS PREA Evidence and Prohibited Substance/Contraband Evidence Chain of Custody Form, not dated
5. Families Living Violence Free (Rape Crisis Center) Memorandum of Understanding, dated 6.4.2021
6. Program & Service Line Administration SANE/SAFE Providers
7. Granville County's Domestic Violence and Sexual Assault Center Brochure, not dated
8. PREA Support Person Role and Responsibilities, not dated
9. PREA Support Person Training Curriculum, not dated

Interviews:

1. Random staff
2. Detention Supervisors
3. Registered Nurse
4. PREA Compliance Manager
5. Facility Investigator

Interviews with random and specialized staff demonstrated the facility has not experienced a need for forensic exams in the past 27 months since reopening. The registered nurse, PREA Compliance Manager and Facility Director stated the facility has a memorandum of understanding with Sexual Assault Nurses at the Granville Hospital.

Site Review Observation:

There were no criminal investigations in the past 12 months.

(a) The C.A. Dillon Juvenile Detention Center PAQ states the facility is responsible for conducting Administrative sexual abuse investigations. The agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The Granville County Sheriff's Department conduct all criminal investigations.

The facility provided an Incident Scene Tracking Log. This log is a record of:

- All persons entering the incident scene
- Facility Name/Number
- Investigator Name
- Scene Location
- Individual Name/Title/Agency/Date/Time In/Time Out/Reason for Entering

The facility provided an Evidence Chain of Custody Form. This form documents:

- PREA Evidence or Prohibited Substance/Contraband Description
- Received from Name/Rank/Facility/Date and Time
- Item Released by: To:
- Reason
- Date and Time

(b) The C.A. Dillon Juvenile Detention Center PAQ states the protocol is developmentally appropriate for youth. The protocol was adapted from the most recent edition of the DOJ's Office on Violence Against Women publication.

The NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 24, section 3.2.1, C. states, "The acute medical evaluations shall be in full compliance with standards established through the "National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." [U.S. Department of Justice; Office on Violence Against Women (September 2004)]. Per this standard, the alleged sexual abuse victim(s) shall be granted access to a Sexual Assault Nurse Examiner (SANE) at the designated acute medical evaluation center"

(c) The C.A. Dillon Juvenile Detention Center PAQ states the facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic examinations are offered at no cost to the victim. Where possible, all examinations are conducted by SAFE or SANE examiners. There have been zero medical exams, SAFE/SANE exams performed in the last 12 months.

The NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 23, section 3.1.2, H.1., states, "An acute medical evaluation to be conducted at a designated medical center (The alleged victim shall be

transported immediately to the designated medical center in order to assure physical health and well-being, and to optimize evidence collection)."

The facility provided a Program & Service Line Administration SANE/SAFE Providers. The individuals listed are with Duke Health (Hospital) and are certified SAFE/SANE providers for the facility.

(d) The C.A. Dillon Juvenile Detention Center PAQ states the facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. All efforts are documented. If a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff or community member.

The facility provided a Families Living Violence Free (Rape Crisis Center) Memorandum of Understanding. This memorandum for assistance from a survivor of sexual assault and advocacy services was initiated on 6.4.2021 and expires 6.2023.

The facility provided a PREA Support Person Role and Responsibility Guideline. The Guideline Purpose states, "The purpose of this directive is to establish a standardized role of the PREA Support Person at each location and facility across the state for inmates, offenders and juveniles."

The facility provided a PREA Support Person Training Log and Curriculum. This training is an eight-hour course with a Lesson Objective: To provide the PREA Support Person with specialized training to prepare them to be a support person for inmate/juveniles who have experienced sexual abuse and harassment while incarcerated/under supervision."

The facility provided a Granville County's Domestic Violence and Sexual Assault Center Brochure. The brochure provides an address, a 24/7 hotline phone number and web address. The brochure also addresses how victims can report, definitions of abuse and victim rights.

(e) The C.A. Dillon Juvenile Detention Center PAQ states a qualified staff or community member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals.

(f, h) The C.A. Dillon Juvenile Detention Center PAQ states the agency is responsible for administrative investigations and relies on local law enforcement to conduct criminal investigations. The agency does request provision a-e of this standard are considered when conducting all investigations.

Through such reviews, the facility meets standard requirements.

**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

Document Review:

1. C.A. Dillon Juvenile Detention Center PAQ
2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013
3. NCDPS Prison Rape Elimination Act (PREA) Post Incident Review (PIR), dated 7.26.2013
4. NCDPS Coordinated Response Overview, dated 2.6.2018
5. NCDPS Memorandum to Local Law Enforcement Agencies and Sheriffs, dated 9.23.2019
6. <https://www.ncdps.gov/dps-services/prison-rape-elimination-act>.

Interviews:

1. Random Students
2. Random staff
3. Supervisor
4. Investigator

Interviews with students demonstrated each were aware and believed to be comfortable reporting allegations of abuse directly to staff, using the grievance process, telling their attorneys or family or sending a letter with the envelopes provided to them on the wing.

Site Review Observation:

In addition to the many PREA postings recognized throughout the wings and the facility, the facility has made preaddressed envelopes to the Director, Department of Public Safety and the Agency PREA Coordinator available to students.

(a) The C.A. Dillon Juvenile Detention Center PAQ states the agency ensures that an administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. In the past 12 months the facility has had zero allegations of sexual abuse and sexual harassment that was received.

The facility provided a NCDPS Coordinated Response Overview. The Overview is a detailed graph describing how each department staff is to respond to PREA allegations of sexual harassment and or sexual abuse.

The facility provided a NCDPS Prison Rape Elimination Act (PREA) Post Incident Review (PIR) OPA 110 form. This form instructs the PREA Compliance Manager to document the following:

- Facility / Incident Date
- Investigation Completion Date / Finding
- Did the allegation require a policy or practice change?
- Was the incident motivated by race, gender, ethnicity, gang affiliation, actual status, perceived status or LGBTI?
- During the assessment of the area where the incident allegedly occurred, were there any physical barriers that may have enabled sexual abuse?
- Are staffing levels in that area adequate during different shifts?
- Based on assessment, should additional monitoring technology be deployed or augmented?
- Additional comments and/or corrective action taken.
- Sexual Abuse Review Team Members names, position or classification
- Person completing report
- Review and approval
- Final review and approval

The facility provided a NCDPS Memorandum to Local Law Enforcement Agencies and Sheriffs.

Page 1, second paragraph states, "IN accordance with DACJJ policies, all investigations conducted by the DPS Investigators concerning allegations of sexual abuse, will comply with the national PREA Standards. It is the desire of DPS that all assisting law enforcement entities also adhere to the below listed requirements of PREA. Standards, 115.212, 115.221, and 115.321, as applicable." The letter provides provisions (a), (b), and (c). In addition, the letter requests compliance with standard 115.71, 115.271 and 115.371, provisions (g), (i), (j), (k) and (l).

(b) The C.A. Dillon Juvenile Detention Center PAQ states the agency has policy that requires allegations of sexual abuse or harassment to be referred for investigation to an agency with the legal authority to conduct criminal investigations when completing Administrative investigations.

Agency policy NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures, pages 16-19, section 2.3 Response speaks to how the facility ensures how criminal and administrative investigations are complied with by internal and external investigators. However, page 16, section 2.3 A states, "Assignment of an Investigator: The Lead Investigator is responsible for assigning a trained PREA Investigator from another center when penetration is alleged. When the alleged act

does not rise to the level of penetration or staff is not an alleged aggressor, the Lead Investigator may utilize internal, trained PREA Investigators.” This policy procedure would not be consistent with criminal investigation directives within their agency policy and procedure.

(c) <https://www.ncdps.gov/adult-corrections/prison-rape-elimination-act> demonstrates the agency web page for the agencies Prison Rape Elimination Act information and appropriate links for stakeholders to submit and or request information.

Through such reviews of the preaddressed envelopes to reporting agencies on each wing, the facility exceeds standard requirements.

115.331	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. C.A. Dillon Juvenile Detention Center PAQ</li> <li>2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, dated June 2013</li> <li>3. PREA OPA T10-Information for Persons with Direct or Indirect Contact, dated 3.26.2013</li> <li>4. NCDPS Detention Centers Commitment to Quality of Care Statement, dated 11.2021</li> <li>5. LMS (Learning Management System) Instructions for access to PREA Training, not dated</li> <li>6. Daily Dozen Pamphlet, not dated</li> <li>7. Red Flags Poster, not dated</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random staff</li> <li>2. Specialized staff</li> <li>3. Contract Mental Health Provider</li> <li>4. PREA Compliance Manager</li> <li>5. Facility Director</li> </ol> <p>Interviews with random and targeted staff demonstrated all were aware of and received initial and annual PREA training either through in person PREA 101 and PREA 102 training or through the agency LMS database. Staff interviewed were able to articulate each had been trained on search protocols for same sex and or cross-gender searches, the agency zero tolerance policy and each were aware of agency PREA protocols.</p> <p>Site Observation:</p> <p>During review of staff training files, this Auditor noted 100% compliance for all 11 personnel files and one contractor file reviewed. File review demonstrated initial and annual training had occurred for applicable staff as the facility had who have been employed in under one year of service.</p> <p>(a) The C.A. Dillon Juvenile Detention Center PAQ states the agency trains all employees who may have contact with residents in all required provisions of this standard.</p> <p>NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, page 6, section 1.4 A., states, "All employees shall receive initial instruction related to sexual abuse and harassment zero tolerance policy, the right for residents to be free from sexual abuse and harassment, the right for residents and staff to be free from retaliation for reporting sexual abuse and harassment, and how to avoid inappropriate relationships with residents. Training will also include dynamics and common reactions of resident sexual abuse and sexual harassment, effective and professional communication with residents including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents, and relevant laws regarding mandatory reporting and the age of consent."</p> <p>The facility provided a NCDPS PREA Information for Persons with Direct Contact with Inmates/Offenders/Juveniles Acknowledgement. The first paragraph states, "The North Carolina Department of Public Safety has adopted a ZERO-TOLERANCE standard for sexual abuse in its prisons, juvenile justice centers, community corrections facilities and other locations related to supervision. The intent of PREA is to ensure a safe, humane and appropriately secure environment, free from the threat of sexual abuse of all inmates/offenders/juveniles." The document provides space for printing of name/organization, signature and date, name, signature and title of NCDPS Representative.</p> <p>The facility provided NCDPS Detention Centers Commitment to Quality of Care Statement. This is a statement to families regarding their hopeful involvement in the program and a contact number for the facility. In addition, this statement is a statement of the Juvenile Justice's commitment of zero tolerance of all forms of abuse, neglect and assault whether it be physical, sexual or emotional.</p> <p>The facility provided LMS (Learning Management System) Instructions for access to PREA Training. These instructions also demonstrate that staff must acknowledge, electronically, their understanding of the PREA training completed, online.</p> <p>The facility provided Sexual Abuse and Sexual Harassment Curriculum and Lesson Plan. The training plan/curriculum includes the following topics,</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Identify PREA and the agency's zero-tolerance policy of sexual abuse and sexual harassment for offenders/juveniles.</li> <li><input type="checkbox"/> Define sexual abuse and sexual harassment</li> <li><input type="checkbox"/> Define offenders/juveniles right to be free from sexual abuse and sexual harassment; and from retaliation for reporting.</li> <li><input type="checkbox"/> Identify relevant laws.</li> <li><input type="checkbox"/> Define employee responsibilities when responding to sexual abuse and sexual harassment</li> <li><input type="checkbox"/> Define the unique attributes of working with females in confinement/under supervision.</li> </ul>

- Define the unique attributes of working with males in confinement/under supervision.
- Define the vulnerabilities of persons in confinement/under supervision.
- Identify the dynamics of sexual abuse and sexual harassment in confinement/under supervision.
- Identify how to detect signs of threatened and actual sexual abuse in confinement/under supervision.
- Identify the common reactions to sexual abuse and sexual harassment.
- Identify methods of avoiding inappropriate relationships with offenders/juveniles.
- Identify techniques for communicating effectively and professionally with offenders/juveniles.

The facility provided the following pamphlets, flyers and brochures to further staff and resident awareness regarding appropriate boundaries: Daily Dozen Pamphlet, and the Red Flags Poster.

(b) The C.A. Dillon Juvenile Detention Center PAQ states training is tailored to the unique needs and attributes and gender of residents at the facility.

(c) The C.A. Dillon Juvenile Detention Center PAQ states between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. Training is provided to all employees annually.

(d) The C.A. Dillon Juvenile Detention Center PAQ states the agency documents that employees who may have contact with residents, understand the training they have received through employee signature or electronic verification.

NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 6, section 1.4 F. states, "All training will be documented using the DPS Training Course Record (OSDT-1) and the PREA Acknowledgement Form (OPA-T10)."

Through such reviews, the facility meets standard requirements.

115.332	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. C.A. Dillon Juvenile Detention Center PAQ</li> <li>2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, dated June 2013</li> <li>3. PREA OPA T10-Information for Persons with Direct or Indirect Contact, dated 3.26.2013</li> <li>4. Juvenile Justice Training Log Course Record, dated throughout 12.2021</li> <li>5. Volunteer / Contractor PREA Training Acknowledgements, dated throughout 12.2021</li> <li>6. NCDPS Specialized Medical and Mental Health PREA Training Acknowledgments, dated throughout 12.2021</li> <li>7. NCDPS Volunteer and Contractor Pamphlet, not dated</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Mental Health Contract Provider</li> </ol> <p>The mental health contractor was able to articulate she has been working with Easter Seals, who contracts with the Department of Public Safety. This mental health person has been working with North Carolina Department of Public Safety facilities for four years and received specialized training for mental health providers in addition to the states required PREA 101 and PREA 102 trainings, annually.</p> <p>Site Observation:</p> <p>Facility records demonstrated the mental health provider contract demonstrates required PREA training is completed on an annual basis.</p> <p>(a) The C.A. Dillon Juvenile Detention Center PAQ states all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and harassment prevention, detection, and response. nine contractors and volunteers, how have contact with residents, have completed the required training. The facility has no volunteers and one contract with the Easter Seals for mental health contractors.</p> <p>NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, page 6, section 1.5 A 1-3. states,</p> <ol style="list-style-type: none"> <li>1. "Volunteers (with the exception of one-time volunteers), custodial agents, contractors and other persons providing services to residents shall receive the Sexual Abuse and Harassment 101 training and sign the PREA Acknowledgement Form (OPA-T10) as part of initial orientation.</li> <li>2. One-time volunteers must review and sign the PREA Acknowledgement Form (OPA-T10) as part of their required overall training.</li> <li>3. Sexual Abuse and Harassment 101 Training shall be offered by approved staff trainers certified as General Instructors unless an exception is given by the Section Chief."</li> </ol> <p>(b) The C.A. Dillon Juvenile Detention Center PAQ states all volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, page 7, section 1.5 B. states, "CONTRACT PERSONS/AGENCIES (who have direct contact with residents): Contracts should include language that reflects commitment to a zero-tolerance of sexual abuse and sexual harassment, and the contract person's duty to report any allegations of resident sexual abuse or sexual harassment either by another resident or by staff. All contractor training shall be documented on the PREA Acknowledgement Form (OPA-T10). All contracts should reflect the contractor's obligation to adopt and comply with PREA Standards."</p> <p>The facility provided a NCDPS PREA Information for Persons with Direct Contact with Inmates/Offenders/Juveniles Acknowledgement. The first paragraph states, "The North Carolina Department of Public Safety has adopted a ZERO-TOLERANCE standard for sexual abuse in its prisons, juvenile justice centers, community corrections facilities and other locations related to supervision. The intent of PREA is to ensure a safe, humane and appropriately secure environment, free from the threat of sexual abuse of all inmates/offenders/juveniles." The document provides space for printing of name/organization, signature and date, name, signature and title of NCDPS Representative.</p> <p>The facility provided a NCDPS Volunteer and Contractor Pamphlet. The pamphlet is "A guide for the Prevention and Reporting of Undue Familiarity and Sexual Abuse with Offenders/Inmates for Volunteers or Agents of the Department." The brochure speaks to:</p> <ul style="list-style-type: none"> <li>• North Carolina Department of Public Safety</li> <li>• Objective</li> </ul>

- PREA and NCDPS
- General Statute
- Sexual Abuse
- Undue Familiarity
- A duty to report,
- Red flags

(c) The C.A. Dillon Juvenile Detention Center PAQ states the agency maintains documentation confirming that the volunteers and contractors understand the training they have received.

Through such reviews, the facility meets standard requirements.

115.333	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. C.A. Dillon Juvenile Detention Center PAQ</li> <li>2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, dated June 2013</li> <li>3. NCDPS Admission Placement Screening/PREA Education, dated 4.2019</li> <li>4. Expect Respect Brochure, Spanish and English, dated 06.2013</li> <li>5. Admission Placement Screening/PREA Education, dated 12.21.2021</li> <li>6. NCDPS Juvenile PREA Education Acknowledgement, not dated</li> <li>7. Granville County's Domestic Violence and Sexual Assault Center Brochure, not dated</li> <li>8. PREA Ways to Report, English and Spanish, not dated</li> <li>9. Post Audit: Corrective Action Plan and Documentation, dated 5.8.2022</li> <li>10. Post Audit: Dillon Population Report, not dated</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Students</li> <li>2. Targeted Student</li> <li>3. Random staff</li> <li>4. PREA Compliance Manager</li> </ol> <p>Interviews with the one targeted and nine random students demonstrated each had been made aware of their knowledge on PREA, reporting options to staff, the black boxes used for grievances, having a family member or attorney report for them, calling the hotline numbers posted on Zero Tolerance Posters throughout the facility or writing a letter through the available envelopes on the wing. Students attested to receiving information on PREA on the day of their intake and again within a week or two of them arriving.</p> <p>Interviews with staff demonstrated the PREA Compliance Manager completed a PREA presentation with students each week.</p> <p>Site Observation:</p> <p>11 student files reviewed by utilizing the PREA Audit – Juvenile Facilities Documentation Review – Resident Files/Records template, demonstrated each file reviewed had received PREA education on the day of intake. File review did not demonstrate each had received comprehensive education within 10 days of intake.</p> <p>Post Audit: Corrective Action Plan and Documentation was provided, to include the following:</p> <ol style="list-style-type: none"> <li>1. A column was created on the Student Population report to document and inform staff/instructor when each student's 10-day PREA refresher is due. Each student's admission date is on the student population report.</li> <li>2. Post Audit the facility provided a Dillon Population Report. The report demonstrates the following is documented: <ul style="list-style-type: none"> <li>• Student Name</li> <li>• DOB</li> <li>• Admission Date</li> <li>• County</li> <li>• Date of 10-day PREA Refresher (on 5.5.2022 all students received refresher training.)</li> <li>• Status – (code only)</li> <li>• Court Date</li> <li>• Appointments &amp; Misc./Release</li> </ul> </li> </ol> <p>(a) The C.A. Dillon Juvenile Detention Center PAQ states Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. 248 residents admitted in the past 12 months were given information at intake.</p> <p>NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, page 7, section 1.6 A-E. states,</p> <ol style="list-style-type: none"> <li>A. "All residents shall receive, during admission, information containing the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse and sexual harassment.</li> <li>B. All residents shall receive comprehensive age-appropriate education: (1) regarding their rights to be free from sexual abuse and sexual harassment, (2) their right to be free from retaliation for reporting such incidents, and (3) regarding response procedures for sexual abuse, sexual harassment, and retaliation incidents. Such education shall be completed within 10 days of admission.</li> <li>C. Appropriate provisions shall be made as necessary for residents not fluent in English, persons with disabilities and those with low literacy levels.</li> </ol>

D. All materials provided to residents on the subject of resident sexual abuse and sexual harassment, and any lesson plans used during any presentations on this topic shall be approved by Department of Public Safety's PREA Office in consultation with the Manager of Clinical Programs.

E. Education for Residents shall be offered by staff members who have received training to deliver the PREA Resident Education course."

The facility provided a Juvenile Educator Manual, Facilitator Guide for Juvenile Training. The training manual introduction states, "PREA standards require that all residents (juveniles) receive education on PREA. Upon admission a juvenile is to receive information on the division's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicious of sexual abuse or harassment. PREA standards also require that within 10 days of admission, the division shall provide education to residents regarding their rights to be free from sexual abuse and sexual harassment and to free from retaliation for reporting such incidents, and regarding division policies and procedures for responding to such incidents." Although these manual states additional 10-day education will be provided, this facility provides training on day seven to juveniles in detention.

The facility provided Expect Respect Brochures in Spanish and English. These brochures speak to:

- Respecting self and others feeling
- Respecting self and others boundaries
- Respecting self and others space
- Reporting abuse

The facility provided Department of Juvenile Justice Brochure, "Expect Respect" posters in English and Spanish. Posters speak to the following:

- NCDPS Zero Tolerance
- What are forms of Abuse and Neglect
  - o Physical Abuse
  - o Emotional Abuse
  - o Childhelp National Child Abuse Hotline 1.800.422.4453
- Reporting Abuse
  - o How Do I Report in the Community?
  - o How Do I Report in a Detention Center or Youth Development Center?
- Staying Safe
- Expect Respect
  - o You have the RIGHT to expect to be RESPECTED, kept SAFE, and for people to RESPOND if something does happen
  - o You should know
- Sexual Abuse or Assault

The facility provided Admission Placement Screening/PREA Education. The 'Case Note' states, "Admission Placement Screening and PREA Education was completed during the intake process by Supervisor J.R. and reviewed by HSC T.D."

The facility provided NCDPS Juvenile PREA Education Acknowledgement. The Acknowledgment states, "NCDPS is committed to a standard of zero-tolerance of sexual abuse and harassment by staff, volunteers, contractors, or by the populations we serve. The Division of Juvenile Justice is equally committed to ensuring a safe and secure environment free from the threat of abuse for all youth in custody and/or under our supervision." The acknowledgment goes on to ensure the resident understands the information provided on the "Expect Respect: Your Safety in Juvenile Justice".

(b) The C.A. Dillon Juvenile Detention Center PAQ states within the past 12 months, 248 residents received age appropriate PREA education within 10 days of intake.

(c) The C.A. Dillon Juvenile Detention Center PAQ states 100% residents were educated within 10 days of intake. Agency policy requires that residents who are transferred from one facility to another be educated regarding their rights. The facility states "when a juvenile is transferred from one facility to another, they are considered a new admission at the new facility."

(d) Policy compliance can be found in provision (a) of this standard.

(e) The C.A. Dillon Juvenile Detention Center PAQ states the facility maintains documentation of resident participation in PREA education sessions.

(f) The C.A. Dillon Juvenile Detention Center PAQ states The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

The facility provided PREA Ways to Report brochure in English and Spanish. The brochure speaks to the following:

- The Prison Rape Elimination Act
- Policy
- Employee Responsibilities

- Staff Reporting
- Resident Reporting
- Family & Friends Ways to Report
- Break the Silence Code

Through such reviews of the facility meets standard requirements.

115.334	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. C.A. Dillon Juvenile Detention Center PAQ</li> <li>2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, dated June 2013</li> <li>3. NCDPS Office of Staff Development and Training In-Service Training (SAH Investigator Lesson Plan), dated 1.31.2013</li> <li>4. NCDPS Sexual Abuse and Harassment Investigations: Understanding Sexual Abuse Training, dated 1.1.2013</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Facility Investigator</li> </ol> <p>The interview with the investigator demonstrated she was stationed at a facility in Wake County, near the C.A. Dillon Juvenile Facility. The investigator was able to articulate she had received PREA 101, 102, Investigator and Specialized Medical Mental Health training, annually.</p> <p>Site Review:</p> <p>During the pre-audit phase of the audit, the Investigator training certificate was uploaded onto the Online Audit System.</p> <p>(a) The C.A. Dillon Juvenile Detention Center PAQ states the agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, page 16, section 2.3 B.1., Investigator Training, stating, "In addition to the general training provided to all employees, the Division shall ensure that, its investigators have received specialized PREA Sexual Abuse and Harassment Investigator training."</p> <p>The facility provided NCDPS Office of Staff Development and Training In-Service Training (SAH Investigator Lesson Plan) with a lesson objective which states, "To provide Sexual Abuse (SA) Investigating Officers with the dynamics of sexual abuse, the skills to conduct a sexual abuse investigation and the abilities to professionally respond to sexual abuse and harassment allegations." Learner objectives include:</p> <ol style="list-style-type: none"> <li>1. Identify the "Prison Rape Elimination Act (PREA) of 2003" and the National Standards</li> <li>2. Identify North Carolina sexual offense statutes.</li> <li>3. Identify Division Sexual Abuse and Harassment Policies.</li> <li>4. Define Investigative Warnings.</li> <li>5. Define Interviewing.</li> <li>6. Identify the characteristics of a good interviewer.</li> <li>7. Define the rules of successful Interviewing.</li> <li>8. Define the Skill Learning Cycle.</li> <li>9. Identify verbal behaviors of untruthfulness.</li> <li>10. Identify the five basic types of lies.</li> <li>11. Define a report and its purpose.</li> <li>12. Identify responsibilities of the investigating officer in sexual abuse and harassment incidents.</li> <li>13. Define Incident Scene and Evidence Processing.</li> <li>14. Identify the role of the PREA Support Person.</li> <li>15. Demonstrate how to conduct and document a proper investigation.</li> <li>16. Demonstrate an understanding of preparing the investigating officer's comments.</li> <li>17. Define Investigation timeframes.</li> <li>18. Identify the role of Department employees in Criminal Prosecutions.</li> <li>19. Identify the applicability of the North Carolina Division of Adult Correction (Prisons &amp; Community Corrections) and Division of Juvenile Justice Policy and Procedures.</li> </ol> <p>The facility provided NCDPS Sexual Abuse and Harassment Investigations: Understanding Sexual Abuse Training with a lesson objective which states, "To provide PREA (Sexual Abuse) Investigations with the dynamics of sexual abuse that will aid in conducting thorough investigations. Learner objectives include:</p> <ol style="list-style-type: none"> <li>1. Define the importance of a specialized Sexual Abuse (PREA) Investigator.</li> <li>2. Define a Victim-Centered Investigative Approach.</li> <li>3. Define sexual abuse.</li> <li>4. Define how trauma impacts survivors.</li> <li>5. Identify how power and control are related to sexual abuse.</li> <li>6. Identify common patterns of sexual abuse in confinement settings.</li> <li>7. Define verbal and nonverbal communications with victims.</li> </ol> <p>(c) The C.A. Dillon Juvenile Detention Center PAQ states the agency maintains documentation showing that investigators</p>

have completed the required training. The C.A. Dillon Juvenile Detention Center PAQ states the facility currently has four investigators currently employed who have completed specialized investigator training. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 16, section 2.3, B.2., states, "The Department shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations."

Through such reviews, the facility meets standard.

115.335	<b>Specialized training: Medical and mental health care</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Document Review:

1. C.A. Dillon Juvenile Detention Center PAQ
2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013
3. Easter Seals UCP NC & VA Inc., (Mental Health Contract), dated 3.2.2021
4. OPA-T330.pdf, NCDPS Medical & Mental Health Care PREA Training Acknowledgment Form, not dated
5. NCDPS Medical and Mental Health Care PREA Training Acknowledgment Forms, dated throughout 12.2021

Interviews:

1. Nurse
2. Registered Nurse

During the tour an informal interview was completed with a facility nurse who articulated she had completed specialized PREA training for medical mental health staff. During the formal interview with the Registered Nurse, she was able to describe she completed specialized PREA training for medical and mental health staff.

Site Observation:

During the pre-audit phase, the facility uploaded specialized training for medical and mental health staff onto the Online Audit System.

(a) The C.A. Dillon Juvenile Detention Center PAQ states the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. 100% of C.A./Dillon Juvenile Detention Center medical and mental health staff who work at the facility have received training required by agency policy. All medical and mental health staff are contracted.

NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 7-8 section 1.7 A. 1-4, states, "All medical care providers who work regularly in centers will be trained on:

1. How to prevent, detect and assess signs of sexual abuse and sexual harassment;
2. How to preserve physical evidence of sexual abuse;
3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
4. Reporting procedures for allegations or suspicions of sexual abuse and sexual harassment. Training will be documented on the PREA Medical/Mental Health Training Acknowledgement (OPA-T330)."

NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 8, section B. 1-5, states, "All mental health care providers who work regularly in centers will be trained on:

1. How to detect and assess signs of sexual abuse and sexual harassment;
2. The short- and long-term consequences of sexual trauma on juveniles;
3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
4. Reporting procedures for allegations or suspicions of sexual abuse and sexual harassment.
5. Training will be documented using the PREA Medical/Mental Health Training Acknowledgement (OPA-T330).

(b) The C.A. Dillon Juvenile Detention Center PAQ states their medical staff do not conduct forensic medical exams.

(c) The C.A. Dillon Juvenile Detention Center PAQ states the agency maintains documentation showing that medical and mental health practitioners have completed the required training.

NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 8, section C. states, "Medical/mental health providers will also attend Sexual Abuse and Harassment 101 training for employees."

The facility provided a NCDPS Volunteer and Contractor Pamphlet. The pamphlet is "A guide for the Prevention and Reporting of Undue Familiarity and Sexual Abuse with Offenders/Inmates for Volunteers or Agents of the Department." The brochure speaks to:

- North Carolina Department of Public Safety
- Objective
- PREA and NCDPS
- General Statute
- Sexual Abuse
- Undue Familiarity
- A duty to report,
- Red flags

The facility provided OPA-T330 NCDPS Medical and Mental Health Care PREA Training Acknowledgment Form to document contracted staff have received PREA Training for Medical and Mental Health Care providers. Staff signatures acknowledge they have received and understood the information provided in the training.

Through such reviews facility meets standard requirements.

115.341	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. C.A. Dillon Juvenile Detention Center PAQ</li> <li>2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, dated June 2013</li> <li>3. YD 12 001 Admission and Placement Screening for DC's and YDC's, dated April 2019</li> <li>4. Easter Seals UCP NC &amp; VA Inc., (Mental Health Contract), dated 2.1.2022 – 1.31.2023</li> <li>5. NCDPS Juvenile Justice Facilities Healthcare Services Mental Health Consultation, dated 2.2015</li> <li>6. Post Audit: Corrective Action Plan and Documentation, dated 5.8.2022</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Intake staff</li> <li>2. Human Services Coordinator</li> </ol> <p>Interviews with intake staff demonstrated that they complete a risk assessment with each student within the first two hours of admission. Staff stated that the resident risk level is communicated to facility staff through the facility roster and is available on the agency NC JOIN database.</p> <p>The interview with the Human Service Coordinator stated limited student risk screenings and demographic information is stored on the agency TROI database. Approved student contact information and phone logs are kept in the filing cabinet in the Control Room. Once a student exits the program, she removes the Control Room student file, uploads any necessary information into the agency database and closes the record.</p> <p>Site Observation:</p> <p>Review of the student population report demonstrated specific criminal offenses are documented on the report. In addition, the possibility exists the agency TROI database may reveal specific resident risk assessment information to all employees who have access to the database. Post audit, the Facility Director verified with the State Information Technology Department that limited employees have access to the student risk screening information.</p> <p>Post Audit Request:</p> <p>Please remove student specific criminal offense information from the student population report by revising the information with a coded system, speaking to student risk level, for staff awareness throughout the facility.</p> <ul style="list-style-type: none"> <li>• Once the population report has been revised, please forward to the Auditor for review.</li> </ul> <p>Corrective Action Plan and Documentation, dated 5.8.2022, was provided, to include the following:</p> <ol style="list-style-type: none"> <li>1. The column on the Population Report, that was labeled "offense" has been removed. No student can read the Student Population report and become aware of other student's charges.</li> <li>2. Post Audit the facility provided a Dillon Population Report. The report demonstrates the following is documented: <ul style="list-style-type: none"> <li>• Student Name</li> <li>• DOB</li> <li>• Admission Date</li> <li>• County</li> <li>• Date of 10-day PREA Refresher (on 5.5.2022 all students received refresher training.)</li> <li>• Status – (code only)</li> <li>• Court Date</li> <li>• Appointments &amp; Misc./Release</li> </ul> </li> </ol> <p>(a) The C.A. Dillon Juvenile Detention Center PAQ states the facility has a policy that requires screening, upon admission or transfer, for risk of sexual abuse victimization or sexual abusiveness toward other residents. In the past 12 months 248, 100% of residents whose length of stay was longer than 72 hours, were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility.</p> <p>NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, page 9, section 1.10 A, states, "All residents shall receive the PREA Admission and Placement Screening (Form YD 011) within 72 hours of arrival at the center and periodically (e.g., housing assignment change, change in vulnerability or aggression, etc.) throughout a resident's confinement. An objective screening tool will be used. This screening shall include a review of any history of sexual abuse- victimization or sexually predatory behavior, any gender non-conforming appearance, identification as LGBTI, current charges and offense history, age, level of emotional and cognitive development, physical size and stature, mental illness or disabilities, intellectual or developmental disabilities, physical disabilities, and the resident's own perception of vulnerability. Residents will also be offered a follow-up meeting with a licensed mental health clinician (LMHC) within 14 days of the admission screening."</p>

The facility provided a NCDPS Juvenile Justice Facilities Healthcare Services Mental Health Consultation. This form documents the source of current referral information; reason for the consultation and compliant and relevant information for all youth seen by mental health services.

(b) The C.A. Dillon Juvenile Detention Center PAQ states the facility conducts risk assessments by using an objective screening instrument.

NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 10, section 1.10 B, states, "Any housing concerns noted by staff regarding a resident's history of sexual abuse-victimization or sexually predatory behavior shall be communicated to the resident's center management. Center management shall use information obtained to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only when alternative means of keeping residents safe cannot be arranged. Any resident isolated for the purpose of sexual abuse prevention will receive daily visits from medical or mental health staff, have access to required educational programming, and have access to other programs to the extent possible."

The facility provided the NCDPS Admission and Placement Screening for DCs and YDCs form. This admission form documents:

- Juvenile Demographics
- Risk of Victimization
- Collateral records review
- Staff observations of resident
- Intellectual or developmental disability,
- Risk factors for victimization,
- Propensity to Aggression

(c) NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 10, section 1.10 C, states, "In deciding whether to assign a transgender or intersex resident to a center for male or female residents, and in making other housing and programming assignments, the division shall consider on a case-by-case basis whether a placement would ensure the residents health and safety, and whether the placement would present management or security problems. Transgender and intersex residents will be given the opportunity to shower separately from other residents. Housing and programming of these residents will be reassessed at least twice per year."

(d) Policy compliance can be found in provision (b) of this standard.

Through such reviews, the facility meets standard requirements.

115.342	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Document Review:

1. C.A. Dillon Juvenile Detention Center PAQ
2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013
3. NCDPS Juvenile Justice Facility Operations Detention Services Policy, dated 12.2021

Interviews:

1. Random staff
2. Shift Supervisor
3. Intake Staff
4. Teacher

Interviews with intake and facility staff demonstrated resident risk level is communicated to all departmental staff through weekly shift change meeting, the shift report which is available each morning, the student population report and the NC JOIN database.

Site Observation:

During review of 11 resident files, this Auditor noted each resident had received screening on the day of admission. Due to the facility current renovations, school is conducted in the day rooms of the wings, the facility does not have work assignments or programming outside of the day rooms, at this time.

(a) The C.A. Dillon Juvenile Detention Center PAQ states the facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 10, section 1.10 B, states, "Any housing concerns noted by staff regarding a resident's history of sexual abuse-victimization or sexually predatory behavior shall be communicated to the resident's center management. Center management shall use information obtained to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only when alternative means of keeping residents safe cannot be arranged. Any resident isolated for the purpose of sexual abuse prevention will receive daily visits from medical or mental health staff, have access to required educational programming, and have access to other programs to the extent possible."

(b) The C.A. Dillon Juvenile Detention Center PAQ states the residents may only be placed in isolation as a last resort to keep them safe from other residents, until other arrangements can be made. The facility requires residents in isolation continue to have access to the same programming offerings as all other residents outside of isolation. In the last 12 months there have zero residents placed in isolation at risk of sexual victimization or who were in need of protection from sexual victimization.

(c) The C.A. Dillon Juvenile Detention Center PAQ states the facility prohibits placing and considering lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status.

(d) The C.A. Dillon Juvenile Detention Center PAQ states the facility makes housing and program assignments for transgender or intersex residents in a facility on a case-by case basis.

(e) NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 10, section 1.10 C, states, "In deciding whether to assign a transgender or intersex resident to a center for male or female residents, and in making other housing and programming assignments, the division shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. Transgender and intersex residents will be given the opportunity to shower separately from other residents. Housing and programming of these residents will be reassessed at least twice per year."

(f) Policy compliance can be found in provision (e) of this standard.

(g) Policy compliance can be found in provision (e) of this standard.

(h) The C.A. Dillon Juvenile Detention Center PAQ states in the last 12 months, there were zero residents at risk of sexual victimization who were held in isolation.

(i) The C.A. Dillon Juvenile Detention Center PAQ states if residents were held in isolation, such resident would be afforded a review every 30 days to determine whether the continuation for separation was needed. Policy compliance can be found in provision (e) of this standard.

Through such reviews, the facility meets standard requirements.

115.351	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. C.A. Dillon Juvenile Detention Center PAQ</li> <li>2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, dated June 2013</li> <li>3. NCDPS Juvenile Justice Youth Development Policy, (attachment not dated)</li> <li>4. Families Living Violence Free (Rape Crisis Center) Memorandum of Understanding, dated 6.4.2021</li> <li>5. Office of the Prison Rape Elimination Act Administration, not dated</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Students</li> <li>2. Targeted Student</li> <li>3. Random Staff</li> <li>4. Specialized staff</li> </ol> <p>Residents interviewed were aware of reporting options through hotline numbers present on PREA postings throughout the wings, talking to a staff member, writing a grievance, writing to one of the people on the preaddressed envelopes to the Facility Director, North Carolina Department of Public Safety, and agency PREA Coordinator or telling their attorney or a family member. When students were asked how they would prefer to report, most stated by telling a facility staff or sending a letter. Students interviewed stated they had been provided reporting information during the intake process.</p> <p>Staff interviewed clearly articulated their first responder responsibilities to call for help, report to a supervisor, separate the victim from the perpetrator, stay with the victim and keep them calm, let them know they were there to keep them safe, ask them not to wash, drink, eat or brush their teeth, get them medical help, call mental health and preserve the area where the abuse was alleged to have taken place.</p> <p>Supervisors interviewed clearly articulated their role in ensuring the checklist in the PREA binder in the Control room was completed in order, to include sending the victim and abuser to the hospital, after law enforcement had arrived and taken any necessary evidence, put student clothing or any other evidence not on the victim or perpetrators body in a paper bag, making all required notifications and completing an incident report for the investigator.</p> <p>Site Observations:</p> <p>The 11 resident files reviewed demonstrated each had been educated on reporting requirements at the time of intake.</p> <p>(a) The C.A. Dillon Juvenile Detention Center PAQ states the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual harassment, abuse, retaliation and or any type of neglect.</p> <p>NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, page 14, section 2.1 A., states, "Resident Reporting: A resident may report sexual abuse to any employee. An employee that receives an allegation of sexual abuse or possible sexual abuse from any source, whether verbally or in writing, shall immediately notify the senior person-in-charge on campus, complete a written statement for an incident report, and initiate a Sexual Abuse Incident Response Checklist. The senior person-in-charge on campus shall ensure that the incident report is completed through the Tracking and Reporting of Incidents (TROI) system. The TROI alert must be completed by the end of shift. A resident may report sexual abuse or sexual harassment to the Department of Social Services. Pre-addressed envelopes are provided by the grievance boxes in centers for juveniles to access. NOTE: Residents may request to call the PREA Office."</p> <p>NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, page 14, section 2.1 C., states, "Third Party Reporting: All third party reports of resident sexual abuse or harassment will be responded to and investigated. All parents/legal guardians are provided multiple methods to report. Additionally, there is a reporting link on the DPS public website.</p> <p>NCDPS Juvenile Justice Youth Development Policy, page 1, second paragraph, states, "There are numerous mechanisms for a juvenile to convey a concern. The informal process involves the juvenile voicing a compliant through in-person or telephone conversations, the service planning process (YDC only), or written letters. The formal grievance process is initiated when a juvenile completes the Juvenile Justice Grievance Form (Form YD 6 002). These components contribute to an effective, responsive system of addressing the concerns of juveniles within Juvenile Justice centers."</p> <p>The facility provided a Families Living Violence Free (Rape Crisis Center) Memorandum of Understanding. This memorandum for assistance from a survivor of sexual assault and advocacy services was initiated on 6.4.2021 and expires 6.2023.</p>

(b) The C.A. Dillon Juvenile Detention Center PAQ states facility provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency does not have a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. Policy compliance can be found in provision (a) of this standard.

(c) The C.A. Dillon Juvenile Detention Center PAQ states 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. 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.

NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 14, section 2.1 B., states, " Staff Reporting: Any employee who receives an allegation or has knowledge of sexual abuse or possible sexual abuse or harassment and fails to report the allegation as provided in this policy or DJJDP 6, Reporting Abuse and/or Neglect, or fails to initiate a Sexual Abuse Incident Response Checklist, will be subject to disciplinary action up to and including dismissal. Staff has a duty to report any allegation that residents are having sexual relationships with other residents or with staff, as well as a duty to initiate the PREA Sexual Abuse Incident Response Checklist (Form YD 001). The senior person in charge has a duty to initiate the PREA Sexual Abuse Incident Response Checklist (Form YD 002). All reports of sexual abuse, sexual harassment, however made, are to be forwarded to the Center Director and the PREA Office immediately. Failure of staff to report alleged incidents of sexual abuse or sexual harassment will subject the non-reporting staff member to disciplinary action up to and including dismissal. Staff may use the DPS PREA public site to report allegations. NOTE: Sexual harassment is considered neglect, and is reported to DSS and investigated by the Department of Public Safety."

(d) The C.A. Dillon Juvenile Detention Center PAQ states the facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Policy compliance can be found in provision (a) of this standard.

(e) The C.A. Dillon Juvenile Detention Center PAQ states the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff have been informed of these procedures through initial and annual training as is described in provision 115.331(a) (1-11). NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document,

The facility provided an Office of the Prison Rape Elimination Act Administration document outlining the agency mission to promote the elimination of undue familiarity and sexual abuse amongst the offender population. The document also provides an email address [PREA@ncdps.gov](mailto:PREA@ncdps.gov) for third parties and staff to anonymously report undue familiarity or personal misconduct between employees and offenders. On 4.12.2022 at 6:63 pm, this Auditor emailed [PREA@ncdps.gov](mailto:PREA@ncdps.gov) , explained the reason for the email. Immediately following the email, the Auditor received the following response.

"SVC\_DPS.PREA SVC\_DOC.PREA@ncdps.gov via [ncconnect.onmicrosoft.com](mailto:ncconnect.onmicrosoft.com)

\*\*\*\*AUTOMATED MAIL RESPONSE FROM PREA ADMINISTRATION\*\*\*\*

Please keep this email for future references.

Your mail to PREA Administration has been received.

This is a receipt notification only. A personal response will be made by PREA Administration as soon as possible.

If your request is urgent, please call PREA Administration at 919-825-2757. Please leave a message on the voicemail if we are unavailable. Please do not call repeatedly over and over; if you leave a voicemail we will return your call. Slowly say your name, staff id and phone number."

On 4.13.2022 at 6:48 am, the following response was received:

SVC\_DPS.PREA

to SVC\_DPS.PREA, me

Good Morning Ms. Murray,

We received your correspondence. It will be processed accordingly. If you need anything else, please let us know.

Thanks,  
PREA Administration

Through such reviews, the facility meets standard requirements.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Document Review:

1. C.A. Dillon Juvenile Detention Center PAQ
2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013
3. NCDPS Juvenile Justice Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated 12.2021
4. DJJ Youth Development Policy and Requirements and Procedures (R&P) Document (Internal Grievance Process), not dated

Interviews:

1. Random Students
2. Targeted Student
3. PREA Compliance Manager

Students interviewed were aware filing a grievance was an option to them and to put the grievance in the black box on the wing. Most students were aware they could complete a grievance with or without their names. Although no students reported filing a grievance regarding PREA some did attest to grievances being answered the same or next day after putting a grievance in the black box.

The interview with the PREA Compliance Manager stated zero grievances had been filed in the last 12 months.

Site Observation:

Black labeled grievance boxes, PREA postings with third party contact and hotline information were witnessed in each wing regardless of if the wing was open or undergoing renovations.

(a) The C.A. Dillon Juvenile Detention Center PAQ states the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.

The DJJ Youth Development Policy and Requirements and Procedures (R&P) Document, page 1, section 6. Non-Disciplinary, Internal Grievance Process, states, "The North Carolina Division of Juvenile Justice supports a grievance system whereby juveniles residing in youth development centers and detention centers have the right to grieve living conditions, daily operations, staff conduct, safety and security mechanisms, or any service received (or failure to receive) while residing at the center. An effective grievance process also provides for a safe workplace and living space, where juveniles are allowed a healthy outlet for their concerns.

There are numerous mechanisms for conveying a concern. (1) The informal process includes complaining through in-person or telephone conversations, through the service planning process, or in written letters. (2) The formal grievance process is initiated when a person completes the DJJ Grievance form. These components contribute to an effective, responsive system within DJJ centers of addressing juvenile concerns."

(b) The C.A. Dillon Juvenile Detention Center PAQ states the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. Agency policy and procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Policy compliance can found in provision (a) of this standard.

(c) The C.A. Dillon Juvenile Detention Center PAQ states the agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

The DJJ Youth Development Policy and Requirements and Procedures (R&P) Document, page 4, section 6.10. Grievance Process, B., states, "A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. Such grievance is not referred to a staff member who is the subject of the complaint."

(d) The C.A. Dillon Juvenile Detention Center PAQ states the agency's policy and procedures that require 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. In the past 12 months:

- there have been zero grievances filed alleging sexual abuse;
- zeros grievance alleging sexual abuse that reached final decision within 90 days, after being filed;
- zero grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days,

and;

- zero cases where the agency requested an extension of the 90-day period to respond to a grievance, and that had reached final decisions by the time of the PREA audit, some grievances took longer than a 70-day extension period to resolve.
- the agency always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made.

The DJJ Youth Development Policy and Requirements and Procedures (R&P) Document, page 3-4, section 6.8. Non-Disciplinary, Internal Grievances to Center Director Concerning Sexual Abuse, A., states, "Any grievance that alleges sexual abuse by staff or juvenile shall be investigated with the final agency decision being communicated to the juvenile in writing within 90 days of the grievance. If the decision cannot be communicated to the juvenile in writing within the 90-day period, the PREA Support Person (PSP) shall notify the juvenile in writing that the determination is on-going and that the final agency decision shall be communicated to the juvenile in writing within an additional 70 days. The juvenile shall be notified whether the grievance is founded and what the agency actions to address the grievance will be."

(e) The DJJ Youth Development Policy and Requirements and Procedures (R&P) Document, page 4, section 6.10. Grievance Process, C., states, "Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, and parents/legal guardians shall be permitted to file a grievance on behalf of or assist residents in filing grievances relating to allegations of sexual abuse." DJJ Youth Development Policy and Requirements and Procedures (R&P) Document (Internal Grievance Process), page 11, section 6.10 Grievance Process, A. – D., states:

A. "There exists no time limit on grieving sexual abuse.

B. A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. Such grievance is not referred to a staff member who is the subject of the complaint.

C. Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, and parents/legal guardians shall be permitted to file a grievance on behalf of or assist residents in filing grievances relating to allegations of sexual abuse.

D. The PREA Office offers a web link, address, and phone number for parents/legal guardians to use for complaints."

(f) The C.A. Dillon Juvenile Detention Center PAQ states the facility has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The facilities policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. The facilities policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days. No grievances were received alleging substantial risk of imminent sexual abuse, that were filed in the past 12 months, reached final decisions within five days.

The DJJ Youth Development Policy and Requirements and Procedures (R&P) Document, page 2-3, section 6.5 Non-Disciplinary, Internal Grievances to Center Director, 1, states, "Review and sign each written grievance, and provide a response to the juvenile (when in our physical custody) within 48 hours of receipt; NOTE: For juveniles who have left the physical custody of DJJ, the Division will send the grievance response and an appeal form via certified mail to the juvenile."

The DJJ Youth Development Policy and Requirements and Procedures (R&P) Document, page 2-3, section 6.6 Non-Disciplinary, Internal Grievances to Center Director Concerning Sexual Abuse, states, "Emergency grievance: If a grievance alleges that a juvenile is at substantial risk of imminent sexual abuse, the director shall take immediate corrective action and provide an initial response to the juvenile within 48 hours of receiving the grievance. The Center Director/designee shall provide a final determination of whether the juvenile is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance within 5 calendar days."

(g) The C.A. Dillon Juvenile Detention Center PAQ states the facility has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months, there have been zero grievances alleging sexual abuse to occasions where the agency demonstrated that the resident filed the grievance in bad faith.

NCDPS Juvenile Justice Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 13, section D., states, "False Reporting: 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."

Through such reviews, the facility meets standard requirements.

115.353	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. C.A. Dillon Juvenile Detention Center PAQ</li> <li>2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, dated June 2013</li> <li>3. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedure (R&amp;P) Document, dated 12.2021</li> <li>4. Families Living Violence Free (Rape Crisis Center) Memorandum of Understanding, dated 6.4.2021</li> <li>5. Granville County's Domestic Violence and Sexual Assault Families Living Violence Free Brochure, not dated</li> <li>6. NCDPS Expect Respect Brochure, dated 6.2013</li> <li>7. DJJDP Youth Development Policy and Requirements and Procedures: R&amp;P/YD 4: Legal Representation, not dated</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Students</li> <li>2. Targeted Student</li> </ol> <p>Residents interviewed demonstrated their reporting knowledge externally to include calling the hotline, or the advocate number posted on the advocate brochures in the wings. 80% of students interviewed knew of the community based sexual abuse advocate postings provided in each wing.</p> <p>Staff interviews demonstrated staff would allow for hotline, advocate or legal calls to made at the staff desk. Staff stated they would walk near the restroom, but still in line of sight of the student, when legal calls were conducted.</p> <p>Site Observation:</p> <p>Student phone calls to advocates or hotline numbers provided on postings throughout the facility are conducted at the staff desk at the front of each wing. The desk is far enough away from programming areas where the call can be made in a private setting and staff step aside, out of ear shot of students while the call is in progress.</p> <p>(a) The C.A. Dillon Juvenile Detention Center PAQ was blank. During the pre-audit phase, the Auditor asked the PREA Compliance Manager if the PAQ should state 'Yes'. The PREA Compliance Manger stated 'Yes' the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by doing the following:</p> <ul style="list-style-type: none"> <li>• Gives residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations.</li> <li>• Does not give immigrant residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of immigrant service agencies for persons detained solely for civil immigration purposes.</li> <li>• Enables reasonable communication between residents and these organizations, in as confidential manner as possible.</li> </ul> <p>NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedure (R&amp;P) Document, page 26, section3.2.1 A., states, "The alleged victim shall be informed of the scope and limits of confidentiality, with particular regard to information obtained during the acute medical evaluation process"</p> <p>The facility provided a Granville County's Domestic Violence and Sexual Assault Families Living Violence Free brochure. This brochure includes the advocacy center's address and phone number.</p> <p>(b) The C.A. Dillon Juvenile Detention Center PAQ states the facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.</p> <p>DJJDP Youth Development Policy and Requirements and Procedures, page 1, section 4 R&amp;P/YD 4: Legal Representation, states, "All juveniles have the right to access the courts, to seek judicial relief without penalty or reprisal, and to have confidential contact by telephone, in writing, or in person with their legal representative."</p> <p>During the in-take process, facility personnel review the facility rules, expectations, and procedures informing residents of their access to outside support services and to the extent to which such communications will be monitored."</p> <p>(c) The C.A. Dillon Juvenile Detention Center PAQ states the facility maintains memoranda of understanding with community service providers that are able to provide residents with emotional support services related to sexual abuse.</p>

The facility provided a Families Living Violence Free (Rape Crisis Center) Memorandum of Understanding. This memorandum for assistance from a survivor of sexual assault and advocacy services was initiated on 6.4.2021 and expires 6.2023.

At 3:00 pm, on 4.9.2022, this Auditor contacted the Families Living Violence Free Rape Crisis Center at 919.693.3579 at 212 W. Antioch Drive, Oxford, NC 27565. After proper introductions, 'Anne' stated this was a crisis hotline for anyone who may need services and if my call would have been an emergency she would contact an advocate to assist the caller. This Auditor provided the operator with her name and reason for the call for her calling records. Note: This call was made on a Saturday even though the brochure and the website state office hours are Monday-Friday from 9:00 am to 5:00 pm.

(d) The C.A. Dillon Juvenile Detention Center PAQ states the facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.

Through such reviews, the facility meets the standard requirements.

115.354	<b>Third-party reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. C.A. Dillon Juvenile Detention Center PAQ</li> <li>2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, dated June 2013</li> <li>3. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedure (R&amp;P) Document, dated September 2013</li> <li>4. Agency web address for Third Party Complaints: NC DPS: Prison Rape Elimination Act.</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Students</li> <li>2. Targeted Student</li> <li>3. Random staff</li> <li>4. Supervisory staff</li> </ol> <p>Most students interviewed were aware of third-party reporting and when the Auditor explained, when necessary, each student interviewed attested to having a trusted adult in the community who they believed could report for them.</p> <p>Site Observation:</p> <p>Site PREA postings with third party reporting information were witnessed throughout the facility, in the administrative, training area, virtual court and student living areas.</p> <p>(a) The C.A. Dillon Juvenile Detention Center PAQ states the facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents.</p> <p>NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, page 14, section C., states, "Third Party Reporting: All third-party reports of resident sexual abuse or harassment will be responded to and investigated. All parents/legal guardians are provided multiple methods to report. Additionally, there is a reporting link on the DPS public website."</p> <p>The Auditor accessed the agency website at NC DPS: Prison Rape Elimination Act. A link titled 'Submit a report of undue familiarity or sexual misconduct' allowed the Auditor to send an email to submit a report of undue familiarity or sexual misconduct.</p> <p>On 4.9.2022 at 3:19 pm, this Auditor emailed PREA@ncdps.gov , explained the reason for the email. Immediately following the email, the Auditor received the following response.</p> <p>"SVC_DPS.PREA SVC_DOC.PREA@ncdps.gov via nconnect.onmicrosoft.com</p> <p>****AUTOMATED MAIL RESPONSE FROM PREA ADMINISTRATION****</p> <p>Please keep this email for future references.</p> <p>Your mail to PREA Administration has been received.</p> <p>This is a receipt notification only. A personal response will be made by PREA Administration as soon as possible.</p> <p>If your request is urgent, please call PREA Administration at 919-825-2757. Please leave a message on the voicemail if we are unavailable. Please do not call repeatedly over and over; if you leave a voicemail we will return your call. Slowly say your name, staff id and phone number."</p> <p>Through such reviews, the facility meets standard requirements.</p>

115.361	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. C.A. Dillon Juvenile Detention Center PAQ</li> <li>2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, dated June 2012</li> <li>3. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedure (R&amp;P) Document, dated September 2013</li> <li>4. NCDPS Abuse and Neglect Policy and Requirements and Procedures (R&amp;P) Document, dated March 2010</li> <li>5. Sexual Abuse Incident Response Checklist, dated June 2013</li> <li>6. Sexual Abuse Incident Response Checklist for Senior Person in Charge, dated August 2013</li> <li>7. PREA Offender/Juvenile Retaliation Monitoring and Period Status Checks 01.05.2016</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Students</li> <li>2. Targeted Student</li> <li>3. Random Staff</li> <li>4. Detention Supervisors</li> <li>5. PREA Compliance Manager</li> <li>6. Facility Director</li> </ol> <p>Interviews with staff and students demonstrated each actively practices and understood the importance of immediately reporting all allegations of sexual abuse and sexual harassment.</p> <p>The interview with the PREA Compliance Manager and the Facility Director demonstrated the facility has not experienced a sexual harassment or sexual abuse allegation since reopening in January of 2020.</p> <p>Site Observations:</p> <p>Tour of the facility, witnessing the many visual postings, addressed envelopes, talking with residents and staff the Auditor complements the facility for their obvious attention they hold in regard to PREA implementation and upholding standard requirements.</p> <p>(a) The C.A. Dillon Juvenile Detention Center PAQ states 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. The agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedure (R&amp;P) Document, page 15, section 2.2 D., states, "All allegations of sexual abuse shall be reported to the Center Director and the DPS PREA Office. REFERENCE: Sexual Abuse Incident Response Checklist (Form YD 002)."</p> <p>NCDPS Abuse and Neglect Policy and Requirements and Procedures (R&amp;P) Document, page 4, section 1.8 a-e, states, "What should a staff member do if he suspects, witnesses, or receives information involving possible abuse and/or neglect? The staff member who suspects, witnesses, or receives an allegation of abuse and/or neglect shall:</p> <ol style="list-style-type: none"> <li>a. Take immediate and appropriate action to safeguard the juvenile(s) involved;</li> <li>b. When the alleged abuse and/or neglect occurred in or on department- operated facility/grounds, immediately secure the scene;</li> <li>c. Immediately notify the on-site supervisor, or if not available, the next level supervisor in the chain of command, of the incident.</li> <li>d. Immediately notify DSS;</li> <li>i. Document the notification on Incident Report, including any information received from DSS;</li> <li>ii. Retain copies of all abuse and/or neglect documentation and evidence in a locked cabinet; and</li> <li>e. Complete the Incident Report.</li> </ol> <p>NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedure (R&amp;P) Document, page 13, section 1.15, states, "Retaliation against staff or residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations is prohibited. Management is responsible for monitoring the conduct and treatment of residents and staff who reported the sexual abuse and the residents who were reported to have suffered sexual abuse for at least of 90 days following the report. If the allegation is determined to be unfounded, monitoring will no longer be required; documentation will be maintained by the PCM and a copy will be sent to the PREA Office. The</p>

PREA Support Person is responsible for monitoring residents who report or have suffered sexual abuse. The PSP will document retaliation monitoring on the OPA-I24 (Offender/Juvenile Retaliation Report). The PREA Compliance Manager is responsible for monitoring staff who report sexual abuse incidents for indications and/or signs of retaliation (e.g., disciplinary actions, behavioral changes, etc.). Monitoring shall begin immediately after the incident is reported and will continue beyond 90 days if the initial monitoring indicates a continuing need. The PCM will document staff retaliation monitoring on the OPA-I22 (Staff Retaliation Report). Any staff who have knowledge, suspicion, or information regarding retaliation against residents or staff who report sexual abuse or harassment must immediately report that knowledge, suspicion, or information to the PCM. Staff may also report suspected retaliation to the PREA Office by telephone or e-mail: PREA@ncdps.gov."

The facility provided a detailed instruction First Responder Duties check list. The Sexual Abuse Incident Response Checklist for Senior Person in Charge detailing responsibilities for the senior person in charge.

The facility provided an Offender Juvenile Retaliation Monitoring and Period Status Checks form. This form states, "periodic status checks are required." "Note: It is recommended that periodic status checks be documented in this section at a minimum of every 30 days." The form provides an area to include the date, comments and PSP Initials, signs of retaliation, yes or no and any additional comments.

(b) The C.A. Dillon Juvenile Detention Center PAQ states the agency requires all staff to comply with any applicable mandatory child abuse reporting laws. Compliance can be found in provision (a) of this standard.

(c) C.A. Dillon Juvenile Detention Center PAQ states apart from reporting to the designated supervisors or officials and designated State or local service 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.

(d) Compliance can be found in provision (a) of this standard.

(e) NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedure (R&P) Document, page 21, section 3.1, I., states, "Inform the alleged victim's parents and/or legal guardians of all concerns pertaining to possible sexual abuse, involving a resident(s) within a center, and the timing/location of all evaluation referrals.

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

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

(f) NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedure (R&P) Document, dated September 2013, page 14, section 2.1 C., states, "Third Party Reporting: All third-party reports of resident sexual abuse or harassment will be responded to and investigated. All parents/legal guardians are provided multiple methods to report. Additionally, there is a reporting link on the DPS public website."

Through such reviews, the facility meets standard requirements.

115.362	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. C.A. Dillon Juvenile Detention Center PAQ</li> <li>2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, dated 12.2021</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Facility Director</li> <li>2. PREA Coordinator</li> <li>3. Agency Head</li> </ol> <p>Interviews with the Administration demonstrated the facility staff would and are expected to act promptly and respond immediately at the discovery of the incident. The agency puts an emphasis on the safety and security of their students and have protocols in place for the prevention, detection, response and reporting to mitigate incidents of sexual harassment, retaliation and sexual abuse.</p> <p>Site Observation:</p> <p>The facility did not have any investigations in the past 12 months.</p> <p>(a) The C.A. Dillon Juvenile Detention Center PAQ states when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. In the past 12 months, the facility reports zero residents were subject to substantial risk of imminent sexual abuse. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, page 14-15, section 2.2 A., states, "The senior person-in-charge on campus shall ensure that the alleged victim and aggressor are physically separated, either through resident reassignment, staff reassignment, or some other effective means. Alleged victims shall only be reassigned as a last resort as to avoid any appearance to the resident that the reassignment is punitive/retaliatory."</p> <p>Through such reviews the facility meets standard requirements.</p>

115.363	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. C.A. Dillon Juvenile Detention Center PAQ</li> <li>2. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, dated September 2013</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Facility Director</li> </ol> <p>The interview with the Facility Director demonstrated that he was aware that upon receiving an allegation that a resident was sexually abused while confined at another facility, he had the responsibility to notify the head of the facility where the allegation occurred. The Facility Director stated he would make proper notifications within hours of receiving an allegation of abuse. This instance has not occurred in the past 12 months.</p> <p>(a) The C.A. Dillon Juvenile Detention Center PAQ states the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency. In the past 12 months, the facility has received zero allegations that a resident was abused while in confinement at another facility.</p> <p>NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, page 11, section 1.11 A-B., state, "Upon receiving an allegation that a resident was sexually abused or harassed while confined at another center (to include agencies outside of DPS), the Center Director that received the allegation shall notify the Center Director or appropriate office where the alleged abuse occurred and shall also notify the appropriate investigative agency. Such notification shall be provided as soon as possible, but no later than 24 hours after receiving the allegation. The Center Director providing the notification shall document that the notification was made by sending an e-mail to PREA@ncdps.gov. The e-mail must contain: (Name of person making notification) contacted (Name of person notified) at (date time) regarding an allegation of sexual (abuse/harassment) that was reported to have allegedly occurred at (Facility) on (alleged date of abuse/harassment). This was also reported to: (DSS, Law Enforcement, PREA Office, etc.) on (date/time).</p> <p>(b) The C.A. Dillon Juvenile Detention Center PAQ states agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. Policy compliance can be found in provision (a) of this standard.</p> <p>(c) The C.A. Dillon Juvenile Detention Center PAQ states the facility documents that it has provided such notification within 72 hours of receiving the allegation. Policy compliance can be found in provision (a) of this standard.</p> <p>(d) The C.A. Dillon Juvenile Detention Center PAQ states facility policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards. In the last 12 months, there have been zero allegations of sexual abuse the facility received from other facilities. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, page 10, section 1.11 A., states, "Upon receiving an allegation that a resident was sexually abused or harassed while confined at another center (to include agencies outside of DPS), the Center Director that received the allegation shall notify the Center Director or appropriate office where the alleged abuse occurred and shall also notify the appropriate investigative agency. Such notification shall be provided as soon as possible, but no later than 24 hours after receiving the allegation."</p> <p>Through such reviews, the facility meets standard requirements.</p>

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Document Review:

1. C.A. Dillon Juvenile Detention Center PAQ
2. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated September 2013
3. PREA Sexual Abuse Coordinated Response Plan Template and Instructions, not dated

Interviews:

1. Random staff
2. Specialized staff
3. Detention Supervisors
4. PREA Compliance Manager
5. Facility Director

Staff interviewed clearly articulated their first responder responsibilities to call for help, report to a supervisor, separate the victim from the perpetrator, stay with the victim and keep them calm, let them know they were there to keep them safe, ask them not to wash, drink, eat or brush their teeth, get them medical help, call mental health and preserve the area where the abuse was alleged to have taken place.

Site Observation:

This facility has not had any reports of sexual harassment or sexual abuse since opening in January of 2020.

(a) The C.A. Dillon Juvenile Detention Center PAQ states the facility has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate, preserve, protect, collect physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In the past 12 months, zero allegations occurred where a resident was sexually abused.

NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 20-21, section 3.1, 1.A-F, states, "Upon learning of a concern for sexual abuse, involving a resident(s) within a center, the first responding staff member shall be required immediately to:

- A. Alert local Emergency Medical Services (911) if the alleged victim(s) is exhibiting signs of obvious life-threatening injury and/or significantly altered mental state;
- B. Separate the alleged victim(s) and the alleged aggressor(s);
- C. Use the Sexual Abuse Incident Response Checklist to guide all subsequent actions; REFERENCE: Sexual Abuse Incident Response Checklist (Form YD 001 for first responders, and Form YD 002 for senior person in charge)
- D. Immediately inform the senior person in charge of all knowledge, suspicion, and/or information pertaining to:
  1. Sexual abuse, involving a resident(s) within the center,
  2. Retaliation against resident(s) or staff who reported concerns of sexual abuse, sexual harassment, and/or voyeurism involving a resident(s) within the center, and/or
  3. Staff neglect/violation of responsibilities that may have contributed to an incident and/or retaliation; and
  4. Preserve and protect the potential crime scene(s) until the formal investigation is initiated.
- E. Request that the alleged victim (resident) avoid actions that could destroy (potential) physical evidence, including:
  1. Washing (including hands and face),
  2. Bathing (including body and anogenital areas),
  3. Brushing teeth/flossing teeth/gargling,
  4. Changing/removing clothing,
  5. Urinating/defecating,
  6. Removing a tampon and/or sanitary pad,
  7. Cutting/trimming/cleaning finger nails,
  8. Smoking/chewing tobacco, and
  9. Drinking/eating/chewing gum.
- F. Request that the alleged aggressor avoid actions that could destroy (potential) physical evidence, including:
  1. Washing (including hands and face),
  2. Bathing (Including body and anogenital areas),
  3. Brushing teeth/flossing teeth/gargling,

4. Changing/removing clothing,
5. Urinating/defecating,
6. Removing a tampon and/or sanitary pad,
7. Cutting/trimming/cleaning finger nails,
8. Smoking/chewing tobacco, and
9. Drinking/eating/chewing gum.

The facility provided Form YD001, Sexual Abuse Incident Response Checklist demonstrating first responders have a detailed outline for reporting incidents firsthand.

The facility provided the PREA Sexual Abuse Coordinated Response Plan Template and Instructions. Page 1, first paragraph states, "PREA Standards 115.65, 115.265 and 115.365 mandates that all facilities shall develop a written institutional plan to coordinate actions taken in response to an allegation of sexual abuse. The following PREA sexual abuse coordinated response plan template will be utilized by all DACJJ facilities when developing aforementioned plan.

(b) The C.A. Dillon Juvenile Detention Center PAQ states the facility's' 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 and notify security staff. There have been zero allegations that a resident was sexually abused in the past 12 months where a non-security staff was the first responder. Procedures (R&P) Document, page 9, section B. states, "The PCM will ensure the center has a written, institutional plan (this policy, medical protocol, and Forms YD 001 and 002) for a coordinated response (first responders, medical, mental health, investigators, senior leadership) to resident sexual abuse and harassment issues."

Through such reviews, the facility meets standard requirements.

115.365	<b>Coordinated response</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 435 300">Document Review:</p> <ol data-bbox="242 304 1445 398" style="list-style-type: none"> <li>1. C.A. Dillon Juvenile Detention Center PAQ</li> <li>2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, dated June 2013</li> <li>3. Sexual Abuse Incident Response Checklist, dated June 2013</li> </ol> <p data-bbox="242 430 352 459">Interviews:</p> <ol data-bbox="242 463 552 591" style="list-style-type: none"> <li>1. Random Staff</li> <li>2. Detention Supervisor</li> <li>3. PREA Compliance Manager</li> <li>4. Facility Director</li> </ol> <p data-bbox="242 595 1449 723">Interviews with the Facility Director, PREA Coordinator, Detention Supervisor and staff demonstrated the response to allegations of sexual assault is written to coordinate actions taken in response to sexual abuse and sexual harassment incidents. Staff are aware of the check sheet to be followed in response to an incident and the location of the coordinated response is located in the Control Room.</p> <p data-bbox="242 754 416 784">Site Observation:</p> <p data-bbox="242 788 1477 848">Review of the institutional plan demonstrates clear direction to staff to ensure first responder duties are fulfilled and required notifications are completed in a timely manner.</p> <p data-bbox="242 880 1430 974">(a) The C.A. Dillon Juvenile Detention Center PAQ states the facility 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.</p> <p data-bbox="242 1005 1436 1066">The facility provided a Sexual Abuse Incident Response Checklist. The checklist provides the following direction for the Senior Person in Charge.</p> <ul data-bbox="242 1070 1414 1632" style="list-style-type: none"> <li>• Secure location(s) where it is believed the sexual abuse occurred <ul style="list-style-type: none"> <li>o Ensure all parties have been separated</li> <li>o Post a staff member at the scene</li> <li>o Utilize Chain of Custody form (OPA-I21)</li> </ul> </li> <li>• Follow medical protocol if needed to respond to visible injuries or an incident involving penetration</li> <li>• Place alleged sexual abuse victims/juvenile aggressors on "suicide watch" until evaluated by mental health provider.</li> <li>• Make following notifications <ul style="list-style-type: none"> <li>o Notify LMHC</li> <li>o DC locations – Mental Health Provider</li> <li>o PREA Compliance Manager</li> <li>o Local Law Enforcement</li> <li>o DSS notification</li> <li>o Social Worker/Human Service Coordinator</li> <li><input type="checkbox"/> Parent/Legal guardian</li> <li><input type="checkbox"/> Court Counselor</li> <li>o PREA Office</li> <li>o Create incident in TROI by end of shift</li> </ul> </li> </ul> <p data-bbox="242 1664 919 1693">Through such reviews, the facility meets the standard requirements.</p>

115.366	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:  1. C.A. Dillon Juvenile Detention Center PAQ</p> <p>Interviews:  1. Head of Agency  Interviews with the Head of the Agency determined the facility has not entered into collective bargaining agreements.</p> <p>(a) The C.A. Dillon Juvenile Detention Center PAQ states the agency has not entered into or renewed any collective bargaining agreements since the last PREA audit.</p> <p>Through such reviews, the facility meets the standard requirements.</p>

115.367	<b>Agency protection against retaliation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. C.A. Dillon Juvenile Detention Center PAQ</li> <li>2. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, dated September 2013</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Compliance Manager</li> <li>2. Facility Director</li> <li>3. PREA Coordinator</li> <li>4. Head of Agency</li> </ol> <p>Interviews with Administration demonstrated the facility would complete all retaliation monitoring and documentation is captured on an agency retaliation monitoring form. Periodic checks occur weekly, for 30, 60, 90 days or as long as is necessary in order to ensure students feel safe.</p> <p>Site Observation:</p> <p>A need for retaliation monitoring has not presented a need in the past 12 months.</p> <p>(a) The C.A. Dillon Juvenile Detention Center PAQ states the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The facility designates counselors, direct care staff or a designated supervisor as retaliation monitors.</p> <p>NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, page 19, section 2.5, states, "The PREA Investigator and all others involved in the PREA process will strive to protect residents who make complaints of sexual abuse from retaliation, and assure the impartial resolution of PREA complaints in accordance with the Prison Rape Elimination Act of 2003, 42 U.S.C. § 15601, et seq. The PREA Investigator and all others involved in the PREA process, to the extent possible, will ensure the confidentiality of PREA complaints as well as all data collected through the investigation of those complaints except as required in the following circumstances□1) to cooperate with law enforcement in any investigation and prosecution of the incidents alleged in such complaints; (2) to take and enforce disciplinary action against any staff member as a result of the incidents alleged in the complaints; (3) to defend against claims brought by the resident for violation of the resident's rights for having been subjected to sexual abuse; and (4) to otherwise comply with the law."</p> <p>(b) Policy compliance can be found in provision (a) of this standard.</p> <p>(c-e) The C.A. Dillon Juvenile Detention Center PAQ states the facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to ascertain if there are any changes that may suggest possible retaliation by residents or staff. The facility will monitor conduct or treatment until the resident is discharged. The facility acts promptly to remedy any such retaliation. In the past 12 months, the facility has had zero incidents of retaliation.</p> <p>NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, page 13, section 1.15, states, "Retaliation against staff or residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations is prohibited. Management is responsible for monitoring the conduct and treatment of residents and staff who reported the sexual abuse and the residents who were reported to have suffered sexual abuse for at least of 90 days following the report. If the allegation is determined to be unfounded, monitoring will no longer be required; documentation will be maintained by the PCM and a copy will be sent to the PREA Office. The PREA Support Person is responsible for monitoring residents who report or have suffered sexual abuse. The PSP will document retaliation monitoring on the OPA-I24 (Offender/Juvenile Retaliation Report). The PREA Compliance Manager is responsible for monitoring staff who report sexual abuse incidents for indications and/or signs of retaliation (e.g., disciplinary actions, behavioral changes, etc.). Monitoring shall begin immediately after the incident is reported and will continue beyond 90 days if the initial monitoring indicates a continuing need. The PCM will document staff retaliation monitoring on the OPA-I22 (Staff Retaliation Report). Any staff who have knowledge, suspicion, or information regarding retaliation against residents or staff who report sexual abuse or harassment must immediately report that knowledge, suspicion, or information to the PCM. Staff may also report suspected retaliation to the PREA Office by telephone or e-mail: PREA@ncdps.gov."</p> <p>Through such reviews, the facility meets the standard requirements.</p>

115.368	<p><b>Post-allegation protective custody</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. C.A. Dillon Juvenile Detention Center PAQ</li> <li>2. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, dated September 2013</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Detention Supervisor</li> <li>2. PREA Compliance Manager</li> <li>3. Facility Director</li> </ol> <p>Interviews with Administration demonstrated because each cell is a single use cell, cells are not utilized for protective custody. The Facility Director did state one occurrence took place where a student of small stature and a young age was separated to ensure the safety of the student.</p> <p>(a) The C.A. Dillon Juvenile Detention Center PAQ states the facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise.” In the last 12 months there have been zero residents who allege to have suffered sexual abuse, who were placed in isolation.</p> <p>NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, page 9, section 1.10 B., states, “Any housing concerns noted by staff regarding a resident’s history of sexual abuse-victimization or sexually predatory behavior shall be communicated to the resident’s center management. Center management shall use information obtained to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only when alternative means of keeping residents safe cannot be arranged. Any resident isolated for the purpose of sexual abuse prevention will receive daily visits from medical or mental health staff, have access to required educational programming, and have access to other programs to the extent possible.”</p> <p>Through such reviews, the facility meets the standard requirements.</p>
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115.371	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. C.A. Dillon Juvenile Detention Center PAQ</li> <li>2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, dated 12.2021</li> <li>3. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, dated September 2013</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Facility Investigator</li> </ol> <p>Interviews with the Facility Investigator demonstrated she had completed initial and annual specialized investigator training. The Facility Investigator clearly articulated processes required during an investigation to include following agency protocols for ensuring the safety of the youth is first and paramount. The investigator spoke to completing interviews with all parties involved in the incident, review of possible policy violations by staff, review of video footage and completing an in-depth investigation with possible recommendations to the Facility Director and the facility PREA Support Personnel.</p> <p>Site Observation:</p> <p>The facility has not experienced an investigation of sexual harassment or sexual abuse since reopening in January 2020.</p> <p>(a) The C.A. Dillon Juvenile Detention Center PAQ states the agency/facility has a policy related to criminal and administrative agency investigations. The agency and facility have policies NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, and NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, which both speak to Investigation processes, in depth.</p> <p>NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, page 16, section 2.3 B.1., Investigator Training, stating, "In addition to the general training provided to all employees, the Division shall ensure that, its investigators have received specialized PREA Sexual Abuse and Harassment Investigator training."</p> <p>The facility provided NCDPS Office of Staff Development and Training In-Service Training (SAH Investigator Lesson Plan) with a lesson objective which states, "To provide Sexual Abuse (SA) Investigating Officers with the dynamics of sexual abuse, the skills to conduct a sexual abuse investigation and the abilities to professionally respond to sexual abuse and harassment allegations." Learner objectives include:</p> <ol style="list-style-type: none"> <li>1. Identify the "Prison Rape Elimination Act (PREA) of 2003" and the National Standards</li> <li>2. Identify North Carolina sexual offense statutes.</li> <li>3. Identify Division Sexual Abuse and Harassment Policies.</li> <li>4. Define Investigative Warnings.</li> <li>5. Define Interviewing.</li> <li>6. Identify the characteristics of a good interviewer.</li> <li>7. Define the rules of successful Interviewing.</li> <li>8. Define the Skill Learning Cycle.</li> <li>9. Identify verbal behaviors of untruthfulness.</li> <li>10. Identify the five basic types of lies.</li> <li>11. Define a report and its purpose.</li> <li>12. Identify responsibilities of the investigating officer in sexual abuse and harassment incidents.</li> <li>13. Define Incident Scene and Evidence Processing.</li> <li>14. Identify the role of the PREA Support Person.</li> <li>15. Demonstrate how to conduct and document a proper investigation.</li> <li>16. Demonstrate an understanding of preparing the investigating officer's comments.</li> <li>17. Define Investigation timeframes.</li> <li>18. Identify the role of Department employees in Criminal Prosecutions.</li> <li>19. Identify the applicability of the North Carolina Division of Adult Correction (Prisons &amp; Community Corrections) and Division of Juvenile Justice Policy and Procedures.</li> </ol> <p>The facility provided NCDPS Sexual Abuse and Harassment Investigations: Understanding Sexual Abuse Training with a lesson objective which states, "To provide PREA (Sexual Abuse) Investigations with the dynamics of sexual abuse that will aid in conducting thorough investigations. Learner objectives include:</p> <ol style="list-style-type: none"> <li>1. Define the importance of a specialized Sexual Abuse (PREA) Investigator.</li> <li>2. Define a Victim-Centered Investigative Approach.</li> <li>3. Define sexual abuse.</li> <li>4. Define how trauma impacts survivors.</li> </ol>

5. Identify how power and control are related to sexual abuse.
6. Identify common patterns of sexual abuse in confinement settings.
7. Define verbal and nonverbal communications with victims.

(b) The facility investigators have completed PREA Support Person specialized training, which includes specialized investigator training.

(c) NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, 4D-01, Sexual Assault/Abuse/Harassment, page 21, section A. 2., states, "The appropriate individuals shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview resident victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator."

(d) The C.A. Dillon Juvenile Detention Center PAQ states the agency does not terminate an investigation solely because the source of the allegation recants the allegation. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 18, section M. 1., states, "The Department of Public Safety shall not terminate an investigation solely because the source of the allegation recants the allegation."

(e) NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 18-19, section M. 2, states, "When the quality of evidence appears to support criminal prosecution, the Department of Public Safety shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution, while maintaining resident rights. Substantiated allegations of sexual abuse that appears to be criminal/delinquent shall be referred to the District Attorney. The departure of the alleged aggressor or victim from the employment or control of the Department of Public Safety shall not provide a basis for terminating an investigation. REFERENCE: Law Enforcement Interviews of Juveniles policy for parental notification and juvenile rights information."

(f) NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 17, section 2.3 G., states, "A resident that alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation."

(g) NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 17, section 2.3 G., states, "A resident that alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. During the pre-audit phase, the Auditor asked the PREA Compliance Manager where investigations were documented. The PREA Compliance Manager explained that all resident demographic information, including investigations are documented in the State TROI/OSI database."

(h) The facility does not conduct criminal investigations.

(i) The C.A. Dillon Juvenile Detention Center PAQ states there has been zero sustained allegation of conduct that appears to be criminal that was referred for prosecution, since the last audit date. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 18, section M. 2., states, "When the quality of evidence appears to support criminal prosecution, the Department of Public Safety shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution, while maintaining resident rights. Substantiated allegations of sexual abuse that appears to be criminal/delinquent shall be referred to the District Attorney. The departure of the alleged aggressor or victim from the employment or control of the Department of Public Safety shall not provide a basis for terminating an investigation. REFERENCE: Law Enforcement Interviews of Juveniles policy for parental notification and juvenile rights information."

(j) The C.A. Dillon Juvenile Detention Center PAQ states the agency retains all written reports pertaining to 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. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 10, section 1.10 D., states, "The PREA investigator shall report the allegations of resident sexual abuse, along with the dispositions of the resulting investigations, to center management and the PREA Office, and enter appropriate information into TROI. All case records associated with allegations of resident sexual abuse and harassment, including incident reports, investigation reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained as long as the alleged abuser is in secure custody, incarcerated or employed by the Department of Public Safety plus five (5) years. Data submitted for the Survey of Sexual Violence will be maintained for at least 10 years after the initial collection."

(k) Compliance is found in provision (i) of this standard.

(m) NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 19, section

2.5., states, "The PREA Investigator and all others involved in the PREA process will strive to protect residents who make complaints of sexual abuse from retaliation, and assure the impartial resolution of PREA complaints in accordance with the Prison Rape Elimination Act of 2003, 42 U.S.C. § 15601, et seq. The PREA Investigator and all others involved in the PREA process, to the extent possible, will ensure the confidentiality of PREA complaints as well as all data collected through the investigation of those complaints except as required in the following circumstances: (1) to cooperate with law enforcement in any investigation and prosecution of the incidents alleged in such complaints; (2) to take and enforce disciplinary action against any staff member as a result of the incidents alleged in the complaints; (3) to defend against claims brought by the resident for violation of the resident's rights for having been subjected to sexual abuse; and (4) to otherwise comply with the law."

Through such reviews, the facility meets standard requirements.

115.372	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. C.A. Dillon Juvenile Detention Center PAQ</li> <li>2. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, dated September 2013</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Facility Investigator</li> </ol> <p>The interview with the facility investigator demonstrated the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>(a) The C.A. Dillon Juvenile Detention Center PAQ states the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, page 18, section L.3, states, "The Division shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated."</p> <p>Through such reviews, the facility meets standard requirements.</p>

**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

Document Review:

1. C.A. Dillon Juvenile Detention Center PAQ
2. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated September 2013
3. OPA-I30 PREA Support Services, dated 6.30.2014
4. PREA Support Services Status Notification, dated 9.1.2014

Interviews:

1. Facility Investigator
2. PREA Compliance Manager
3. Facility Director

Interviews with the Facility Investigator demonstrated she would provide the Facility Director with the completed investigation and agency protocol entailed the PREA Support Person would deliver a written outcome of the investigation to the victim. In addition, the PREA Compliance Manager and the Facility Director stated new agency protocols are in place to have court counselors provide the outcome of investigations to students who have exited the program.

(a) The C.A. Dillon Juvenile Detention Center PAQ states the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. In the last 12 months there have been zero criminal and or administrative investigations and zero residents were notified of outcomes.

NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 17, section 2.3 H. states, "The PREA Compliance Manager, with input from the Sexual Abuse Review Team, shall complete a post incident review within 30 days of the conclusion for all substantiated and unsubstantiated resident sexual abuse investigations."

The facility provided form OPA-I30, PREA Support Services briefing the alleged victim on the following:

- Role of the PREA Support Person and retaliation
- Outcome of the Investigation

(b) The C.A. Dillon Juvenile Detention Center PAQ states If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident as to the outcome of the investigation. In the past 12 months, there has been zero investigations of alleged resident sexual abuse.

(c) The C.A. Dillon Juvenile Detention Center PAQ states following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever:

- The staff member is no longer posted within the resident's unit;
- The staff member is no longer employed at the facility;
- The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility."

There has not been a substantiated or unsubstantiated complaint of sexual abuse committed by staff against a resident in the last 12 months.

NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 8., section 1.8. A. 6, states, "Provide victim with a completed OPA-I30 (Victim Support Services form) to inform him/her of the results (status and outcome) of the investigation. Unless the incident is determined as unfounded, the PSP will inform the victim of the law enforcement outcome and the status of the staff member (assailant)."

(d) The C.A. Dillon Juvenile Detention Center PAQ states following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 19, section N. 2-3, states, "Following an allegation that a resident has been sexually abused by a staff member (unless unfounded), the alleged victim shall be informed by the PSP whenever (1) the staff member is no longer posted in the resident's unit, (2) the staff member is no longer employed at the center, (3) the agency learns the staff member has been indicted on a charge related

to sexual abuse within the center, or (4) the agency learns the staff member has been convicted of a charge related to sexual abuse within the center. Following an allegation that a resident has been sexually abuse by another resident, the alleged victim shall be informed by the PSP whenever: (1) the agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the center, or (2) the alleged abuser has been convicted on a charge of sexual abuse within the center.”

(e) The C.A. Dillon Juvenile Detention Center PAQ states the agency has a policy that all notifications to residents described under this standard are documented. In the past 12 months, there has been zero notifications to a resident, pursuant to this standard.

NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 19, section N.1., states, “The alleged victim shall be provided a completed OPA-I30 (PREA Support Services form) by the PSP with the results of the investigation.”

Note, the OPA-I30A Support Services form is used to document the following:

Staff

- The staff member is temporarily reassigned away from the alleged victim's housing until
- The staff member is no longer posted within the alleged victims housing unit.
- The staff member is no longer employed at the facility.
- NCDPS has learned that the staff member has been indicted on a charge related to sexual abuse within the facility.
- NCDPS has learned that the staff member has been convicted on a charge related to sexual abuse within the facility.

Offender/Juvenile

- The alleged abuser has been temporarily reassigned away from the alleged victims housing unit.
- NCDPS has learned the alleged abuser has been indicted on a charge related to sexual abuse within the facility
- NCDPS has learned that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Through such reviews of the agency contacting students with investigation outcomes, after the student has exited the facility, exceeds standard requirements.

115.376	<b>Disciplinary sanctions for staff</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 275 435 304">Document Review:</p> <ol data-bbox="242 306 1484 434" style="list-style-type: none"> <li>1. C.A. Dillon Juvenile Detention Center PAQ</li> <li>2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, dated June 2013</li> <li>3. NCDPS Memorandum from Deputy Secretary for Juvenile Justice, RE: Prison Rape Elimination Act Standards in Juvenile Facilities, dated 11.8.2021</li> </ol> <p data-bbox="242 465 352 495">Interviews:</p> <ol data-bbox="242 497 552 591" style="list-style-type: none"> <li>1. Facility Investigator</li> <li>2. PREA Compliance Manager</li> <li>3. Facility Director</li> </ol> <p data-bbox="242 598 1477 658">Interviews with the Facility Director and PREA Compliance Manager stated staff would be placed on administrative leave up to and including termination if the allegation was substantiated.</p> <p data-bbox="242 689 1406 750">(a) The C.A. Dillon Juvenile Detention Center PAQ states staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="242 781 1485 909">NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, page 12, section 1.14 A., states, "Employees: Staff shall be subject to disciplinary action up to and including termination for violation of Department of Public Safety sexual abuse or sexual harassment policies. Consequences will be commensurate with the nature and circumstances of the sexual abuse or harassment committed."</p> <p data-bbox="242 940 1490 1099">The facility provided a NCDPS Office Memorandum, subject: Prison Rape Eliminate Act (PREA) Standards in Juvenile Facilities (1.14 Discipline). This memo states, "The PREA Auditor requests an addition or clarifying language to existing policy for NC Juvenile Justice Facilities. As a result, please find the modifications below in relation to "Juvenile Justice Facilities Sexual Abuse and Harassment Policy: dated September 2013 (additional language underlined). This change will be incorporated into the aforementioned policy revision to be completed by the end of the year.</p> <p data-bbox="242 1106 400 1135">1.14 Discipline:</p> <p data-bbox="242 1137 1477 1198">A. (Underlined language only) Staff who engage in sexual abuse shall immediately be prohibited form contact with residents and shall be reported to relevant licensing bodies or law enforcement agencies, unless the activity was clearly not criminal."</p> <p data-bbox="242 1229 1497 1290">(b) The C.A. Dillon Juvenile Detention Center PAQ states in the last 12 months, there has been zero staff from the facility that had violated agency sexual abuse or sexual harassment policies.</p> <p data-bbox="242 1321 1481 1480">(c) The C.A. Dillon Juvenile Detention Center PAQ states 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. In the past 12 months there have zero staff requiring discipline for sexual abuse or sexual harassment.</p> <p data-bbox="242 1512 1477 1639">(d) The C.A. Dillon Juvenile Detention Center PAQ states 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. In the past 12 months, zero staff have been terminated for sexual abuse or harassment.</p> <p data-bbox="242 1671 882 1700">Through such reviews, the facility meets standard requirements.</p>

115.377	<b>Corrective action for contractors and volunteers</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 435 300">Document Review:</p> <ol data-bbox="242 304 1445 398" style="list-style-type: none"> <li>1. C.A. Dillon Juvenile Detention Center PAQ</li> <li>2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, dated June 2013</li> <li>3. NCDPS Memo RE: PREA Standards in Juvenile Facilities, dated 11.8.2021</li> </ol> <p data-bbox="242 430 352 459">Interviews:</p> <ol data-bbox="242 463 552 524" style="list-style-type: none"> <li>1. PREA Compliance Manager</li> <li>2. Facility Director</li> </ol> <p data-bbox="242 528 1473 622">Interviews demonstrated during the last audit cycle, the facility did not have any volunteers or contractors subject to disciplinary action due to violating sexual abuse or sexual harassment policies. The Facility Director stated any volunteer or contractor investigation and discipline would be the same protocol for facility employees.</p> <p data-bbox="242 654 1489 815">(a) The C.A. Dillon Juvenile Detention Center PAQ states 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. agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, there have been zero contractors or volunteers reported to law enforcement or relevant licensing bodies for engaging in sexual abuse of residents.</p> <p data-bbox="242 846 1489 1008">NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, page 12, section 1.14 B., states, "Contractors and Volunteers: Any contractor or volunteer who engages in sexual abuse shall immediately be prohibited from contact with residents and shall be reported to relevant licensing bodies or law enforcement agencies, unless the activity was clearly not criminal. Consequences will be commensurate with the nature and circumstances of the sexual abuse or harassment committed."</p> <p data-bbox="242 1039 1489 1200">The facility provided a NCDPS Office Memorandum, subject: Prison Rape Eliminate Act (PREA) Standards in Juvenile Facilities (1.14 Discipline). This memo states, "The PREA Auditor requests an addition or clarifying language to existing policy for NC Juvenile Justice Facilities. As a result, please find the modifications below in relation to "Juvenile Justice Facilities Sexual Abuse and Harassment Policy: dated September 2013 (additional language underlined). This change will be incorporated into the aforementioned policy revision to be completed by the end of the year.</p> <p data-bbox="242 1232 400 1261">1.14 Discipline:</p> <p data-bbox="242 1265 1489 1391">B. Contractors and Volunteers: Any contractor or volunteer who engages in sexual ab use shall immediately be prohibited from contact with residents and shall be reported to relevant licensing bodies or law enforcement agencies, unless the activity was clearly not criminal. Consequences will be commensurate with the nature and circumstances of the sexual abuse or harassment committed."</p> <p data-bbox="242 1422 1489 1583">(b) The C.A. Dillon Juvenile Detention Center PAQ states the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The C.A. Dillon Juvenile Detention Center has not experienced an incident where a volunteer or contractor has engaged in sexual abuse or harassment; however, removal from facility premises and restricting access and possible termination of access would be the remedial measures.</p> <p data-bbox="242 1615 882 1644">Through such reviews, the facility meets standard requirements.</p>

115.378	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. C.A. Dillon Juvenile Detention Center PAQ</li> <li>2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, dated December 2021</li> <li>3. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, dated September 2013</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Facility Director</li> </ol> <p>Interviews with Facility Director demonstrated residents who falsely reported PREA allegations would be separated from the other students until the youth could be placed at another facility.</p> <p>(a) The C.A. Dillon Juvenile Detention Center PAQ states residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months there have been zero administrative findings of resident-on-resident sexual abuse have occurred at the facility. In the past 12 months there have no criminal findings of guilt for resident-on-resident sexual abuse, occurring at the facility.</p> <p>NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, page 12-13, section 1.14 C. 1-2, state, "Appropriate remedial measures shall be considered whether to prohibit further contact with residents in the case of any other violation of juvenile sexual abuse or sexual harassment policies. Are subject to consequences for sexual misconduct/offense pursuant to the Behavior Expectations policy following the established due process."</p> <p>(b) The C.A. Dillon Juvenile Detention Center PAQ states in the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible. In the past 12 months, zero residents were placed in isolation as a disciplinary sanction for resident on resident sexual abuse.</p> <p>NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, "Consequences will be commensurate with the nature and circumstances of the sexual abuse or harassment committed, the resident's disciplinary history, and consequences imposed for comparable offenses committed by other residents with similar histories. It will be taken into consideration whether a resident's mental disabilities or mental illness contributed to the behavior when determining what disciplinary sanctions, if any, will be imposed.</p> <p>NCDPS Juvenile Justice Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, page 10, section 1.10 B., states, "Any housing concerns noted by staff regarding a resident's history of sexual abuse-victimization or sexually predatory behavior shall be communicated to the resident's center management. Center management shall use information obtained to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only when alternative means of keeping residents safe cannot be arranged. Any resident isolated for the purpose of sexual abuse prevention will receive daily visits from medical or mental health staff, have access to required educational programming, and have access to other programs to the extent possible."</p> <p>(c) Policy compliance can be found in provision (a) of this standard.</p> <p>(d) The C.A. Dillon Juvenile Detention Center PAQ states the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Although the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility does not mandate whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.</p> <p>(e) The C.A. Dillon Juvenile Detention Center PAQ states the agency disciplines residents for sexual contact with staff only</p>

upon finding that the staff member did not consent to such contact. NCDPS Juvenile Justice Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 12-13, section 1.14 C 1-3, states,

3. Appropriate remedial measures shall be considered whether to prohibit further contact with residents in the case of any other violation of juvenile sexual abuse or sexual harassment policies.

4. Are subject to consequences for sexual misconduct/offense pursuant to the Behavior Expectations policy following the established due process.

5. Consequences will be commensurate with the nature and circumstances of the sexual abuse or harassment committed, the resident's disciplinary history, and consequences imposed for comparable offenses committed by other residents with similar histories. It will be taken into consideration whether a resident's mental disabilities or mental illness contributed to the behavior when determining what disciplinary sanctions, if any, will be imposed.

(f) The C.A. Dillon Juvenile Detention Center PAQ states 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.

(g) The C.A. Dillon Juvenile Detention Center PAQ states the agency prohibits all sexual activity between residents.

Through such reviews, the facility meets standard requirements.

115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Document Review:

1. C.A. Dillon Juvenile Detention Center PAQ
2. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated September 2013
3. NCDPS Memorandum, RE: 115.331 Medical and Mental Health Screening, dated 10.22.2021
4. NCDPS Mental Health Consultation, not dated

Interviews:

1. Mental Health Contractor

Interviews with the Mental Health Contractor demonstrated disclosure reports are reported to youth and follow up medical and or mental health appointments are scheduled for every intake, regardless of disclosure. The Mental Health Contractor stated the agency contacts the program every day, 365 days per year to check with facility staff in the case a student may want to speak to mental health. The mental health contractor was aware of reporting to state hotlines and local law enforcement should a student disclose prior sexual abuse; however, the Mental Health Contractor was not aware of students over the 18 who experienced abuse outside of an institution needed to obtain consent, before reporting. The consent protocols were explained to the contractor, by the Auditor.

(a) The C.A. Dillon Juvenile Detention Center PAQ states all residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. Follow up meetings are offered within 14 days of the intake screening. In the past 12 months there has been two residents who disclosed prior victimization during the intake screening. Medical and mental health staff maintain secondary materials, documenting compliance with the above required services.

The facility provided a NCDPS Mental Health Consultation Form. This form documents:

- resident and resident family demographic information
- resident status with area Mental Health
- current consultation
- description of current status
- individual mental health notes

(b) The C.A. Dillon Juvenile Detention Center PAQ states all residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner. All residents are allowed a follow-up meeting offered within 14 days of the intake screening. In the past 12 months there have been zero residents who disclosed previously perpetrated sexual abuse, as indicated during the screening process. Note: 100% of residents are seen by mental health upon admission, regardless of if they have disclosed, perpetrated or have been victimized.

NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 9-10, section B., states, "Any housing concerns noted by staff regarding a resident's history of sexual abuse-victimization or sexually predatory behavior shall be communicated to the resident's center management. Center management shall use information obtained to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only when alternative means of keeping residents safe cannot be arranged. Any resident isolated for the purpose of sexual abuse prevention will receive daily visits from medical or mental health staff, have access to required educational programming, and have access to other programs to the extent possible."

(c) The C.A. Dillon Juvenile Detention Center PAQ states the information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

(d) The C.A. Dillon Juvenile Detention Center PAQ states, medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

The Auditor strongly recommended the agency has a standard practice in place to document consents for residents 18 years and older.

Through such reviews, the facility meets standard requirements.

115.382	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. C.A. Dillon Juvenile Detention Center PAQ</li> <li>2. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, dated September 2013</li> <li>3. NCDPS Mental Health Consultation Form, not dated</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Registered Nurse</li> </ol> <p>The Registered Nurse stated student victims of sexual abuse would receive timely and unimpeded access to emergency medical treatment and crisis intervention services if they were victimized at the facility. The Registered Nurse went on to state, fortunately, this detention center has not had an incident of sexual abuse at this facility.</p> <p>(a) The C.A. Dillon Juvenile Detention Center PAQ states resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials used in such occurrences.</p> <p>The facility provided a NCDPS Mental Health Consultation Form. This form documents:</p> <ul style="list-style-type: none"> <li>• resident and resident family demographic information</li> <li>• resident status with area Mental Health</li> <li>• current consultation</li> <li>• description of current status</li> <li>• individual mental health notes</li> </ul> <p>(b) If qualified medical or mental health staff are not on duty, staff would follow the coordinated response checklist directives, which includes instruction to contact mental health practitioners.</p> <p>(c) The C.A. Dillon Juvenile Detention Center PAQ states resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>(d) The C.A. Dillon Juvenile Detention Center PAQ states 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.</p> <p>Through such reviews, the facility meets standard requirements.</p>

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Document Review:

1. C.A. Dillon Juvenile Detention Center PAQ
2. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated September 2013

Interviews:

1. Random and targeted students
2. Mental Health Contractor
3. Registered Nurse

Student interviews demonstrated most were aware of the community sexual abuse advocates and the services the agency provided.

Interviews with medical and mental health personnel demonstrated students would be provided access to emergency medical and mental health services. Victims would receive all follow up services recommended by hospital staff and mental health services would be provided to students during their stay in the facility and after they had re-entered the community.

Site Observation:

Throughout the facility, there is a multitude of sexual abuse community provider pamphlets available to students, creating an awareness amongst all.

(a) The C.A. Dillon Juvenile Detention Center PAQ states the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 24, section 3.2.1. C., states, "The acute medical evaluations shall be in full compliance with standards established through the "National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." [U.S. Department of Justice; Office on Violence Against Women (September 2004)]. Per this standard, the alleged sexual abuse victim(s) shall be granted access to a Sexual Assault Nurse Examiner (SANE) at the designated acute medical evaluation center;"

(b) NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 27-27, section 3.3.1 states, "Following evaluation for sexual abuse, sexual harassment, and/or voyeurism within a center, alleged victim(s) shall be granted access to post-incident medical services through the center health services clinic which may include the following components:

- A. The alleged victim shall be informed of the scope and limits of confidentiality, with particular regard to information obtained during the post- incident medical care process;
- B. The post-incident evaluation shall be in full compliance with professionally- accepted standards of care, and shall minimally include the following components:
  1. Follow-up evaluation of all injuries sustained during alleged sexual abuse, sexual harassment and/or voyeurism incidents,
  2. Testing for sexually-transmitted per published Centers for Disease Control and Prevention (CDC) guidelines, as clinically-indicated,
  3. Treatment for all sexually-transmitted infections identified, as clinically- indicated, and
  4. Written documentation of: assessment; key findings, intervention; recommendations; and/or referrals."

(c) NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 25-26, section 3.2.1. H., states, "The acute medical evaluators shall provide clearly written discharge instructions summarizing: key findings, interventions, recommendations, and/or referrals, minimally including follow-up evaluation, as indicated (resolution of injuries; testing for sexually-transmitted infections; and/or pregnancy testing)."

(d) The C.A. Dillon Juvenile Detention Center PAQ states female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests is applicable.

(e) The C.A. Dillon Juvenile Detention Center PAQ states if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services is applicable. Policy compliance can be found in provision (c) of this standard.

(f) They C.A. Dillon Juvenile Detention Center PAQ states resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Policy compliance can be found in provision (b) of this standard.

(g) NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 9, section 1.9 C 1-6., states, "The PCM will conduct a Post Incident Review (PIR) after every sexual abuse investigation unless "unfounded". The PIR (OPA-I10) will occur within 30 days of the conclusion of the investigation and a copy of the final PIR will be submitted to the PREA Office within 30 days of completion. The PCM will include a review team of: management, supervisors, investigators, and medical/mental health providers to conduct the PIR. The review team will:

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

(h) The C.A. Dillon Juvenile Detention Center PAQ states the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

~~Through such reviews, the facility meets standard requirements.~~

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Document Review:

1. C.A. Dillon Juvenile Detention Center PAQ
2. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated September 2013
3. NCDPS Prison Rape Elimination Act (PREA) Post Incident Review (PIR), dated 9.24.2019

Interviews:

1. Incident Review Team Member
2. Facility Director

An interview with the Facility Director and an Incident Review Team Member demonstrated sexual abuse incident reviews take place after each administrative and criminal investigation. The facility considers demographics, staffing ratios, and areas where the incident was alleged to have occurred.

(a) The C.A. Dillon Juvenile Detention Center PAQ states 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. In the past 12 months there has been zero criminal and zero administrative investigation of alleged sexual abuse completed at the facility.

NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 17, section 2.3 H., states, "The PREA Compliance Manager, with input from the Sexual Abuse Review Team, shall complete a post incident review within 30 days of the conclusion for all substantiated and unsubstantiated resident sexual abuse investigations."

The facility provided a NCDPS Prison Rape Elimination Act (PREA) Post Incident Review (PIR) OPA 110 form. This form instructs the PREA Compliance Manager to document the following:

- Facility / Incident Date
- Investigation Completion Date / Finding
- Did the allegation require a policy or practice change?
- Was the incident motivated by race, gender, ethnicity, gang affiliation, actual status, perceived status or LGBTI?
- During the assessment of the area where the incident allegedly occurred, were there any physical barriers that may have enabled sexual abuse?
- Are staffing levels in that area adequate during different shifts?
- Based on assessment, should additional monitoring technology be deployed or augmented?
- Additional comments and/or corrective action taken.
- Sexual Abuse Review Team Members names, position or classification
- Person completing report
- Review and approval
- Final review and approval

(b) The C.A. Dillon Juvenile Detention Center PAQ states sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the criminal or administrative investigation. In the past 12 months, there were zero criminal and one administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days.

(c) The C.A. Dillon Juvenile Detention Center PAQ states 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. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 17, section 2.3 I., states, "The internal PREA investigation shall be completed and reviewed by Central Office in TROI within 30 days of the initial PREA report. An extension of an additional 30 days' maximum may be given by the Deputy Director for Center Operations in instances where the investigation requires additional time for the collection of evidence or determination of validity."

(d) The C.A. Dillon Juvenile Detention Center PAQ states 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. All investigations are documented in the state TROI (Tracking and Reporting of Incidents) database.

NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 8, section 1.9.C., states, "The PCM will conduct a Post Incident Review (PIR) after every sexual abuse investigation unless "unfounded". The PIR (OPA-I10) will occur within 30 days of the conclusion of the investigation and a copy of the final PIR will be submitted to

the PREA Office within 30 days of completion. The PCM will include a review team of: management, supervisors, investigators, and medical/mental health providers to conduct the PIR. The review team will:

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

(e) The C.A. Dillon Juvenile Detention Center PAQ states the facility implements the recommendations for improvement or documents its reasons for not doing so. Compliance is substantiated in provision (d) of this standard.

Through such reviews, the facility meets standard requirements.

115.387	<b>Data collection</b>
	<p data-bbox="240 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="240 271 435 300">Document Review:</p> <ol data-bbox="240 304 1445 434" style="list-style-type: none"> <li data-bbox="240 304 695 333">1. C.A. Dillon Juvenile Detention Center PAQ</li> <li data-bbox="240 338 1445 398">2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, dated December 2021</li> <li data-bbox="240 403 1401 434">3. Agency website for Sexual Abuse Annual Report: <a href="https://www.ncdps.gov/dps-services/prison-rape-elimination-act">https://www.ncdps.gov/dps-services/prison-rape-elimination-act</a></li> </ol> <p data-bbox="240 461 344 490">(a)/(c)-1,2</p> <p data-bbox="240 495 1485 624">The C.A. Dillon Juvenile Detention Center PAQ states 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. 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.</p> <p data-bbox="240 651 1469 916">NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, page 10, section 1.10 D., states, "The PREA investigator shall report the allegations of resident sexual abuse, along with the dispositions of the resulting investigations, to center management and the PREA Office, and enter appropriate information into TROI. All case records associated with allegations of resident sexual abuse and harassment, including incident reports, investigation reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained as long as the alleged abuser is in secure custody, incarcerated or employed by the Department of Public Safety plus five (5) years. Data submitted for the Survey of Sexual Violence will be maintained for at least 10 years after the initial collection."</p> <p data-bbox="240 943 1469 1072">The facility provided a memo to the Auditor with the agency web address: <a href="https://www.ncdps.gov/dps-services/prison-rape-elimination-act">https://www.ncdps.gov/dps-services/prison-rape-elimination-act</a>. The website demonstrates that the annual reports for the North Carolina Department of Public Safety has documentation of the necessary data to answer questions from the most recent version of the Survey of Sexual Violence *SSV) for years 2015 through 2020 for each of their adult and juvenile facilities.</p> <p data-bbox="240 1099 1469 1162">(b) The C.A. Dillon Juvenile Detention Center PAQ states the agency aggregates incident-based sexual abuse data at least annually.</p> <p data-bbox="240 1189 1493 1252">The facility provided aggregate data for years 2015 through 2020 in the annual report. The facility is awaiting notification from the Bureau of Justice Services before the 2021 data can be prepared.</p> <p data-bbox="240 1279 1485 1377">(d) The C.A. Dillon Juvenile Detention Center PAQ states the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Compliance is substantiated in provision (a) of this standard.</p> <p data-bbox="240 1404 1437 1435">(e) The C.A. Dillon Juvenile Detention Center PAQ states the agency does not contract for the confinement of residents.</p> <p data-bbox="240 1462 1461 1525">(f) The C.A. Dillon Juvenile Detention Center PAQ states the Department of Justice has not requested agency data for the year 2021.</p> <p data-bbox="240 1552 882 1583">Through such reviews, the facility meets standard requirements.</p>

115.388	<b>Data review for corrective action</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. C.A. Dillon Juvenile Detention Center PAQ</li> <li>2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, dated June 2013</li> <li>3. Agency website for Sexual Abuse Annual Report: <a href="https://www.ncdps.gov/dps-services/prison-rape-elimination-act">https://www.ncdps.gov/dps-services/prison-rape-elimination-act</a></li> <li>4. NCDPS Prison Rape Elimination Act Sexual Abuse Annual Report 2020</li> <li>5. 2021 Annual Incident Reporting Protocol Meeting, dated 8.20.2021</li> </ol> <p>Interview/Site Observation:</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> </ol> <p>An interview conducted with the PREA Coordinator and review of the 2020 Agency Annual Report demonstrated the report is developed annually with a comparison of annual numbers from previous years.</p> <p>(a) The C.A. Dillon Juvenile Detention Center PAQ states the agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:</p> <ul style="list-style-type: none"> <li>• Identifying problem areas;</li> <li>• Taking corrective action on an ongoing basis; and</li> <li>• 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.</li> </ul> <p>The facility provided a completed 2020 Annual Incident Reporting Protocol Meeting document. The document records:</p> <ul style="list-style-type: none"> <li>• Stakeholder attendance</li> <li>• Supporting documentation <ul style="list-style-type: none"> <li>o Reporting Abuse and/or Neglect (DJJDP6)</li> <li>o Law enforcement notification and requests for charges to be filed (MD4.1)</li> <li>o Commitment to quality of care (PREA (YDC) Letter (Form YC 061) Detention Statement</li> <li>o PREA Q&amp;A</li> <li>o Juvenile Brochure titled "Expect Respect"</li> </ul> </li> <li>• Discussions with Law Enforcement</li> <li>• Review with Law Enforcement</li> <li>• Talking points</li> <li>• Communication Issues</li> <li>• DSS Reports/Findings</li> <li>• Escapes</li> <li>• Check List of Reportable Incidents and Protocol</li> </ul> <p>(b) The C.A. Dillon Juvenile Detention Center PAQ states the annual report includes a comparison of the current year's data and corrective actions to those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.</p> <p>(c) The C.A. Dillon Juvenile Detention Center PAQ states the agency makes its annual report readily available to the public, at least annually, through its website. Annual reports are approved by the agency head.</p> <p>(d) The C.A. Dillon Juvenile Detention Center PAQ states 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.</p> <p>Through such reviews, the facility meets standard requirements.</p>

115.389	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. C.A. Dillon Juvenile Detention Center PAQ</li> <li>2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, dated June 2013</li> <li>3. Agency website for Sexual Abuse Annual Report: <a href="https://www.ncdps.gov/dps-services/prison-rape-elimination-act">https://www.ncdps.gov/dps-services/prison-rape-elimination-act</a></li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> </ol> <p>Through interviews with the PREA Coordinator she demonstrated the data is secured on the Agency's secure intranet with limited access to Department Supervisory staff. Aggregate, redacted data is available on the agency website.</p> <p>(a) The C.A. Dillon Juvenile Detention Center PAQ states the agency ensures that incident-based and aggregate data are securely retained. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, page 10, section 1.10 D., states, "The PREA investigator shall report the allegations of resident sexual abuse, along with the dispositions of the resulting investigations, to center management and the PREA Office, and enter appropriate information into TROI. All case records associated with allegations of resident sexual abuse and harassment, including incident reports, investigation reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained as long as the alleged abuser is in secure custody, incarcerated or employed by the Department of Public Safety plus five (5) years. Data submitted for the Survey of Sexual Violence will be maintained for at least 10 years after the initial collection."</p> <p>(b) The C.A. Dillon Juvenile Detention Center PAQ states 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.</p> <p>NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&amp;P) Document, page 10, section D. states, "The PREA investigator shall report the allegations of resident sexual abuse, along with the dispositions of the resulting investigations, to center management and the PREA Office, and enter appropriate information into TROI. All case records associated with allegations of resident sexual abuse and harassment, including incident reports, investigation reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained as long as the alleged abuser is in secure custody, incarcerated or employed by the Department of Public Safety plus five (5) years. Data submitted for the Survey of Sexual Violence will be maintained for at least 10 years after the initial collection."</p> <p>(c) The C.A. Dillon Juvenile Detention Center PAQ states before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State or local law requires otherwise.</p> <p>Through such reviews, the facility meets standard requirements.</p>

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) During the prior three-year audit period, the agency ensured that each facility operated was audited, once.</p> <p>(b) This is the third audit cycle for C.A. Dillon Juvenile Detention Center and the third year of the third audit cycle.</p> <p>(h) The Auditor was granted complete access to, and the ability to observe, all areas of the facility.</p> <p>(i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <p>(m) The Auditor was permitted to conduct private interviews with residents.</p> <p>(n) Residents permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.</p>

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(b) The agency has posted the current 2017 PREA audit report, on their website. (The facility was closed during 2018-2019 and reopened January of 2020.)</p> <p>Through such reviews, the facility meets standard requirements.</p>

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities )	yes
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
<b>115.317 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. )	yes
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes

<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
<b>115.331 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

<b>115.331 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.331 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

<b>115.342 (c)</b>	<b>Placement of residents</b>	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
<b>115.342 (d)</b>	<b>Placement of residents</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	no
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes

<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.387 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.387 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
<b>115.387 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes