

PREA Facility Audit Report: Final

Name of Facility: North Piedmont Confinement in Response to Violation Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 02/05/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Brian Sutherland	Date of Signature: 02/05/2021

AUDITOR INFORMATION	
Auditor name:	Sutherland, Brian
Email:	bcsuther@gmail.com
Start Date of On-Site Audit:	12/14/2020
End Date of On-Site Audit:	12/15/2020

FACILITY INFORMATION	
Facility name:	North Piedmont Confinement in Response to Violation Center
Facility physical address:	1420 Raleigh Road, Lexington, North Carolina - 27292
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	John Morrison
Email Address:	john.a.morrison@ncdps.gov
Telephone Number:	336-822-9217

Facility Director	
Name:	Sommer Whitaker
Email Address:	sommer.whitaker@ncdps.gov
Telephone Number:	336-822-9168

Facility PREA Compliance Manager	
Name:	Deborah Christon
Email Address:	deborah.christon@ncdps.gov
Telephone Number:	O: (336) 590-6025
Name:	John Morrison
Email Address:	john.a.morrison@ncdps.gov
Telephone Number:	M: (336) 590-6024

Facility Health Service Administrator On-Site	
Name:	Lei Sumrell
Email Address:	lei.sumrell@ncdps.gov
Telephone Number:	336-822-9223

Facility Characteristics	
Designed facility capacity:	136
Current population of facility:	86
Average daily population for the past 12 months:	81
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Females
Age range of population:	18 and up
Facility security levels/resident custody levels:	Minimum 1
Number of staff currently employed at the facility who may have contact with residents:	46
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	6
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	North Carolina Department of Public Safety
Governing authority or parent agency (if applicable):	
Physical Address:	512 North Salisbury Street, Raleigh, North Carolina - 27604
Mailing Address:	
Telephone number:	919-733-2126

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

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

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The North Piedmont Confinement in Response to Violation (CRV) entered contract for the Prison Rape Elimination Act (PREA) auditing services with the DX Consultants, LLC on November 10, 2020. The primary sole auditor is Brian Sutherland, and no conflict of interest exists between the two parties. Brian is a twenty-four-year correctional veteran and has completed the PREA audit certification process. The terms of this contract began on November 10, 2020 and conclude on or before January 29, 2021, with the submission of the final report. The contract explained the efforts toward transparency, the role of third parties and support staff, compliance considerations regarding the PREA Standards, Department of Justice certification requirements, enough time to conduct the audit, and planning for any corrective action phases. The amount of time to complete the final report could extend past the January 29, 2021 date discussed due to a possible 180-day corrective action period. No corrective action period was required throughout the conclusion of this audit. The contract specified the on-site review was conducted on December 14-15, 2020, and the final contract submission included the standard provisions 401-405.

The North Carolina Department of Public Safety, The Division of Adult Correction and Juvenile Justice operates the North Piedmont CRV. The facility is located at 1420 Raleigh Road, Lexington, North Carolina 27292. Initial barriers existed toward the completion of the audit that included concerns with the COVID-19 pandemic however, universal precautions, social distancing, COVID testing, and daily temperature checks were utilized throughout the performance of the audit process and the on-site review. The PREA Compliance Manager was established as the facility point of contact. No third-party entity exists between DX Consultants, LLC, Brian Sutherland, and the North Piedmont CRV to include private contractors, operators, facilities, governmental entities, or ACA paid affiliates.

Pre-Audit Phase:

The preaudit phase began on November 10, 2020, during the contract negotiation process as the auditor reviewed the North Piedmont CRV website for information relating to PREA. The website confirmed this will be the first Prison Rape Elimination Act (PREA) audit conducted for North Piedmont CRV as the facility began operations in 2019. The website included agency data collection reports from 2015 through 2019 and the auditor noted all statistical data throughout the review.

The auditor prepared a timeline of events, issue log, and corrective action notations file at this time and informed the PREA Compliance Manager regarding the issue log communication process. The corrective action notations file attempted to explain the purpose of corrective action, the generalized outcome for facility audits, and the corrective action process is a supportive mechanism utilized to enhance the facility compliance practices. The process map was supplied to the PREA Compliance Manager and this included specific steps within the Pre-Audit, audit, and post audit phases. The auditor noted on the facility website an agency Annual Data Findings and Corrective Actions Report, the agency PREA policy, a zero tolerance statement toward all forms of sexual abuse, sexual assault, and sexual harassment, and a third-party reporting mechanism utilized to report all criminal acts of sexual abuse or sexual harassment to the PREA Administrative Office email, notify a prison facility or judicial district office, officer in charge or

probation officer, facility or division administrator, correction employee, Division Director's Office, or the Department of Public Safety Communication Office.

The auditor reviewed internet searches for the following considerations: pending litigation reports, Department of Justice involvement, federal consent decrees, local oversight, news articles, and press clippings. The auditor found no litigation reports or Department of Justice involvement in the past 12 months leading up to the audit regarding sexual abuse or sexual harassment. This was confirmed with the facility Director during the onsite interview process. The auditor reviewed the mandatory reporting laws in North Carolina and determined the following legal considerations: definition of child abuse, time calculations, definition of a juvenile, age considerations, persons required to report, the basis to report, a listing of staff members at institutions, persons encouraged to report suspected abuse, reporting procedures, and applicability of the Mental Health Procedures Act. The auditor reviewed the website for information used to determine if the facility accepts youthful offenders. The auditor determined the population is dedicated to female Offenders 18 years of age or older. The NPCRV does not accept any offenders with pending charges of an A-E felony, offenders who are pregnant, offenders with serious medical issues, offenders with concurrent felony active sentence, or a misdemeanor active sentence greater than 90 days. This was confirmed by statements on the facility website, Offender housing rosters, staff and Offender interviews, and population reports indicating Offender ages for the past 12 months.

The auditor submitted the Pre-Audit reporting notification to the PREA Resource Center on November 24, 2020, and an email confirmation was received. On November 29, 2020, communication was established with the NPCRV PREA Compliance Manager and the determination was made to utilize the on-line audit system (OAS). The On-line Audit System is a secure software platform that will prevent the transfer of personally identifiable information and provide the user to have the ability to upload documents, retain the documentation for future use, and record the auditing process throughout all three important phases. The auditor received notification all information was being uploaded to the OAS system that included the preaudit questionnaire and this tool is utilized by the auditor to determine the facility information, policies, agency organization chart, contracts, staffing plans, written justifications for deviations within the staffing plan, PREA reviews, staff rounds, population reports, searches, cross-gender viewing incidents, training curriculums, training logs, special needs documentation, hiring and promotion considerations, evidence protocols, medical treatment obligations, intake screening instruments, Offender grievances, investigation reports, and data collection.

The auditor did not encounter any initial barriers to communication involved in the initiation of this preaudit process as the auditor received access to the OAS information on November 30, 2020. This process established clear communication with the PREA Compliance Manager for all electronic follow-up, and the auditor has reviewed all documentation provided on the OAS since November 30, 2020. The preaudit questionnaire included 291 pages and 227 attachments upon completion. All documentation was reviewed by the auditor to triangulate compliance considerations, form the basis for the facility operations, terminology, structure, population, staffing, training, medical outreach, SANE/SAFE requirements, volunteer support, local advocacy, and the physical plant. On November 10, 2020, the PREA Audit Notice was submitted to the PREA Compliance Manager. This included both English and Spanish versions, directions regarding the minimum 6 weeks posting requirement prior to the on-site visit, the posting must be in all Offender living areas, visible throughout the facility, utilizing large text, colored paper, must discuss the confidentiality of Offender and staff correspondence, and the facility must provide proof of posting to the auditor. The auditor submitted the on-site review agenda to the PREA Compliance Manager and the request for interview lists including the following criteria: complete Offender rosters on the first day of the audit and each day thereafter during the on-site review, Offenders

with disabilities, limited English proficiency, Offenders classified as lesbian, gay, bi-sexual, transgender, intersex, Offenders in segregated housing, Offenders who reported sexual abuse, Offenders reporting sexual victimization during risk screening, a complete staff roster, specialized staff, contractors, and volunteers list. The auditor also requested data regarding the total number of Offender grievances, incident reports, all allegations of sexual abuse and sexual harassment, all hotline calls that occurred within the last 12 months, all investigations reported in the last 12 months, and all grievances for allegations made within the last 12 months.

On November 10, 2020, the auditor received confirmation from the PREA Compliance Manager and photographic evidence regarding the posting of the auditor notice in all living units. The auditor observed each photo was date and time stamped to indicate the 6-week mandatory compliance, the color of the paper was a bright red, and the writing was visible within the photos. The photos were labeled with the housing unit locations, common areas, reception, and visitation. The posting was confirmed during the on-site review and through random and informal staff and Offender interviews. The facility provided the notice in both English and Spanish versions and included a statement regarding confidentiality of Offender and staff correspondence. A private post office box was assigned to the auditor for confidential communication from both staff and Offenders. The post office box was inspected weekly, by the auditor, and continued to be inspected for correspondence throughout the post audit phase. The PREA Compliance Manager informed the auditor regarding confidential communication and described the legal mail process. The auditor informed the PREA Compliance Manager regarding the postal communications and advised none of the correspondence included information regarding the sexual safety of the facility. The auditor received 1 postal communication from an Offender at NPCRV. No correspondence was received by the auditor from staff.

The NPCRV provides a hotline number as a method of reporting sexual abuse or sexual harassment. The Offender may also report the abuse to a third-party reporting mechanism utilized to report all criminal acts of sexual abuse or sexual harassment to the PREA Administrative Office email, notify a prison facility or judicial district office, officer in charge or probation officer, facility or division administrator, correction employee, Division Director's Office, or the Department of Public Safety Communication Office.

NPCRV reported a total of 4 investigations conducted within the past 12 months alleging sexual abuse or sexual harassment. The facility reported 0 cases involving allegations of staff sexual abuse. The facility reported 1 unsubstantiated allegation of sexual abuse by an offender. There was a total of 3 substantiated allegations of sexual harassment reported, 1 by offender and 2 allegations of staff sexual harassment. The administrative investigations are conducted following the outcome of the criminal investigations, and 0 investigations reported included a referral to law enforcement to conduct a criminal investigation for sexual abuse. The auditor reviewed 4 investigations, 3 substantiated allegations for sexual harassment, and 1 unsubstantiated allegation of sexual abuse. The facility reports 0 hotline calls utilized to report an allegation of sexual abuse, and 0 grievances submitted to report an allegation.

On-Site Audit Phase:

The on-site review began on December 14, 2020 and continued until December 15, 2020. The in-brief with facility leadership began at 0800 hours and included the following staff: Facility Director, Associate Warden, Registered Nurse Manager, and the facility Administrative Officer. The Associate Warden serves as the PREA Compliance Manager. The Director provided the welcoming remarks, and the staff introductions commenced following the auditor introduction. The auditor reviewed the agenda for the week, explained the auditor conduct and the site review process, discussed the expectations for informal interactions with staff and Offenders, the file review process, interview expectations, site review, and out

briefing on the final day. The PREA Compliance Manager provided the auditor with a current Offender alpha roster, and this roster included 72 Offenders. The Offender population on the first day of the audit was 72 Offenders. The facility provided the auditor with a private workstation that included the ability to print and secure documents. The current staffing rosters included 40 staff, 7 contractors, and 6 volunteers. Access to the facility is currently limited because of the COVID-19 virus. No contractors or volunteers were on-site for interview during the review process. However, the facility reported 6 volunteers and 7 contractors are authorized to enter the facility once the restrictions have been lifted. Additional documents and files reviewed by the auditor during the on-site review included the following: specialized staff and targeted Offender population reports, facility audit logs for the past 30 days, 4 investigative files, 12 staff personnel files, 16 Offender classification files, and 16 Offender medical files.

The audit methodology and selection process consisted of specialized staff and targeted Offender populations selected by the auditor. The auditor selected the 5th Offender from each housing unit roster, the 5th Offender listed on the targeted populations roster, and the 5th staff member listed on the daily duty rosters. The auditor conducted interviews with 1 Victim Advocate, however: the auditor was unable to speak with an investigator from the Davidson County Sheriff's Office or the Lexington Police Department regarding external investigations due to time constraints. The auditor was unable to speak with a representative from the Thomasville Medical Center regarding SANE evaluations as no point of contact was established. Email communication was provided by a representative from Just Detention International on November 11, 2020, indicating a review of the database found no PREA-related information regarding NPCRV has been received within the last 36 months. The auditor reviewed the MOU's for the Thomasville Medical Center, Davidson County Sheriff's Office, and the Family Services of Davidson County (Victim Advocate).

The facility provided a private area for conducting formal interviews with staff and the Offender population. The interviews were conducted with COVID-19 precautions in place such as: at least 6 feet of separation between the auditor and the interview, the auditor and the interviewee wore a mask, and a hand washing station was nearby. The selection process for conducting the Offender interviews consisted of utilizing an Offender alpha roster that is organized by housing and bed assignment. The auditor methodology for selecting the random and targeted Offender interviews involved Offenders from all living units, PREA education dates, odd number listings, age, and length of stay. The selection process for random staff consisted of staff members from each shift, department, sworn, and non-sworn staff, multiple roles, post locations, job titles, and time of service. A total of 19 interviews were conducted with the Offender population and these consisted of the following: 8 random Offenders, 2 offenders identified as bi-sexual, 2 limited cognitive disability, 1 limited English proficiency, 1 hard of hearing, 1 Offender who reported sexual abuse, and 3 Offenders who disclosed sexual victimization during the risk screening. The auditor also conducted 1 informal Offender interviews throughout the site review. The informal interviews supplied the auditor with the knowledge regarding 1 hard of hearing Offender and 1 Offender with a cognitive disability listed in the totals previously discussed. No youthful Offenders were available for interview, as the facility does not house youthful offenders, and this was verified during the population review, staff, and Offender interviews, and posted website materials. A total of 2 interviews with Offenders demonstrated multiple categories.

The staff interviews consisted of 28 total interviews that were selected from shift rosters, specialized staff rosters, and staff identified during Offender interviews: 12 random staff interviews, 1 informal staff interview, 1 segregated housing staff, 1 incident review team staff, 1 first responder staff security, 1 non-security first responder, 1 Intermediate staff, 1 staff that screens for victimization and abusiveness, 1 PREA Compliance Manager, 1 intake staff, 1 investigative staff, 1 Facility Director, 1 human resource staff, 0 SANE Nurse, 1 staff designated to monitor retaliation, 1 Victim Advocate, 1 Medical Staff, and 1

Mental Health Staff. The informal staff interviews indicated training received regarding the proper procedures for conducting searches, exigent circumstances for conducting the searches, and efforts to enhance safety when performing searches such as utilizing the back of the hand. The staff interviews indicated no cross-gender searches have been conducted in the past 12 months. The auditor conducted 1 informal staff interview throughout the site review, and this assisted with identifying specialized staff for interviews such as the staff that monitor retaliation. No interviews were conducted with non-medical staff involved in cross gender strip searches as the facility has not reported any cross-gender strip searches in the past 12 months. No staff on-site work with youthful offenders as the facility does not house youthful offenders as previously explained.

The facility design consists of 7 total buildings that includes 4 Offender housing units. The auditor observed 4 multiple occupancy open bay dormitory styles of housing, and there are a total of 2 single cells that make up the restricted housing unit. The total capacity for NPCRV is 136 offenders and this was verified in the PAQ. The NPCRV maintains an average daily Offender population of 81 Offenders and the population on the first day of the audit was 72 Offenders. The site review provided additional opportunities to conduct informal interviews with staff and Offenders. The site review lasted approximately 2 days and the auditor was able to physically visit the entire facility. The auditor was able to receive a virtual tour by video monitoring equipment and the auditor observed staff conducting rounds, PREA audit notices posted on the walls, and video monitoring equipment did not indicate any concerns with cross gender viewing. There are plans to create additional space for the medical department as basic screening, triage, and emergency services are currently provided. The facility utilizes the Thomasville Medical Center for emergency services and SANE evaluations.

During the site review the observation consisted of looking for blind spots and concerns with Offender access and identifying potential concerns with areas that may indicate a 1 staff to 1 Offender ratio. This may include limited access areas such as closets, offices, limited visibility concerns, no video monitoring equipment, or potential hiding areas that may impact the sexual safety of the facility. There are no concerns with overcrowding due to the current population of 72 Offenders versus an overall holding capacity of 136 Offenders. The facility reported an average daily population count of 81 Offenders. The auditor observed the activities associated with dayshift operations and night shift movements to include supervision practices, staff to Offender ratios, post assignments, video monitoring equipment, Offender activities, and housing unit dayroom practices. Each housing unit had security officers and Supervisors present and responsible to monitor each section within the facility. The facility master control staff provided an overview of all video monitoring equipment, camera placements in the facility, observations of PREA related materials posted in reception, medical, visitation, and 4 Offender living units. The auditor notice was confirmed and verified through staff rounds and observed cross gender announcements made and documented in the logbooks. The auditor observed the system utilized for the deaf and hard of hearing populations regarding male staff entering the housing units. Male staff entering the housing units will announce their presence by stating "Male on the unit". A shift change announcement is also conducted to inform the Offenders regarding male staff may be entering the area. This process was very affective and positive feedback was received from both staff and Offenders. The facility restrooms, showers, and living units were inspected for compliance and the auditor observed shower curtains for privacy while taking a shower, restroom barriers for Offender privacy while using the restroom, and camera placements throughout the facility that did not indicate cross gender viewing during periods of undress by the population. The housing unit open bay style regulates the offender to change clothes in the restroom and shower area. This assists with limiting the ability of cross-gender exposure.

There is gender-specific post assignments within the facility and the gender-specific post assignments are a direct plan of action performed by the NPCRV to remove the viewing capabilities from the

monitoring stations of cameras that have the potential to violate the cross-gender viewing concerns. The following posts are dedicated gender specific staff assignments: Transport Officer - a minimum of 1 transport team member will be gender specific, Search Team Officers - a minimum of 1 search team member will be gender specific, and Outside Hospital in Room Officer - will be gender specific. The auditor reviewed the daily post assignments during the on-site review and compared the gender assigned with the posted memo requirements. The auditor observed roll call briefing for night shift and witnessed facility count and Offender movements being conducted. The auditor verified the staffing plan associated with each shift and confirmed the current staffing levels of 40 employees, 7 facility contractors, and 6 volunteers. The facility is limited to Offender contact because of the COVID-19 virus.

The auditor reviewed the receiving process, and these procedures include the following: staff utilize the screening instrument, verifying the classification process, and providing the Offender with the PREA handout. The intake PREA handout described the facility zero tolerance policy, methods of reporting, detection, response, and methods to avoid manipulation that may lead to abuse. The auditor utilized the abuse hotline and received confirmation from the PREA Compliance Manager of receipt. The auditor observed PREA information posted throughout the facility. The Offender and staff records are stored electronically, and access is limited requiring the I. T. Manager approval. This includes all electronic classification records and once the risk screening information is uploaded into the server there are limited participants that may have access to this information such as the PREA Compliance Manager, and facility Managers. Offender phones are in all the Offender living areas and intake section of the facility. An external reporting mechanism is available to the Offender population by dialing specific toll-free numbers to the Family Services of Davidson County, and the Prison Ministry. These systems are designed to allow Offenders the opportunity to report allegations of sexual abuse or sexual harassment to the staff directly. The auditor tested these systems and left a message on the provided hotline while utilizing an Offender phone in a housing unit. The PREA Compliance Manager confirmed the agency receipt of the tested call and forwarded a response to the facility for notification. The auditor received the emailed response during the on-site review. The abuse hotline is provided in both English and Spanish and the facility offers a language line for diverse populations and interpreting.

The auditor noted the following discrepancies throughout the on-site review:

The facility had not incorporated a documented Coordinated Response Plan within the SOP. The plan was developed however it was not written in the NCDPS format. This was corrected during the on-site review and a further update was provided to the auditor in writing on January 20, 2021 by the facility Director. The auditor recommended the staff document supervisory rounds as unannounced in the logbooks and this change was implemented during the on-site review.

The auditor noted questions regarding the initial risk and needs assessment and the 30-day reassessment, however this process was clarified during the on-site review. The auditor noted a minor concern regarding a 1 staff to 1 offender ratio while obtaining items from the outside storage area, but this was corrected through dialogue with the agency PREA Coordinator and the facility Director. The auditor noted a facility practice concern in relation to an agency requirement for specific forms utilized during investigations. This practice was updated during the on-site review as the PREA Compliance Manager gained a new link to access the agency documentation. The auditor noted a need for enhanced communication between the on-site GEO Group contractor and the Facility Director regarding the background clearance for the GEO Group contractors. This practice was improved during the on-site review as both staff agreed to communicate more effectively, and the auditor reviewed email communication provided by the contractor ensuring compliance.

The exit briefing was conducted with the Facility Director, Program Supervisor, Associate Warden,

Administrative Officer, and the Correctional Sergeant. The Associate Warden serves as the facility PREA Compliance Manager. The auditor provided an overview that included the following topics: positive reinforcement and compliance considerations, recommendations and areas of improvement, recommendations and areas of concern, wrap-up, and a final thought. The PREA Compliance Manager provided an overall discussion regarding corrective action plans and the auditor authorized a 14-day time frame to provide documentation necessary to satisfy compliance. The auditor explained the requirements for development of the final report and completion of the audit.

Post Audit Phase:

The facility PREA Compliance Manager provided the necessary documentation to satisfy the recommendations during the on-site review. The specific standards provide additional information relative to auditor recommendations. The auditor reviewed all supporting revisions, documents, investigation reports, training materials, and policy changes during the post audit review. The auditor verified all corrective action efforts and continued preparation of the Final Report. The auditor and PREA Compliance Manager continued electronic communications and finalized the implementations and recommendations associated with compliance. The NPCRV demonstrated all corrective action procedures and practice based on the audit requirements, and additional discussion is documented in each specific standard.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The North Piedmont Confinement in Response to Violation (CRV) is located at 1420 Raleigh Road, Lexington, North Carolina 27292. The NPCRV houses and provides intensive behavior modification programs for those who have committed technical violations of probation. Confinement in Response to Violation (CRV) centers incarcerate violators for 90-day periods in response to violations of probation, parole, or post-release supervision as provided by the Justice Reinvestment Act of 2011. The NPCRV utilizes dormitory style housing like a minimum-security prison and offers intensive programming designed to modify behavior of probation violators. Probation officers and custody staff work closely with offenders as they progress through treatment and programming including cognitive behavioral therapy, substance abuse interventions, employment readiness, and life skills training. Under the Justice Reinvestment Act of 2011, violations of probation that involve committing new crimes or absconding can still result in revocation of probation, activation of the suspended prison sentence and incarceration in the regular prison population. Technical violators, including those who miss appointments, curfews, or fail drug tests, can serve two 90-day CRV periods before they face probation revocation and return to prison.

The North Piedmont Confinement in Response to Violation (CRV) houses adult females in a minimum-security setting. The facility is constructed of 7 buildings which includes 4 open bay housing units, 2 special management cells, a visiting area, recreation area, dining hall, academic classrooms, medical and mental health offices, and administrative offices. NPCRV is in the City of Lexington and within the Davidson County boundaries. North Piedmont CRV was opened in 2019 and provides housing for the following programming: Moral Recognition Therapy, Living in Balance Programming, Life Skills, Healing Trauma, Helping Women Recover, and Step Ahead Workbook. Offenders with pending charges of an A-E Felony, pregnant offenders, serious medical issues, offenders with concurrent felony active sentence, and misdemeanor active sentence greater than 90 days will not be housed at NPCRV.

The facility reported a maximum capacity of 136 Offenders, maintains an average daily offender population of 81, and the population on the first day of the audit was 72 offenders. The NPCRV reported an age range population of 18 and over, and a total of 121 offenders admitted during the past 12 months. The average length of stay is 90-days, 120 offenders have been admitted for more than 72 hours, and 99 offenders have been admitted for more than 30 days in the past 12 months. The NPCRV design includes: Administrative office space, library and classrooms, 2-time limited cells for special housing, kitchen, dining halls, laundry, canteen, A-D Dorms with a housing capacity of 34 beds to each dorm, medical, recreation yard, programming, visitation, chemical shed, and sallyport.

Video monitoring systems are strategically placed throughout the facility to enhance security and surveillance. The facility reported a total of 29 cameras. Security rounds are conducted at a minimum twice hourly. The auditor observed the camera views with confinement staff and determined there were no areas that allowed for private viewing of Offenders showering during clothing exchange, or property release. The showers contain curtains and specific post assignments are gender specific. Male staff announce their presence when entering female housing units and this was confirmed during Offender

and staff interviews. The facility utilizes video monitoring equipment, positioned in specific locations for the operators to view. This includes mounted cameras, in fixed locations, pan-tilt zoom functions, and full vision recording. The video monitoring is recorded with digital video recording and network video recording. Each camera has its own specific DVR and the retention rate for each camera recording is 30 days. The camera coverage is monitored twenty-four hours-a-day by a dedicated officer located in the control center, and the on-site review did not indicate any concerns with cross-gender viewing.

Staffing includes two 12-hour shifts, as well as an 8-5 shift. North Piedmont CRV correctional staff is comprised of 29 Correctional Officer I, 6 Correctional Sergeant I, 1 Correctional Housing Unit Manager I, 1 Correctional Program Supervisor, 2 Probation Officers, 1 Center Director, 1 Assistant Center Director, 1 Chief Probation Officer, 1 Administrative Officer, 1 Accounting Tech, 2 Administrative Associate II, 2 Admission Techs, 1 Food Service Officer, 4 Registered Nurse, 1 Health Care Tech, 1 Psychologist, and 1 Social Worker II. There were no volunteer services offered during the past 12 months because of the COVID-19 virus. The facility provides commissary services, numerous programs, PREA trained volunteer services, visitation, and food service. All criminal investigations are performed by the Davidson County Sheriff's Department and all Administrative investigations are conducted by facility PREA trained investigators. The facility reports 1 specialized PREA investigator is employed by the facility who is responsible for conducting administrative investigations into allegations of sexual abuse or sexual harassment.

The facility has a variety of confidential reporting resources for reporting sexual abuse and assault. This auditor successfully utilized the PREA helpline by dialing a star code that is free of charge. Additional toll-free telephone reporting methods include contacting the Family Services of Davidson County Victim Advocate, and the Prison Ministry's. The agency employs staff to perform the PREA Support Duties.

The PREA Support Person (PSP) receives training to assist victims through all steps of an investigation, including aiding in obtaining outside confidential support services. The NPCRV did not have any judicial findings of inadequacy during this rating period.

Medical and Mental Health services are provided on-site by 4 highly trained Registered Nurse, 1 Psychologist, and 1 Social Worker II. Medical staff is available 12 hours a day, 7 days per week. The phone triage services are provided for after hours when medical staff are not on site. Mental Health staff is present at the facility. Offenders are transported to the Thomasville Medical Center for more advanced medical and emergency needs. All forensic sexual assault medical exams (SANE) are performed at the Thomasville Medical Center. Medical is centrally located within the compound. The office space allows for a trauma/triage room, examination rooms, a secure pharmacy with pill-call windows, mental health services, administrative office space, and patient record storage. Medical education material is available by way of pamphlets and staff. Medical staff interviews indicated the treatment is equivalent to the services received within the community.

The facility provides high grade fencing and barb wire to control the outside perimeter along with armed transportation staff. Security supervisors are required to conduct unannounced rounds, two times per shift and the facility employs 24-hour security coverage. The auditor reviewed logbook entries and rounds verification reports indicating compliance with this standard. The facility offers additional control and safety measures to combat the threat of sexual abuse and enhance the safety of the facility by deploying perimeter patrols, fence designs, sally port entrance, perimeter lighting, alarm systems, electronic systems, counts, pass system, biometric systems, and trained staff.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). 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:	1
Number of standards met:	40
Number of standards not met:	0

Standards Exceeded

Number of Standards Exceeded: 1

List of Standards Exceeded:

115.211

Interviews conducted with the PREA Coordinator and the PREA Compliance Manager confirmed enough time and authority to develop, implement, and oversee the efforts toward PREA compliance.

Communication between this auditor, PREA Coordinator, and the PREA Compliance Manager was professional, timely, and deeply knowledgeable. Interviews conducted with staff, Offenders, volunteers, and contractors indicated knowledge regarding the facilities zero tolerance policy toward all forms of sexual abuse and sexual harassment. The PREA Coordinator and the PREA Compliance Manager were always accessible throughout the auditing process, responded to emails and phone calls immediately, and provided adequate responses during the on-site review. The auditor confirmed an agency policy mandating zero tolerance of all forms of sexual abuse and sexual harassment. The facility has a documented implementation plan outlining the facilities approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The PREA community confinement standards do not require the facility to mandate a PREA Compliance Manager and the North Piedmont CRV attempts to maintain an above average approach to compliance with this standard.

Standards Met

Number of Standards Met: 40

115.212, 115.213, 115.215, 115.216, 115.217, 115.218, 115.221, 115.222, 115.231, 115.232, 115.233, 115.234, 115.235, 115.241, 115.242, 115.251, 115.252, 115.253, 115.254, 115.261, 115.262, 115.263,

115.264, 115.265, 115.266, 115.267, 115.271, 115.272, 115.273, 115.276, 115.277, 115.278, 115.282,
115.283, 115.286, 115.287, 115.288, 115.289, 115.401, 115.403

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: 0

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Auditor Overall Determination: Exceeds Standard	
Auditor Discussion	
<p>Standard 115.211 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire responses 2. Agency Policy 3400, Offender Sexual Abuse and Sexual Harassment 3. Reviewed the Agency Website, https://www.ncdps.gov, Organizational Chart. 4. Agency Policy 3405, Procedures, page 5 5. Agency Policy 3403, Definitions, pages 1-4 6. Agency Policy 3405, Section H, Disciplinary Sanctions, pages 29-31 7. Agency Policy 3400, General Provisions, pages 10-16 8. NCDPS, Facility Policy, Chapter 2, Section 34, PREA, February 24, 2020 <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Staff performing cross-gender announcements upon entry to all housing units. 2. Supervisory staff documenting unannounced security rounds in the post logs. 3. Signs and posters indicating zero tolerance posted throughout the facility. 4. Reviewed the facility training materials, power point, and lesson plan information. 	

Findings (By Provision):

115.211 (a) - Agency policy 3405, page 5 mandates a zero tolerance toward all forms of sexual abuse, sexual assault, staff sexual misconduct, and sexual harassment. The agency policy 3400 describes the approach toward prevention, detection, reporting, and response to all forms of sexual abuse and sexual harassment. This includes facility preventive measures necessary to reduce and prevent sexual abuse and sexual harassment of Offenders such as: architectural design, security supervision, video monitoring equipment, Offender orientation procedures, medical screening within 24 hours of arrival, housing considerations, separate showers, classification screenings, 30-day reassessments, facility staffing plan, staff referrals, supervisory notifications, mental health screenings, unannounced supervisory rounds, opposite gender housing announcements, community corrections procedures, and training.

During the on-site review, the auditor identified staff performing opposite gender housing announcements when entering all housing units, and unannounced supervisory rounds. The rounds were documented as unannounced in the unit logbooks, and the cross-gender announcements were made verbally by staff entering the units and announced over the loudspeaker during shift changes. The auditor noted postings throughout the facility indicating zero tolerance toward all forms of sexual abuse, sexual assault, and sexual harassment. The policy includes definitions of prohibited behaviors in policy 3403, Section Definitions, pages 1-4, and these definitions include sexual abuse, sexual assault, staff sexual misconduct, and sexual harassment. There is a total of 5 pages included within this policy as a complete glossary of terms.

Policy 3405, Section H, Disciplinary Sanctions, pages 29-31 explain the presumptive approach toward staff, volunteers, and contractors who engage in sexual abuse will be termination and prosecution referral. Policy 3405, Section H, page 30 describes the sanctions for contractors, volunteers, and referrals to law enforcement. Agency policy 3405, Section H, page 30 includes disciplinary sanctions for Offenders found to have participated in all forms of sexual abuse, sexual harassment, and inappropriate physical contact. "Offenders shall be subject to disciplinary sanctions pursuant to formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse".

Training is provided for all Offenders, staff, volunteers, and contractors for the education of the duties and responsibilities toward prevention, detection, reporting, and response procedures. The auditor reviewed the facility training plan, and power point presentations that described the facility methods toward prevention, detection, reporting, and response procedures. The training materials also provided information relating to performing cross gender strip searches, body cavity searches, and pat-down searches. The training provided information relating to avoiding inappropriate relationships and communicating effectively with special populations. Agency policy 3405, Section Training, pages 5-10 provide information relating to employee, volunteer, contractor, and Offender training regarding zero tolerance for sexual abuse and sexual harassment. This policy also informs the staff how to fulfill their responsibilities toward prevention, detection, reporting, and response procedures.

115.211 (b) – Agency policy 3400, explains the agency employs an upper-level, agency wide PREA Coordinator and designates a PREA Compliance Manager for each facility. The PREA

Coordinator position reports directly to the Chief Deputy Secretary of Professional Standards, Policy and Planning, and this position is documented in the agency organizational chart as an upper level PREA Manager position. The interview with the PREA Coordinator indicated enough time and authority to develop, implement, and oversee efforts to comply with the PREA Standards. The PREA Coordinator explained the duties and responsibilities associated with the position, direct communication with leadership staff, and confirmed the agency support toward improving the sexual safety of the facility.

In addition to the agency PREA Coordinator, the facility employs an upper-level facility PREA Compliance Manager who reports directly to the facility Warden and communicates with the agency wide PREA Coordinator. This position is in the facility organizational chart Associate Warden II. There is a total of 1 agency wide PREA Coordinators that report to the agency Chief Deputy Secretary of Professional Standards, Policy and Planning, and 55 agencies wide PREA Compliance Managers. The interview with the PREA Compliance Manager indicated enough time and authority to develop, implement, and oversee efforts to comply with the PREA Standards. The PREA Compliance Manager explained the duties and responsibilities associated with the position, direct communication with leadership staff, and confirmed the agency support toward improving the sexual safety of the facility.

Conclusion: Interviews conducted with the PREA Coordinator and the PREA Compliance Manager confirmed enough time and authority to develop, implement, and oversee the efforts toward PREA compliance. Communication between this auditor, PREA Coordinator, and the PREA Compliance Manager was professional, timely, and deeply knowledgeable. Interviews conducted with staff, Offenders, volunteers, and contractors indicated knowledge regarding the facilities zero tolerance policy toward all forms of sexual abuse and sexual harassment. The PREA Coordinator and the PREA Compliance Manager were always accessible throughout the auditing process, responded to emails and phone calls immediately, and provided adequate responses during the on-site review. The auditor confirmed an agency policy mandating zero tolerance of all forms of sexual abuse and sexual harassment. The facility has a documented implementation plan outlining the facilities approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The PREA community confinement standards do not require the facility to mandate a PREA Compliance Manager and the North Piedmont CRV attempts to maintain an above average approach to compliance with this standard.

115.212	Contracting with other entities for the confinement of residents
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Standard 115.212 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire responses 2. Agency web site https://www.ncdps.gov 3. Agency Policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, August 12, 2019 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Contract Administrator 2. Agency PREA Coordinator 3. Facility Director <p>115.212 (a-c)</p> <p>The North Piedmont CRV does not contract with other entities for the confinement of Offenders. The auditor confirmed this statement during the facility Director interview. This statement was also confirmed during the review of the agency website. NPCRV does not have any responsibility, separate from that on the Agency level, to enter or maintain contracts for confinement of Offenders with other agencies or jurisdictions. This statement was confirmed during the PREA Coordinator interview. The auditor was not able to interview the Agency Contract Administrator as these interviews were conducted on an agency level by certified auditor Ms. Dorothy Xanos.</p> <p>Conclusion: Based upon the review and analysis of all evidence provided, the auditor has determined standard 115.212 does not apply to NPCRV and this standard is not applicable. The North Piedmont CRV has not entered any contracts in the last 12 months for the confinement of Offenders.</p>	



115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.213 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire responses 2. Facility Staffing Analysis NPCRV Report, pages 1-5, December 10, 2020. 3. Policy 1600, Chapter F, Management of Security Posts, pages 1-3, August 12, 2019 4. Policy 143B-709, Security Staffing, page 1 5. Facility Logbook entries 6. Policy 1607, Post Chart, Pull Post Listings, pages 13-14 7. Division of Adult Correction – Prisons Post Chart, pages 1-6, 05-15-20 8. Policy 1600, Unannounced Rounds, page 3 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director 2. Intermediate and Higher-Level Facility Staff 3. Agency PREA Coordinator 4. Facility PREA Compliance Manager 5. 1 Informal Staff Interviews 6. 12 Random Staff Interviews <p>Site Review Observations:</p>

1. Viewed video camera footage, monitors, and storage.
2. Inspected facility identified blind spots for locking devices, staff patrols, and log entries.

Findings (By Provision):

115.213 (a) - The auditor conducted a review of the documented 2020 facility-staffing plan. Agency policy indicates the security positions allocated. These positions are broken down into the following classifications: Staffing includes two 12-hour shifts, as well as an 8-5 shift. North Piedmont CRV correctional staff is comprised of 29 Correctional Officer I, 6 Correctional Sergeant I, 1 Correctional Housing Unit Manager I, 1 Correctional Program Supervisor, 2 Probation Officers, 1 Center Director, 1 Assistant Center Director, 1 Chief Probation Officer, 1 Administrative Officer, 1 Accounting Tech, 2 Administrative Associate II, 2 Admission Techs, 1 Food Service Officer, 4 Registered Nurse, 1 Health Care Tech, 1 Psychologist, and 1 Social Worker II. NPCRV is operating with a staff shortage of 10 vacancies however, hiring efforts are conducted on a regular basis. Currently there are 42 certified staff, 14 non-certified staff, and NPCRV is operating at an 82% staffing level.

The institutional staffing plan is reviewed on a regular basis by the facility PREA Compliance Manager and the staffing plan is reviewed annually by the agency PREA Coordinator. This is a very thorough process described in policy 1600, chapter F, page 6 that includes the following: A Division Operations Manager, reporting to the Deputy Director will be responsible for conducting on site post reviews of each prison at least once every three years, conducting regular reviews of post charts through the automated post-audit system, and conducting other staffing reviews, as necessary. The Operations Manager will be responsible for tracking changes made in post charts, tracking identified staffing deficits, and training of all Facility Heads and Assistant Superintendents in security staffing practices and concepts. The Operations Manager will maintain an automated post staffing chart on each facility. This will include ensuring that the number of Officer positions assigned to a prison is consistent with the number of positions identified in the BEACON.

The facility utilizes video monitoring equipment, positioned in specific locations for the operators to view. The video monitoring is recorded with digital video recording and network video recording. Each camera has its own specific DVR and the retention rate for each camera recording is 30 days. The facility has 29 cameras that are monitored by duty post staff, controlled, and accessed by investigators and supervisors as needed. These cameras monitor the perimeter and key areas of the facility. There are interior cameras that are also Pan – Tilt - Zoom and fixed devices that are monitored from the Control Room. NPCRV camera coverage is monitored twenty-four hours-a-day by a dedicated officer located in the control center and the onsite review did not indicate any concerns with cross gender monitoring. The current staffing plan and video monitoring system is adequate for the protection of Offenders from sexual abuse. The facility has identified blind spot areas throughout the facility where enhanced camera coverage will eliminate potential soft spots, including the following: Administration area, medical, hallways in the back of the dorms, between the restrooms, recreation area, laundry, and the canteen. The facility has implemented preventive measures until the installation of the cameras can be fulfilled and that is additional unannounced security rounds documented within these areas.

The auditor confirmed the security levels for each shift, support staff, administrative staff, maintenance staff, and management by comparing the staff assigned to the daily duty rosters. The facility Director interview indicated the factors considered in the development of this staffing plan includes, generally accepted detention and correctional practices, and no judicial findings of inadequacy from Federal, internal, or external bodies. The composition of the Offender population averaged 81 Offenders and the facility staffing plan predicated to include 136 Offenders. Each housing unit is monitored by Corrections officers and supervisors conduct unannounced rounds throughout the day. All programming activities are during dayshift hours and the facility provides additional staff to accommodate these needs with the addition of staff to monitor these areas. This auditor verified this process during the site inspection as the staffing levels were consistent with the daily roster report. The elements of State, Local Laws, Regulations, Standards, and other relevant factors are considered when developing the staffing plan. There was 3 substantiated allegations of sexual misconduct and 4 total incidents considered prior to the review of the current staffing plan.

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

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

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

Post Relief Factor - A standard division wide security staffing relief factor formula is the

calculated numerical multiplier applied to the number of posts identified to produce the numbers of staff needed to ensure coverage. The relief factor is a formula based on staff absences for vacations, holidays, personal days, sick leave, workers' compensation leave, training days, military leave, and other factors. The relief factor formula shall be updated at least every three years. All post charts will clearly state the relief factor for each designated post, determined by the number of hours per day, the number of days per week, and the actual need to replace the post when the assigned Officer is unavailable. All deviations from the post chart are documented in an incident report. In circumstances of non-compliance with the staffing plan, the facility Shift Commander shall document, in writing, and justify all deviations from the plan. This documentation shall be forwarded to the facility Director for review. The auditor reviewed 0 incident reports indicating deviations within the staffing plan. The facility reported all post assignments are filled with overtime hiring or pull posts.

115.213 (c) - Agency policy 1600, page 2, includes the specific requirement regarding an annual review of the facility staffing plan by the PREA Coordinator and the facility Director. The PREA Coordinator and the facility Director interviews confirmed the staffing plan is discussed numerous times throughout the year and changes are necessitated as required. The Director confirmed no litigation, and no federal mandates are currently present that may affect the sexual safety of the facility. The interview indicated full compliance with the provisions of this standard. The auditor reviewed the NPCRV PREA Staffing Plan Annual Review Documents, submitted December 10, 2020, indicating NPCRV conducted their annual staffing plan review. This document included a discussion regarding accepted detention practices, judicial findings, oversight, blind spots, isolated physical plant locations, group dynamics, supervisory staff, programming, regulations, substantiated/unsubstantiated allegations, and vulnerabilities. This information was confirmed by the auditor during the on-site PREA Compliance Manager interview.

Conclusion: Based upon the review and analysis of all evidence provided, the auditor has determined that the facility is fully compliant with this standard requiring the development and review of a facility staffing plan. The staffing plan includes all essential elements including the efforts of video monitoring equipment. All deviations of the staffing plan are documented, and a review occurs annually with the PREA Coordinator and the facility Director.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.215 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Responses to the Pre-Audit Questionnaire 2. Policy 100, Chapter F, Operational Searches, 08-12-19, pages 1-6 3. Cross Gender Notification Poster, (Spanish and English) 4. Cross Gender Acknowledgement Signature and Witness Statement, 04-19-13 5. "Safe Search Practices", Training Lesson Plan, pages 1-17, Revised 07-01-14. 7. Policy 700, Chapter A, Operational Searches, pages 1-8, 08-15-19 8. Staff Training Record, Safe Search Practices, pages 1-3, 12-31-19. <p>Interviews:</p> <ol style="list-style-type: none"> 1. Non-Medical Staff Involved in Strip Searches = 0 2. 12 Random Staff 3. 1 Informal Staff, and 1 Informal Offenders interviewed 4. Transgender/Intersex population = 0 5. 8 Random Offender Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Confirmation of gender specific posts compared to the daily duty rosters. 2. Intake Risk Screening and Classification Review.

3. Transgender Offenders observed during the on-site review.

4. Opposite gender announcement entering housing units.

Findings (By Provision):

115.215 (a) – Policy 100, Chapter F, Operational Searches, pages 1-6 indicate the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The NPCRV reported no cross-gender strip or visual body cavity searches conducted in the last 12 months. This includes no searches that involved exigent circumstances or performed by nonmedical staff. This was confirmed through 12 random interviews with staff. As all 12 staff interviews advised the facility does not perform cross-gender strip or visual body cavity searches. The auditor conducted 8 random interviews with Offenders and all 8 interviews indicated no cross gender strip or visual body cavity searches have been performed. The Offender population advised strip searches are always conducted by the same gender. This information was also confirmed during 1 informal interview with staff, and 1 informal Offender interview as the interviews confirmed the male staff are not allowed to perform pat searches of female Offenders and all strip searches are conducted by the same gender. During the on-site review, the auditor received notice of 0 Offenders currently housed at NPCRV that identified as transgender. No non-medical staff involved in cross-gender searches were available for interview due to the facility reporting 0 cross-gender searches. Policy 100, Chapter F, page 2 indicates when an exigent circumstance exists regarding a cross-gender search, all searches will be documented on an incident report and forwarded to the Shift Commander, and the PREA Compliance Manager.

115.215 (b) - The NPCRV houses female Offenders and the auditor did not observe Offenders classified as transgender reported by the facility. The facility reported 0 Offenders that identify as transgender population. The facility Director confirmed this statement during the onsite review. The agency website indicated the facility houses female populations. The PREA Compliance Manager interview indicated the NPCRV does not conduct cross-gender pat searches of offenders.

115.215 (c) – Policy 100, page 2 requires the facility shall document all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat down searches of Offenders. The facility Director confirmed this statement during the on-site review. No cross-gender searches of Offenders were observed by the auditor during the on-site review.

Interviews with 8 random Offenders and 12 random staff did not indicate any concerns with cross-gender searches.

115.215 (d) - Agency policy 100 addendum, page 2 explains Offenders shall be able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. This policy mandates gender specific staff are assigned to special housing units, Transport Officers, Search Team Officers, Visiting Room Search Officer, Intake Officer, Sally Port, and Specialized Treatment Units will be considerate of gender specific posts. The auditor reviewed the daily post assignments during the on-site review and compared the gender assigned with the posted memo requirements.

The facility offers Offender shower curtains that do not create blind spots, half walls to protect from viewing during restroom functions, and mirrors that do not affect privacy. The facility restrooms, showers, and living units were inspected for compliance and the auditor observed shower curtains for privacy while taking a shower, restroom barriers for Offender privacy while using the restroom, and camera placements throughout the facility that did not indicate cross gender viewing during periods of undress by the population. The housing units consist of open bay dormitories and offenders are required to change clothing in the bathroom and shower areas. Informal interviews with 1 staff and 1 Offender indicated no concerns with viewing of this nature. No video monitoring equipment was identified to be positioned to allow for cross gender viewing in this capacity. The pan-tilt-zoom cameras in the dayrooms prevent staff the ability to view Offenders performing restroom and shower functions.

The auditor reviewed a procedure update notice that was posted on April 19, 2013, indicating the required PREA Cross Gender Announcing and Notification System. Housing unit post orders indicate a procedure for staff of the opposite gender to announce their presence when entering an Offender housing unit. This practice was observed throughout the facility site review as staff announced their presence and documented this action in the unit logbooks.

The NPCRV provides signage at the door of each unit requiring this announcement. The auditor reviewed the NPCRV method of notifying the hearing-impaired Offenders when a male staff member is on the unit. As this information is provided over the loudspeaker, staff announce their presence, and the facility performs a formal announcement over the intercom system during each shift change.

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

The facility is required to develop a Plan of Action to prepare for reception and housing of transgender and intersex populations. The daily process was described to the auditor during the on-site review to include the following: caution is utilized to measure the proper placement toward housing, security, programming, and other needs. The following methods of interaction are described within this policy: Reception and Classification, Prison Rape Elimination Act (PREA) Risk Assessment Tool, Mental Health Referral Form, Access to Health Care Procedures, Committee Review, Transfers, Case Management, Searches, Commissary, and Special Accommodations. Each Offender is considered on a case-by-case basis and the final determination is mandated by the Director as recommended by the Administrative PREA Committee. A total of 0 Offenders at NPCRV identify as transgender and the auditor was unable to interview an Offender from this population.

115.215 (f) – Policy 100, page 2 indicates all sworn staff are trained to conduct proper pat

down searches on Offenders to include cross-gender searches. NPCRV policy 700 describes the methods to conducting clothed searches, strip searches, and body cavity searches. The training curriculum consists of a Lesson Plan titled, "Safe Search Practices". This is a mandated training for all employees and the auditor reviewed a staff training record indicating all staff received the training in the last 12 months. Random interviews with 12 random staff and 1 informal staff indicated knowledge of the training and verbal demonstrations regarding proper conduct. The training curriculum described proper conduct as utilizing the back of the hand to conduct the pat-down search, maintaining strict professionalism, utilizing correct terminology, providing a private area for the search, limited cross-gender viewing, and being respectful toward population needs.

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

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.216 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire responses 2. Agency Policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, page 10, 08-12-19 3. Agency Policy 2600, Chapter E, Reasonable Accommodations for Offenders with Disabilities, pages 1-15, 09-05-13 4. Policy TX VII-1, Section: Care and Treatment of Patient Disabilities, Developmental Disabilities, pages 1-7, August 2007. 5. Policy TX VII-2, Section: Care and treatment of Patient Disabilities, Physical, Mental, or Cognitive Disabilities, pages 1-3, August 2009. 6. Policy 1800, Chapter E, Non-English-Speaking Offender Program, pages 1-4, 02-05-18 7. Language Resource Center Memo Document, page 1 8. Spanish Offender PREA Brochure, 02-04-14 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. Offender with a Physical Disability 3. Offender with a Hearing Disability 4. Offender with Limited English Proficiency (LEP) 5. Offender with Cognitive Disabilities 6. 12 Random Staff Interviews

7. 1 Informal Staff Interviews

Site Review Observations:

1. Signs and posters indicating zero tolerance posted throughout the facility English/Spanish formats
2. The unit phones are available with a TTY service and Spanish options.
3. Opposite Gender Announcements in the housing units
4. Written materials in multiple language formats
5. Staff interpreters on-site and utilized during interviews.
6. Language Line utilized during interviews.

Findings by Provision:

115.216 (a) Agency Policy 2600, Chapter E, Reasonable accommodations for Offenders with Disabilities, pages 1-15 explain the agency has established procedures to provide disabled Offenders equal opportunity to participate in or benefit from all aspects of the efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy includes language associated with deaf or hard of hearing Offenders, blind or having low vision, Offenders who have intellectual disabilities, psychiatric disabilities, speech disabilities, and limited English proficiency. The auditor utilized a staff interpreter to interview 1 limited English proficient Offender. The Offender indicated receipt of the PREA materials in the language she understood and was grateful for the staff interpreter during the interview process. The Agency Head interview indicated the facility has a contract to provide language line services, the facility is required to post materials in both English and Spanish formats, there are options for the blind, a contract for language services, staff listed as interpreters, and all PREA related materials are available in multiple languages. The auditor inspected the Offender phone systems, and the TTY options are available for hard of hearing populations, and the voice recorded options are available in Spanish formats.

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

offender is transferred from the designated facility". The policy further explains the programming provided to the offenders designated to participate in this program. The programs offered are English as a Second Language (ESL), dedicated case managers, and facility signs that provide information and directions to the offender population will be posted in English, Spanish and in the international symbol format.

115.216 (c) The facility provides interpreter services with a language line service known as Language Solutions. This company also requires its interpreters to undergo a medical interpreter credentialing process. A helpline number is available on the Offender phone lines to report abuse. This service is available for Offenders with limited reading skills in both English and Spanish. The auditor tested the number during the on-site review and an immediate response was provided. Email notifications were also received by the PREA Compliance Manager and this auditor reviewed the confirmations. Posters and signs are available throughout the facility in both English and Spanish relating to reporting mechanisms, and prevention techniques. Staff training files reviewed indicated training received for managing Offenders at risk of sexual abuse and identified the policy against using Offender interpreters. The auditor interviewed 12 random staff and conducted 1 informal staff interview indicating the use of the language line or interpreter services. The staff identified several options to provide interpreting services and advised Offenders are not to be used to interpret. Interviews conducted with Offenders included an Offender with a documented limited English proficiency, and a cognitive disability that did not reveal concerns regarding this standard.

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

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.217 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire responses 2. Administrative Memorandum 10-2013, PREA Hiring and Promotion Prohibition, pages 1-3, August 30, 2013. 3. 12 Random Staff Personnel Files 4. Addendum to Administrative Memorandum 10-2013, PREA Hiring and Promotion Prohibitions, page 1, October 11, 2013. 5. Disqualifying Factors – Misdemeanor Offenses, pages 1-3, Revised May 24, 2010 6. NC Department of Public Safety, HR008 Professional Reference Check Form, pages 1-2 7. 10 Random Volunteer Files 8. 10 Random Contractor Files 9. NC Department of Public Safety, Employment with the Department of Public Safety form, pages 1-4, June 17, 2015 10. PREA Notice and Information Collection for Current Employees Statement Form, pages 1-2. 11. NCDPS, HR 013 DPS Employment Statements Form, pages 1-2 12. NCDPS, HR005 Applicant Verification Form, page 1, September 2013 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Human Resource Staff 2. PREA Compliance Manager

3. 1 Informal Interviews with Staff

4. Contract Staff Interviews

5. Volunteer Interviews

6. 12 Random Staff

7. Investigators

Site Review Observations:

1. 12 Random Staff Personnel Files

2. New Employee Background Screenings Confirmed

3. Contractor Background Screenings Confirmed

Findings by Provision:

115.217 (a) The agency prohibits hiring or promoting anyone who may have contact with Offenders and prohibits enlisting the services of any contractor who may have contact with Offenders who has engaged in, been convicted of, or civilly/administratively adjudicated in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution. This was confirmed during the interview with the Human Resource staff members. Each staff member must provide responses to specific questions relative to PREA during the submission of the application. A background questionnaire form is completed authorizing the facility to conduct a background screening. The auditor reviewed 12 staff personnel files that indicated a response to these PREA related questions.

115.217 (b) The North Carolina Department of Public Safety (NCDPS) requires the facility to consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with Offenders. This was confirmed during the interview with a Human Resource staff member. The auditor reviewed 12 staff personnel files indicating their signatures on the background release forms. None of the 12 staff personnel files indicated concerns regarding this provision.

115.217 (c) The agency conducts Pre-Employment Background Investigations indicating a screening is required by law prior to hiring. This includes the following: employment history checks, criminal history checks, and the National Sex Offender Registry screenings. These checks are completed prior to hiring new employees who may have contact with Offenders. Criminal background records check and efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse, or any resignation during a pending investigation of an allegation of sexual abuse is completed. The auditor spoke with the Human Resource staff and determined 10 criminal background checks were completed in the past 12 months. These record checks were through the National Crime Information Network, and all current staff background checks are performed prior to employment. The background checks include the following: biometric information, driving records, investigation files, licensure,

military records, and drug related convictions.

115.217 (d) The preaudit questionnaire indicated 10 background checks were completed for staff covered under contracts for services that may have contact with Offenders. The background checks are completed prior to approving access to the facility. This information was confirmed during the Human Resource staff interview. The auditor reviewed the agency Professional Reference Check forms, regarding the provision of this standard that documents background checks are conducted for all applicants and employees. No new volunteers have entered the facility in 2020 because of a global pandemic (COVID-19). A total of 6 background checks were completed for contractors in the past 12 months.

115.217 (e) The North Carolina Department of Public Safety Employment Form indicates criminal background checks are conducted on all current employees, volunteers, and contractors, at least every 5 years. This is dependent upon what type of clearance badge you were awarded at the time of employment or admission into the agency. This was confirmed during the human resource staff interviews. This is captured within the agency reporting mechanism and discussed during the human resource interview. The system that captures this information is the National Crime Information Center, North Carolina Crime Information Network, and the North Carolina Department of Motor Vehicles. A centralized clearance check form is submitted, and the system consistently captures clearance information that includes driver license information, North Carolina rap sheets, Interstate Identification Rap Sheets, and prior employment information. The NPCRV has been open since 2019 and therefore, no 5-year background checks have been completed for staff. However, agency policy requires staff to report any negative interaction with law enforcement immediately.

115.217 (f) All applicants and employees, who may have contact with Offenders, will be asked about previous misconduct in all written applications, interviews for hiring or promotion, or during written evaluations. This was confirmed during the review and interview with the human resource staff members. The auditor reviewed a spread sheet provided by the Human Resource and Training Staff and confirmed the signed document was present asking the specific questions relative to sexual abuse, sexual assault, and sexual misconduct. The electronic data indicated the process was initiated by the staff members and currently in progress.

115.217 (g) Employees must disclose all misconduct allegations and any material omission or false information regarding misconduct will be grounds for termination. The agency HR005 Applicant Verification Form explains failure to report criminal charges and convictions may result in disciplinary action, demotion, and termination. The auditor reviewed an automatic disqualifier list of misdemeanor offenses. In addition, 12 staff personnel files were reviewed, and no issues determined regarding this practice.

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

provides this question on page 1 and the auditor reviewed this form during the on-site review.

Conclusion: Based on the evidence reviewed by the auditor to include spreadsheet reviews, 12 staff personnel files, volunteer files, interviews with human resource staff, agency and facility policy, contractor reviews, 12 random staff interviews, and 1 informal staff interview, the auditor finds no discrepancies within this standard required for corrective action.

115.218	Upgrades to facilities and technology
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Standard 115.218 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire responses 2. Policy 1600, Chapter F, Management of Security Posts, page 2, August 12, 2019 3. NPCRV Staffing Analysis, pages 1-5, December 10, 2020. 4. Reviewed the Agency Website, https://www.ncdps.gov, BID Information. <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director 2. PREA Compliance Manager 3. Agency Head 4. PREA Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Camera and monitor placement throughout the facility. 2. Video and storage areas and camera footage 3. Gender Specific post assignments 4. Cross-gender viewing on video monitoring equipment. <p>Findings by Provision:</p>	

115.218 (a) The agency policy 1600, Management of Security Posts indicates when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect Offenders from sexual abuse. The facility Director confirmed no substantial expansions were performed to the NPCRV facility within the last 12 months. However, BID Information posted on the agency website indicates future improvements to the existing facility include the following: Phase 1 renovation to a portion of the dining area, two classrooms, clothes house, canteen, and health care rooms. Further improvements will be made to the air conditioning in the dorm areas, selected classrooms, and a new wet sprinkler system installed. Lastly, utility extensions installed for future remote mobile classrooms. The upgrades to the facility include recommendations for additional video monitoring equipment in the administrative areas, medical, hallways in the back of the dorms, recreation yard, laundry room, and the canteen area. This information was documented in the NPCRV Interdisciplinary Meeting on December 9, 2020.

The interview with the facility Director indicated the safety and privacy needs for Offenders is always considered. Whenever analysis is performed the idea of creating areas of safety and eliminating blind spots are important. The camera committees are in place at all levels, to ensure when tours are made, the camera placements and electronic monitoring data are all factors to consider when developing budgets. A total of 29 cameras have been installed in the last 12 months, and the total number of facility cameras is 29. The auditor verified this number during the on-site review and explored the monitoring technology and DVR playback availability.

115.218 (b) The agency policy regarding PREA indicates when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect Offenders from sexual abuse. The facility has performed modifications and upgrades to the video monitoring equipment within the last 12 months. A total of 29 cameras have been installed in the last 12 months. The auditor reviewed the video footage during the on-site review in correlation with the previously documented gender specific post assignments. There were no immediate concerns identified regarding cross-gender viewing of the video monitoring equipment. Several recommendations are being considered to upgrade the current video monitoring equipment and future expansion may become a part of the current vision as indicated during the Agency Head interview. "The agency will look at designing, acquiring, safety and security - blind spots, additional staffing, and review with stakeholders regarding their concerns".

Conclusion: The facility has implemented a policy and a program to monitor the effects of upgrades, camera placement, and video monitoring equipment throughout their facility. Each camera has a full DVR recording support, and all modern additions were provided to assist in preventing, detecting, and responding to sexual abuse and sexual harassment allegations.

The efforts provided by the facility meets the requirements of this standard. The facility Director advised the PREA Coordinator participates in the discussions regarding video monitoring equipment and future expansion.

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.221 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire responses 2. Agency Policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment, pages 14-15, August 12, 2019 3. NCDPS Memorandum to Local Law Enforcement Agencies and Sheriff's, PREA Investigations and Compliance, pages 1-2, March 9, 2020 4. Form OPA-I20, Incident Scene Tracking Log, Revised January 27, 2010. 5. Reviewed 0 investigations involving a Sexual Assault Nurse Exam Referral 6. Policy CP-18, Section: Clinical Practice Guidelines, Sexual Abuse, pages 1-5, February 25, 2014 7. Policy 143B-1200, Part 1, Assistance Program for Victims of Rape and Sex Offenses, page 1 8. Reviewed 0 SANE Evaluations from Thomasville Medical Center 9. NPCRV and Davidson County Sheriff's Office Letter of Agreement, March 9, 2020 10. Policy OPA-I21, PREA Evidence Chain of Custody form, page 1, March 26, 2013 11. Thomasville Medical Center Forensic Medical Examinations Agreement, March 9, 2020 12. Memorandum of Understanding (MOU), NPCRV and Family Services of Davidson County (Rape Crisis Center), March 9, 2020 13. NCDPS, PREA Support Person Role and Responsibilities Document 14. NCDPS, Form OPA-A18, Designation of PREA Support Person Memo, November 8, 2013

15. PREA Support Training, 7 Hours, On-line curriculum-based learning

Interviews:

1. 12 Random Staff
2. 0 Sexual Assault Nurse Examiner
3. PREA Compliance Manager
4. Offenders who Reported Sexual Abuse
5. Non-Security First Responder
6. 1 Informal Staff Interviews
7. Local Victim Advocate Family Services of Davidson County Provider

Site Review Observations:

1. Victim Advocate Toll-Free Number posted in all Living Units.
2. PREA Signs and Posters posted in all living units in English and Spanish formats.

Findings by Provision:

115.221 (a) The NPCRV utilizes the agency investigators for conducting administrative sexual abuse and sexual harassment investigations, and the Davidson County Sheriff's Department has the responsibility for conducting criminal abuse investigations. The North Carolina Department of Public Safety utilizes a uniform evidence protocol when conducting sexual assault investigations and forensic medical examinations. The agency Sexual Abuse policy CP-18, pages 1-5 describe the uniform evidence protocol required by the facility. The auditor interviewed 12 random staff and all interviews indicated securing the scene and the Davidson County Sheriff's Department would be responsible for collecting the evidence at the scene. The agency policy 3400 indicates the standard utilized when conducting sexual harassment and discrimination investigations. The auditor reviewed a Memorandum of Understanding (MOU), between the NPCRV and the Davidson County Sheriff's Department. This MOU is effective until both parties express otherwise.

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

115.221 (c) The facility offers all Offenders who experience sexual abuse access to forensic medical examinations and without financial cost to the victim. The agency Assistance Program

for Victims of Rape and Sex Offenses policy 143B-1200 advises the facility shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without cost, where evidentiary or medically appropriate. The NPCRV utilizes Thomasville Medical Center as an off-site medical emergency room and for SANE evaluations. A total of 0 forensic medical exams were performed by a Sexual Assault Nurse Examiner (SANE) during the past 12 months.

The number performed by a SANE was 0, and the number performed by a qualified medical practitioner was 0. This auditor was unable to speak with the SANE nurse during the on-site review. The staff indicated they would provide the necessary support at the Thomasville Medical Center during the sexual assault exam. This was also confirmed by the PREA Compliance Manager and the Health Services Administrator during the onsite review. The Health Services Administrator confirmed all medical procedures will be performed to the victim at no cost and the auditor reviewed data to support the 0 SANE evaluations were performed at no cost to the Offenders. NPCRV also provides on-site mental health treatment through their staff Psychologist. Treatment programs are provided for the offenders and these groups include social skills training, group therapy, and medication management groups.

115.221 (d) The NPCRV medical staff complete the training curriculum regarding PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting, and PREA: Behavioral Health Care for Sexual Assault victims in a Confinement Setting. Training certificates were reviewed for medical staff and all training was verified. The auditor reviewed the Memorandum of Understanding (MOU) with the Family Services of Davidson County for confidential support services. The auditor identified the Family Services poster in all housing units, intake, and medical sections of the facility. The poster identified the 24- hour services offered by the agency, advocacy and case management, and hospital accompaniment. The poster offers an address for Offenders to write directly to the agency and the toll-free phone number for them to call. The information provided to the Offenders in intake includes a facility sexual abuse awareness pamphlet and the address for the Family Services is included within the pamphlet. The auditor observed this pamphlet being provided to the Offenders during the intake processes. All Offenders are required to sign for receipt of the PREA pamphlet. The auditor recommended moving the posters near the Offender telephones as they are currently positioned on an adjacent bulletin board. The facility provided photographic evidence indicating the compliance prior to the completion of the on-site review, and no further action is required.

115.221 (e) The auditor reviewed 0 incident reports demonstrating a victim advocate present during the sexual assault medical exam as the facility reported 0 incidents involving the need for an exam. The Family Services information was provided in the sexual abuse awareness pamphlet. Policy 143B-1200 explains any Offender who alleges sexual abuse or sexual battery shall be given a copy of the notification of rights to have crisis intervention services. This was confirmed during the victim advocate interview, and the auditor reviewed the Family Services of Davidson County MOU for services. The auditor interviewed staff from NPCRV that serves as the PREA Support Person. This volunteer confirmed the arrangement with NPCRV, explained the process regarding notifications, discussed the limits to confidentiality, and expressed appreciation for NPCRV involving them within their program. The auditor interviewed Offenders that had previously reported an allegation of sexual abuse. The Offender advised they were aware of the program and had spoken with the volunteer that reports to the facility. They indicated knowledge of how to report an allegation and request for

services in the future.

115.221 (f) The NPCRV utilizes the agency investigators for conducting administrative sexual abuse and sexual harassment investigations, and the Davidson County Sheriff's Department has the responsibility for conducting criminal abuse investigations. This was confirmed during the PREA Compliance Manager, Investigative staff interviews, and 1 informal staff interview were able to identify the Associate Warden as the point of contact for facility investigations.

115.221 (g) N/A

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

Conclusion: The facility has in place a policy reflecting the efforts toward providing investigations, victim support, evidence protocol, and forensic medical examinations. The auditor reviewed a contract for the provisions required and all facility efforts are documented in writing. All provisions were met within standard 115.221 and no further corrective action required.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.222 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire responses 2. Agency Policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment, pages 25-28, August 24, 2015 3. NCDPS Memorandum to Local Law Enforcement Agencies and Sheriff's, PREA Investigations and Compliance, pages 1-2, March 15, 2016 4. Form OPA-I20, Incident Scene Tracking Log, Revised January 27, 2010. 5. Reviewed 0 investigations involving a Sexual Assault Nurse Exam Referral 6. Policy CP-18, Section: Clinical Practice Guidelines, Sexual Abuse, pages 1-5, February 25, 2014 7. Policy 143B-1200, Part 1, Assistance Program for Victims of Rape and Sex Offenses, page 1 8. Reviewed 0 SANE Evaluations from Thomasville Medical Center 9. NCDPS and Davidson County Sheriff's Department, Memorandum of Understanding, March 9, 2020 10. Policy OPA-I21, PREA Evidence Chain of Custody form, page 1, March 26, 2013 11. Davidson Medical Center, Forensic Medical Examinations Agreement, March 9, 2020 12. Memorandum of Understanding (MOU), NPCRV and Family Services of Davidson County (Rape Crisis Center), March 9, 2020 13. NCDPS, PREA Support Person Role and Responsibilities Document 14. NCDPS, Form OPA-A18, Designation of PREA Support Person Memo, November 8, 2013 15. PREA Support Training, 7 Hours, On-line curriculum-based learning.

Interviews:

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

Site Review Observations:

1. Reviewed the facility website for Investigative information.
2. Reviewed 4 Investigative Files
3. Case Management Log Entry System

Findings by Provision:

115.222 (a) The North Piedmont CRV Pre-Audit Questionnaire listed 4 allegations of sexual abuse and sexual harassment in the past 12 months. This resulted in 4 administrative investigations and 0 allegations referred for criminal investigation. The NPCRV recognizes the grievance system as a method of reporting allegations of sexual abuse and 0 grievances were submitted within the last 12 months regarding allegations of sexual harassment. When a grievance form is received indicating an allegation of sexual abuse or sexual harassment, the grievance is forwarded immediately to the Associate Warden for investigation. The NPCRV provides a helpline number as a method of reporting sexual abuse or sexual harassment. The helpline is monitored by the Family Services of Davidson County, and the NPCRV has entered a Memorandum of Understanding (MOU) for emotional support services to victims of sexual abuse.

Administrative investigations are conducted for all allegations of abuse or harassment and criminal investigations will be conducted upon referral. There were no criminal cases that resulted in a substantiated allegation. There are currently 0 sexual abuse administrative cases still pending, and 4 closed cases. There are 0 sexual harassment cases still pending and the interview with the facility Director explained the investigations are referred to the facility PREA investigator. Allegations involving staff shall be reported to the Office of Special Investigations in accordance with the DPS-SI100 OSI Authority to Conduct Investigations policy. All criminal investigations are referred to the Davidson County Sheriff's Office. The Special Investigations Unit facility investigators will ensure that all cases are completed and documented with complete investigative summaries and the Director is informed of the outcomes. The PREA investigation shall be completed and decided upon (approved) by the Region Director within 30 days of the initial PREA report. An extension of an additional 30 day maximum may be given by the Region Director in instances where the investigation requires additional time for the collection of evidence or determination of validity. Any PREA investigation that extends

beyond the 60 maximum days must have prior approval by the Director of Prisons. The Regional Director makes the final determination regarding administrative investigations and if staff actions contributed to the incident.

115.222 (b) The agency policy 3400 requires all allegations of sexual abuse and sexual harassment to be investigated and referred for administrative review or criminal prosecution. Policy 3400 ensures the allegation of sexual abuse or sexual harassment is referred to an agency with the legal authority to conduct criminal investigations. The Davidson County Sheriff's Department shall be responsible for criminal investigations in matters relating to sexual abuse. This notification policy is posted on the agency website and the procedures for reporting allegations are found in the agency PREA policy 3400. This auditor reviewed documentation indicating all 4 cases were entered into the agency incident database. This information was provided and explained by the PREA Compliance Manager. The facility investigator interview confirmed this process.

This auditor reviewed 4 investigative reports and determined a documented credibility assessment was not within the investigative software. The considerations for credibility were discussed throughout the investigative staff interviews but not completely documented within the reports. This auditor provided recommendations to the investigative staff for future implementation to include the following elements within the report: staff and Offender discipline history, current and previous criminal history, prior allegations reported, prior grievances, post assignments, evaluations, reports, phone logs, visitations, and performance appraisals. The facility investigative staff interview indicated the burden of proof for administrative investigations to be the preponderance of the evidence. The PREA Compliance Manager confirmed the policy is posted on the facility website and this was included in the facility Pre-Audit Questionnaire.

115.222 (c) Agency policy 3400 indicates an outside agency with legal authority to conduct investigations will conduct all criminal investigations of sexual abuse. The NPCRV has an MOU with the Davidson County Sheriff's Department to conduct this process. The information provided by the agency and facility indicates compliance with this standard. The auditor received 0 referrals provided by the facility to the Davidson County Sheriff's Department for investigation in the past 12 months. The auditor confirmed 0 referrals are currently being investigated.

115.222 (d) N/A

115.222 (e) N/A

Conclusion: Based on the evidence provided by the facility, the agency has a policy governing the investigations of allegations of sexual abuse and sexual harassment. The facility has a documented investigative policy and documents all reports of sexual abuse and sexual harassment. The facility provided the auditor with documentation of the investigations, including full investigative reports with findings. This auditor reviewed 4 investigative reports and determined a documented credibility assessment. The considerations for credibility were included as discussed throughout the investigative staff interviews and documented within the reports. The agency posts the policy on the website and it describes the investigative responsibilities of both the agency and the separate entity that conducts the criminal investigations on its behalf. The facility meets the provisions of this standard.

115.231	Employee training
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Standard 115.231 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire responses 2. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 5-6, August 12, 2019 3. PREA: Sexual Abuse and Sexual Harassment (101), Lesson Plan, pages 1-29, July 1, 2015 4. PREA: Sexual Abuse and Sexual Harassment (201), Lesson Plan, pages 1-20, July 1, 2017 5. PREA of 2003 Acknowledgement Form, OPA-T10, June 19, 2017 6. PREA Employee Training Quiz <p>Interviews:</p> <ol style="list-style-type: none"> 1. 12 Random Staff 2. PREA Coordinator 3. 1 Informal Staff Interviews 4. 0 Offender that identify as Transgender. 5. Training Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed 12 Staff Training Files 2. Reviewed 12 PREA Training and Understanding Verification Forms 	

3. Verified a list of all current staff training dates.

Findings by Provision:

115.231 (a) Agency policy 3400 includes the zero tolerance toward sexual abuse and sexual harassment policy relating to staff training. This policy includes training requirements on how to fulfill their responsibilities for prevention, detection, reporting, and response. This policy includes all elements listed in section 115.231 (a) 1-10. The auditor conducted 12 Random staff interviews indicating significant knowledge regarding the zero-tolerance policy toward all forms of sexual abuse and sexual harassment, and the staff requirements toward prevention, detection, reporting, and response. The auditor reviewed the PREA Lesson Plan provided by the PREA Compliance Manager and the materials indicate the discussion regarding the zero-tolerance standard.

The auditor reviewed the PREA Course Lesson Plan that lists the following performance objectives required within the training: The agency's zero-tolerance policy for sexual abuse and sexual harassment, staff responsibilities for prevention, detection, response, and reporting procedures, Offender rights to be free from sexual abuse and sexual harassment, Offender and staff retaliation standards, the dynamics of sexual abuse in confinement settings, victim behaviors, signs and symptoms of threatening behaviors, how to avoid inappropriate relationships, communication and understanding the linguistic, ethnic, or cultural differences, and how to report sexual abuse to outside authorities.

115.231 (b) This auditor reviewed the staff training curriculum to include rosters, power points, briefing rosters, lesson plans, and the Power Point training program. This program is an online testing platform and specifically designed to provide the PREA training elements listed in 115.231 (a) 1-10. The facility trained all staff members in the last 12 months and provided roll call training rosters demonstrating PREA training across all shifts. The Agency training is tailored to the gender of the Offenders at the facility to include male and female Offenders and staff. The facility utilizes the National PREA Resource Center, The Moss Group, and the Bureau of Justice Assistance U.S. Department of Justice Guidance in Cross Gender and Transgender Pat Searches power point within their training curriculum. The facility does not currently have any offenders that identify as Transgender and the auditor did not interview any offenders within this population. However, two offenders that identify as bisexual were interviewed and no concerns were documented within this standard.

115.231 (c) The auditor reviewed a total of 12 staff training files. The documentation provided indicated all 12 staff received the initial and annual PREA training. A complete listing of all staff was provided by the training staff to the auditor. The 2020 agency in-service program was suspended in March because of COVID-19 and will resume in 2021. However, each staff member is required to complete the PREA 101 training and alternate each year with the PREA 201 training. The PREA Compliance Manager tasked the training coordinator to ensure all 46 staff complete the on-line training. The PREA Compliance Manager supplied evidence indicating all 48 staff completed the on-line training classes. The on-line program requires a test to be completed at the end of each section to determine satisfactory completion. The PREA Compliance Manager interview confirmed staff receive PREA training on an annual basis in the academy, on-line, during roll call briefings, and during in-service.

115.231 (d) The 12 random staff interviewed during the on-site review and 1 informal staff interview indicated the ability of staff to properly identify the PREA Compliance Manager, PREA Investigator, and the PREA Coordinator. The facility organizational chart was reviewed during the initial orientation to ensure proper identifications and the PREA Compliance Manager provided written documentation to this auditor ensuring all training was received at the end of the on-site review. The auditor reviewed 12 PREA Training and Understanding Verification Forms. This document informs the student that their signature indicates they understand the training being received. The PREA Compliance Manager advised this form is signed by every staff member at the conclusion of the PREA training period.

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

115.232	Volunteer and contractor training
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Standard 115.232 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire responses 2. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 6-8, August 12, 2019 3. PREA: Sexual Abuse and Sexual Harassment (101), Lesson Plan, pages 1-29, July 1, 2015 4. PREA: Sexual Abuse and Sexual Harassment (201), Lesson Plan, pages 1-20, July 1, 2017 5. PREA of 2003 Acknowledgement Form, OPA-T10, June 19, 2017 6. PREA Employee Training Quiz <p>Interviews:</p> <ol style="list-style-type: none"> 1. Contract Staff 2. Religious Volunteer – Unable to interview due to concerns with COVID-19. 3. PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed Volunteer/Contractor/ Public Visitor Forms. 2. Reviewed the facility Biometric process. <p>Findings by Provision:</p>	

115.232 (a) Agency policy 3400 explains the zero-tolerance standard toward all forms of sexual abuse, sexual assault, and sexual harassment. The facility provides a volunteer and contractor handout, Power point review, and a PREA test. This auditor reviewed the volunteer and contractor handout, and the information includes the zero-tolerance policy, requirements for preventing, reporting, detection, response, and the discipline imposed for violations of this policy. The documentation provided by the facility indicates the volunteer and contractor signature understanding the training received. The auditor reviewed the PREA Information Acknowledgment form indicating they understand the training received. The auditor reviewed the PREA Lesson Plan Power Point provided by the PREA Compliance Manager and the materials provide the discussion regarding the zero-tolerance standard.

The auditor reviewed the PREA Course Lesson Plan that lists the following performance objectives required within the training: The agency's zero-tolerance policy for sexual abuse and sexual harassment, staff responsibilities for prevention, detection, response, and reporting procedures, Offender rights to be free from sexual abuse and sexual harassment, Offender and staff retaliation standards, the dynamics of sexual abuse in confinement settings, victim behaviors, signs and symptoms of threatening behaviors, how to avoid inappropriate relationships, communication and understanding the linguistic, ethnic, or cultural differences, and how to report sexual abuse to outside authorities. The volunteers and contractors are required to complete a written test and the auditor verified this process throughout the on-site review.

115.232 (b) The NPCRV reported 6 contractors and volunteers assigned throughout the department. The level of training received is based on the services they provide and the level of contact they have with Offenders. A level one contractor or volunteer, that spends at least five hours a week with an Offender, would receive the same training as the staff. Each contractor and volunteer must complete an application and a background check is completed. The application consists of the following information: personal information, current employment information, personal identification information, education, emergency contacts, criminal history, and previous institutional experience. Each volunteer and contractor are screened through the North Carolina Crime Information Network and the National Crime Information Center. All volunteers and contractors complete a screening process, and a badge identification system is conducted that authorizes the volunteer or contractor access to the facility.

115.232 (c) The auditor spoke with 6 contract staff and 0 volunteers that provided information relating to the training received, handbook notifications, and background questionnaires due to the restrictions associated with COVID-19. No volunteer staff were on-site and telephone conversations could not be arranged. The facility volunteer coordinator provided documentation indicating all volunteers have received the PREA pamphlet and signed the notification indicating the volunteer understands the training received.

Conclusion: Based on the review of the evidence provided, the facility ensures all volunteers and contractors that have contact with Offenders are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training is provided to volunteers and contractors based on their level of contact with the Offenders. The sample of volunteers and contractors interviewed indicated knowledge regarding the zero-tolerance policy and how to report any incidents. The agency maintains documentation confirming that all volunteers and contractors

understand the training they have received. The volunteer coordinator acknowledges the importance of ensuring all facility databases are updated regarding the training certification. No corrective action is required regarding this standard.

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.233 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire responses 2. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, page 9-10, August 12, 2019 3. Sexual Abuse Awareness for the Offender Intake Brochure, pages 1-2, February 27, 2018, English, and Spanish 4. NCDPS, Offender PREA Education Acknowledgement Form, OPA-T100, March 15, 2013 5. OPUS Online, Educational Program Search Screen, June 24, 2015 6. Transfer Orientation Email Notification, August 2, 2013 7. Facilitator Talking Points: Offender Sexual Abuse and Sexual Harassment Intake/Orientation Upon Transfer 8. Diagnostic Center Procedures, Orientation Procedures, Section 201, pages 1-3, March 31, 2010 9. Statewide Term Contract 961B – Telephone Based Interpreter Services, Linguistic International, Inc. <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. 1 Intake Staff 3. 8 Randomly Selected Offender Interviews 4. 1 Informally Selected Offender Interviews

5. 1 Limited English Proficient (LEP) Offender Interviews

6. 1 Hard of Hearing Offender Interviews

7. 2 Cognitive Disability

Site Review Observations:

1. Observed the Intake Process and Issue of the PREA Pamphlet to Offenders
3. Reviewed 16 Offender Intake Files
4. Reviewed 16 PREA Offender Intake Handout Receipts
5. Observed PREA Posters and Materials Posted in All Living Units, Medical, and Programs (English/Spanish)

Findings by Provision:

115.233 (a-e) Agency policy 3400, page 9-10 discusses the Offender education requirements and includes elements (a-e) within the policy. The intake officer described the Offenders receive an initial PREA document upon arrival to the intake section. The auditor observed this process during the intake screening and observed Offenders receive the PREA pamphlet. This document includes the facility zero tolerance policy, the Offenders right to be free from sexual abuse, sexual assault, and sexual harassment. It also includes instructions on how to report an allegation by mail. The Offenders can submit a request form, file a grievance to report allegations of sexual abuse, sexual assault, or sexual harassment. They can report to a staff member or call the PREA helpline numbers. The helpline numbers are linked to the Family Services of Davidson County. Agency policy 3400 indicates within the first 30 days of reception additional PREA information will be provided to the Offender population. This information includes the Offender's rights to be free from sexual abuse, sexual harassment, and retaliation. Agency policies are introduced, response procedures, and directions on how to report an allegation is explained during the comprehensive review. The facility also proudly displays PREA posters and one is displayed in the intake section regarding zero tolerance. The intake staff are required to print an Offender orientation acknowledgement form and the Offenders sign acknowledging they understand the training they have received.

The auditor sampled 16 Offender files indicating receipt of the PREA brochure and the 30-day comprehensive education. The PREA Compliance Manager reported a total of 121 Offenders admitted during the past 12 months, and education was provided when the Offender's length of stay exceeded 30 days. This information was confirmed by the PREA Compliance Manager during the on-site interview. There are several reporting methods provided to the Offenders and this is discussed in the PREA pamphlet. The PREA information handout, and Family Services information was posted on the wall near the phones in every Offender living unit, in both Spanish and English formats. Posters are visible throughout the facility reminding Offenders regarding zero tolerance toward all forms of sexual abuse, sexual assault, and sexual harassment. The auditor interviewed 8 randomly selected Offender interviews indicating PREA knowledge, expectations toward privacy, reporting mechanisms, retaliation

monitoring, and pride in the overall sexual safety of the facility. The Offender phones are equipped with a TTY system, the facility provides a language line for numerous languages and a list of certified staff interpreters. The facility employs staff to provide the information verbally to Offenders that cannot read. The auditor interviewed 1 Offender with limited English proficiency and advised receiving PREA information on in documents they could read and understand. The auditor also interviewed 1 Offender that is hard of hearing and they advised no concerns with understanding all information relative to PREA.

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

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.234 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire responses 2. Agency Policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, page 8, August 24, 2015 3. PREA: Sexual Abuse and Sexual Harassment (101), Lesson Plan, pages 1-30, July 1, 2017 4. Training Progress Summary Pie Chart, PREA Sexual Abuse and Sexual Harassment Investigator’s Workshop, October 16, 2020 5. PREA First Responder Cards <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility PREA Investigator 2. PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed the facility PREA Training Lesson Plan and Power point 2. Reviewed 1 Correctional Investigator Training Files 3. Reviewed 1 PREA Training and Understanding Forms 4. Reviewed 4 PREA Investigative Files <p>Findings by Provision:</p>

115.234 (a-d) Agency policy 3400 page 8 includes the specialized training requirements for the facility PREA investigators. The required training includes the following: interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action and prosecution referral. The facility utilizes investigators from the Davidson County Sheriff's Department for all criminal investigations. The Special Investigations Unit are notified during all staff investigations for PREA sexual abuse allegations. The auditor reviewed 1 training record indicating the member of facility investigative staff have received the specialized PREA training for investigators. All 4 investigations reviewed were conducted by investigator that has received the specialized investigator training presented by the on-line PREA Sexual Abuse and Sexual Harassment Investigator's Workshop.

The investigator interview indicated additional training is conducted on a continuous basis. This training provides the necessary elements required within this standard to include the following: interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action and prosecution referral. The auditor reviewed the training outline and power points associated with this learning environment. This training identified the PREA standards that apply to investigating sexual abuse of Offenders and demonstrated six critical investigative techniques and protocols of competent investigations. The facility maintains records of all training received and is easily accessible for review. Agency policy 3400 indicates training documentation will be maintained by the employee training files and documented on the PREA Training and Understanding Form. The auditor reviewed 1 PREA Training and Understanding Forms for the 1 staff member that has taken the specialized investigator training class. All certificates were uploaded to the Pre- Audit Questionnaire and reviewed during the Pre-Audit phase.

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

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.235 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire responses 2. Agency Policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 8-9, August 24, 2015 3. 7 Medical Staff Training Files 5. 7 PREA Training and Understanding Verification Forms 7. NCDPS, Local Law Enforcement Agencies and Sheriff's, PREA Investigation and Compliance Memo, March 15, 2016 8. Training Progress Summary Pie Chart, PREA Sexual Abuse and Sexual Harassment Medical and Mental Health Response (Prisons – Health Services), October 16, 2020 <p>Interviews:</p> <ol style="list-style-type: none"> 1. 1 Medical Staff 2. 1 Mental Health Staff 3. 0 Sexual Assault Nurse Examiner (SANE) <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed 7 medical staff training files. 2. Reviewed 7 PREA Training and Understanding Verification Forms

Findings by Provision:

115.235 (a-d) Agency policy 3400, pages 8-9 explain the agency policy, procedures, and practice associated with this standard compliance, and requires all medical and mental health care practitioners to receive the required specialized PREA training. There is a total of 7 medical staff that work regularly in the facility and the training records indicated all 7 staff have received the initial PREA orientation and the specialized training. The training plan includes the following topics: PREA medical and mental healthcare standards participant guide, lessons on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and whom to report allegations or suspicions of sexual abuse and sexual harassment. The auditor reviewed 7 PREA Training and Understanding Verification Forms documenting the medical staff signatures and understanding the training they have received. The auditor interviewed 1 medical staff, and 1 mental health staff and all interviews indicated knowledge regarding the specialized medical training.

The forensic medical exams are conducted at the Thomasville Medical Center. The auditor was unable to interview a SANE nurse from the hospital due to time constraints, effects of COVID-19, and a lack of a point of contact. The facility maintains documentation demonstrating the medical and mental health practitioners have completed and understand the training received. The 1 medical staff interview provided direct knowledge regarding how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse, and whom to report allegations or suspicions of sexual abuse and sexual harassment.

Conclusion: Based on the review of the following evidence: agency policy governing training of medical and mental health care practitioners, documentation showing the training has been received by all staff, a review of the training curriculum, signature indicating understanding of the training received, and confirmation of the medical staff training logs ensuring the staff have received the initial training for employees, contractors, and volunteers dependent upon their status, the auditor finds the facility meets all of the provisions required within this standard with substantial compliance. No further action is required.

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.241 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire Responses 2. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual harassment Policy, pages 10-12, August 12, 2019 3. NCDPS, Risk to Sexual Victimization and Abusiveness Screening Guide, pages 1-15, March 17, 2016 4. NCDPS, Mental Health Screening Inventory, Offender Population Unified System (OPUS), page 1 5. NCDPS, Screening for risk of Sexual Victimization and Abusiveness: PREA Standards 115.41 and 115.42 Guidelines Memo 6. NCPDS, Diagnostic Policy Update Memo, pages 1-2, October 9, 2013 Interviews: <ol style="list-style-type: none"> 1. 1 Staff Responsible for Risk Screening 2. 8 Random Offender Interviews 3. 1 Informal Offender Interviews 4. 12 Random Staff Interviews 5. 1 Informal Staff Interviews 6. PREA Coordinator 7. PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Offender Risk Screening Process

2. Offender Risk Screening Reassessment Process
3. Intake and Classification Housing Assignment Review
4. Offender File Reviews = 16
5. 16 NPCRV PREA Risk Assessment Tools

Findings (By Provision):

115.241 (a-1) Agency policy 3400, page 10 explains the screening procedures for risk of victimization and abusiveness. "All offenders and safekeepers shall receive a mental health screening (MHSI), administered via the web-based OPUS intake system, within 72 hours after admission to Prisons. Diagnostic Services staff shall conduct the screening to determine an offender's risk of being sexually abused by other offenders or their risk of being sexually abusive towards other offenders. The screening shall use an objective screening instrument".

This policy explains all Offenders are assessed during an intake screening for their risk of being sexually abused by other Offenders or sexually abusive toward other Offenders.

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

Upon arrival to the NCDPS Diagnostic Center, the Offender receives a Mental Health Screening Inventory (MHSI) completed by a diagnostic case analyst. Based on the information provided by the inventory the Offender Population Unified System (OPUS) will generate a report to identify any person who is at high risk for victimization and abusiveness. The agency is revising the form to include a question considering if the Offender is detained solely for civil immigration purposes, and currently this is being considered during the initial interview. The agency is developing a more detailed screening process to ensure staff can properly review the responses to ensure housing considerations.

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

request for accommodations, screening information, and high-risk status. Agency policy 3400 indicates within 20-30 days of intake an Offender's risk level will be reassessed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the Offender's risk of sexual victimization or abusiveness. Interviews conducted with 8 random Offenders indicated this process was being applied as the Offenders could explain the questions being asked by the facility staff. The Offenders identified the case workers as conducting the initial assessment and the reassessment. This information is consistent with the agency policy previously discussed.

Agency policy 3400 indicates Offenders will not be disciplined for refusing to answer, or for not disclosing complete information in response to the risk screening, and the facility considers these documents to be treated in a confidential nature. Select staff are authorized to view this data and the facility information technician must authorize usage on all electronic devices. The evidence provided indicates compliance with this standard and this was also confirmed with the PREA Compliance Manager interview. The staff interview advised a new reassessment would have to be uploaded to provide written changes to the responses. The PREA Compliance Manager interview indicated limited access to review these documents once they have been uploaded within the system. The Risk to Sexual Victimization and Abusiveness Screening Guide indicates the following staff have access to the screening responses: Facility Head, PREA Compliance Manager, Assistant Superintendent for Custody and Operations, Assistant Superintendent for Programs, and the Offender Assigned Coordinators (IAC) primary and alternate at each facility. The agency is reviewing the reassessment process to include automatic OPUS notifications for mental health referrals. Currently the staff conducting the reassessment must notify mental health regarding a mental health referral.

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

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.242 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire Responses 2. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual harassment Policy, pages 10-14, August 12, 2019 3. NCDPS, Risk to Sexual Victimization and Abusiveness Screening Guide, pages 1-15, March 17, 2016 4. NCDPS, Mental Health Screening Inventory, Offender Population Unified System (OPUS), page 1 5. NCDPS, Screening for risk of Sexual Victimization and Abusiveness: PREA Standards 115.41 and 115.42 Guidelines Memo 6. NCPDS, Diagnostic Policy Update Memo, pages 1-2, October 9, 2013 7. Health Services Policy and Procedures Manual, TXI-13, Care and Treatment of Patient, Education, and Management of Disorders of Gender Dysphoria, pages 1-3, October 2014 8. Screening Review for High-Risk Victims and Abusers Document, pages 1-10, created September 6, 2019. <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. 1 Staff Responsible for Risk Screening 4. 0 Offender Identifying as Transgender, 0 Offender Identifying as Gay, 2 Offender Identifying as Bisexual

5. Facility Director

Site Review Observations:

1. Reviewed the PREA Risk Screening Process
2. Reviewed the PREA Risk Screening Reassessment Process
3. Reviewed Offender Files = 16
4. Reviewed the housing unit cell, shower, restroom, and bunk accommodations.

Findings (By Provision):

115.242 (a-f) Agency policy 3400 indicates the facility utilizes the information collected from the risk screenings to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. This information was confirmed during the interview with the agency PREA Compliance Manager as the PREA Compliance Manager advised all facility risk screenings are objective, case by case evaluations of the Offenders with their own perceptions and views being considered. The views of the Offender are recognized along with the tally provided by the staff on the risk assessment document. The intake screening staff interview indicated utilizing the risk screening instruments to ensure all bed assignments, work assignments, education, and program assignments are carefully reviewed to ensure potential abusers are not interacting with potential victims. The auditor was not able to speak with any Offenders that identifies as Transgender during the review. However, the auditor was able to interview 2 offenders that identify as bisexual and no concerns with the current housing were identified. The auditor spoke with 2 Offenders that identifies as bisexual, and all agreed their housing was discussed during the classification interview. They agreed to the level of housing recommended by the facility and no further issues were discussed.

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

Unified System (OPUS) will generate a report to identify any person who is at high risk for victimization and abusiveness. The agency is revising the form to include a question considering if the Offender is detained solely for civil immigration purposes, and currently this is being considered during the initial interview.

The NPCRV also utilizes a review board for gender housing request forms that may impact the Transgender and Intersex populations. The objective classification system questionnaire also assesses Offenders for the risk of being sexually abusive by including the following criteria: prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. The auditor conducted an interview with the staff performing the screening and was advised, each Offender must be carefully screened, and every evaluation should be unbiased. The results of the screening should be based on the communication between the staff conducting the review and the Offender's own perceptions and responses to the questions. If the offender indicates they were erroneously identified as lesbian, gay, bisexual, gender non-conforming, transgender, or intersex during the completion of the MHSI, then the Case manager should update the screening information in accordance with current procedures. The transgender or intersex offender, upon self-disclosure, may be housed temporarily in a single cell or bed with officer visibility until the FTARC convenes and determines permanent housing placement based on the offender's concerns for safety, request for accommodations, screening information, and high-risk status. Agency policy 3400 indicates within 20-30 days of intake an Offender's risk level will be reassessed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the Offender's risk of sexual victimization or abusiveness. Interviews conducted with 8 random Offenders indicated this process was being applied as the Offenders could explain the questions being asked by the facility staff. The Offenders identified the case workers as conducting the initial assessment and the reassessment. This information is consistent with the agency policy previously discussed.

Agency policy 3400 indicates Offenders will not be disciplined for refusing to answer, or for not disclosing complete information in response to the risk screening, and the facility considers these documents to be treated in a confidential nature. Select staff are authorized to view this data and the facility information technician must authorize usage on all electronic devices. The evidence provided indicates compliance with this standard and this was also confirmed with the PREA Compliance Manager interview. The staff interview advised a new reassessment would have to be uploaded to provide written changes to the responses. The PREA Compliance Manager interview indicated limited access to review these documents once they have been uploaded within the system. The Risk to Sexual Victimization and Abusiveness Screening Guide indicates the following staff have access to the screening responses: Facility Head, PREA Compliance Manager, Assistant Superintendent for Custody and Operations, Assistant Superintendent for Programs, and the Offender Assigned Coordinators (IAC) primary and alternate at each facility.

The facility site review provided the opportunity to confirm all Offender showers are conducted separately, a shower curtain is provided for privacy, and the 8 random Offender interviews and 1 informal Offender interviews concluded no issues reported due to other staff or Offenders viewing the Offenders while changing clothes, showering, or using the restrooms. The 12 random staff interviews advised no concerns with this type of issue reported. The video monitoring equipment did not indicate concerns regarding cross-gender viewing during episodes of undress or showering. This is especially important when unit staff are evaluating

the housing considerations for transgender and intersex Offenders as they are provided the opportunity to shower separately from other Offenders. All showers are conducted separately, and Offenders can purchase clothing items through commissary to assist with shower activities. The facility does not place lesbian, gay, bisexual, transgender, or intersex Offenders in a dedicated housing facility, unit, or wing based on their status. This is strictly forbidden in policy 3400. The facility Director interview confirmed there are no consent decrees regarding legislative action pertaining to restrictive housing considerations. The on-site review indicated special populations are not assigned to one housing unit as the auditor was able to interview Offenders from all living units.

Conclusion: Based on the review and analysis of the following available evidence: agency policy governing the use of screening information, documentation of the use of screening, documentation of housing decisions, reassessments, and facility housing considerations for the special populations, the auditor has determined that the facility is compliant with this standard regarding Offender risk of victimization and abusiveness. However, the risk screening instrument is currently being updated on an agency level to include questions regarding civil immigration status.

115.251	Resident reporting
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Standard 115.251 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire Responses 2. Agency Policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 16-18, August 12, 2019 3. Memorandum of Understanding, Family Services of Davidson County Rape Crisis Center, March 9, 2020 4. Agency Policy Chapter IV.0100, Mailroom Procedures, pages 1-9, January 21, 2016 5. PREA Reporting Poster, Help Prevent Prison Sexual Violence, February 27, 2018 6. NCDPS, Facilitator Talking Points Document: Offender Sexual Abuse and Sexual Harassment Intake/Orientation Upon Transfer, February 27, 2018 7. NCDPS, Sexual Abuse Awareness for the Offender Brochure, February 27, 2018 8. Offender Handbook, Rules and Policies DC-239, pages 1-34, April 2010 9. NCDPS, Maintaining an Atmosphere of Professionalism, Staff Brochure, pages 1-2 <p>Interviews:</p> <ol style="list-style-type: none"> 1. 12 Randomly Selected Staff 2. 8 Randomly Selected Offenders 3. 1 Informal Staff Interviews 4. 1 Informal Offender Interviews 5. PREA Compliance Manager 	

6. Facility Director

Site Review Observations:

1. Reviewed the Family Services of Davidson County poster.
2. Reviewed the Third-Party mailing address postings.
3. Reviewed the facility training records and lesson plan.

Findings (By Provision):

115.251 (a-d) NPCRV provides multiple methods for Offenders to privately report sexual abuse, sexual assault, sexual harassment, retaliation against reporting staff neglect, and contributing factors to these incidents. These factors are described in policy 3400, pages 16-18 and they include: verbally, in writing, anonymously, third-party reporting, request forms, grievance forms, submitting a written report to the sexual abuse reporting address for the PREA Office, report directly to a family member or friend, write a letter to the staff, submit a request for assistance to the staff they trust. The Family Services of Davidson County serves as the Rape Crisis Center for the facility and the Forgiven Ministry will submit an email to the PREA Compliance Manager informing there is an issue reported. These reports are documented in writing immediately and forwarded to the agency PREA investigator for prompt review.

All administrative investigations are conducted by the facility investigators, and all criminal investigations are conducted by the Davidson County Sheriff's Department. This information was documented in the facility policy, 3400, and the PREA intake pamphlet. The facility has a documented Memorandum of Understanding (MOU) with the Davidson County Sheriff's Department to provide one method of anonymous Offender reporting to a public entity that is not part of the agency. This information is posted in all Offender living units, and available upon the intake PREA pamphlet. The auditor interviewed 8 randomly selected Offenders and conducted 1 informal Offender interviews that concluded knowledge of this process. One Offender volunteered to show the auditor the third-party poster located near the phone in the dayroom during the on-site review. The facility completes a Facilitator Talking Points Document with the offender and requests signature for understanding.

All facility mail related to PREA is considered privileged correspondence and is treated in the same manner as legal materials. These items must be opened in front of the Offender and outgoing mail is not searched. Agency policy 3400 requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation against Offenders or staff, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This policy also advises the Director or designee will monitor the conduct and treatment of Offenders or staff who reported sexual abuse or sexual harassment for at least 90 days. The Director confirmed this monitoring period during the interview process. The Director also confirmed any allegations reported by another facility or to another facility will be performed from the agency head to the other facilities agency head in writing. This information will then be passed on to the facility

investigators promptly.

Conclusion: The auditor has reviewed all available information provided by the facility during the preaudit, on-site review, and during the post audit phase. The auditor has determined the facility has several internal methods for Offenders to privately report all allegations of sexual abuse and sexual harassment. This includes internal methods as well as external bodies. The facility accepts reports verbally, in writing, anonymously, and from a third party. Therefore, the facility has met the requirements of this standard and no further action is required.

115.252	Exhaustion of administrative remedies
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Standard 115.252 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire Responses 2. Agency Policy .0300, Chapter G, Administrative Remedy Procedure, pages 1-11, August 1, 2013 3. DC-239, Rules and Policies, Offender Handbook, pages 23-24, April 2010 4. Agency Policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, August 12, 2019 5. 0 Offender Grievance Forms 6. Intake PREA Pamphlet <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. 8 Randomly Selected Offenders 3. 12 Randomly Selected Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Grievance forms are readily available to the Offender population in all housing units. 2. Reviewed the Offender Grievance Log <p>Findings (By Provision):</p>	

115.252 (a-g) Agency policy .0300, Administrative Remedy Procedure describes the grievance procedure for dealing with Offender grievances regarding sexual abuse. Agency policy advises, Offenders shall utilize the Offender grievance system to report sexual abuse or sexual harassment by a staff member or Offender-on-Offender sexual abuse, as defined in the Glossary of Terms for this procedures manual. However, if an Offender files a grievance related to staff on Offender sexual abuse/sexual harassment or Offender on Offender sexual abuse, the Facility Grievance Coordinator shall forward it to the facility PREA Investigator for tracking and investigation. The Offender shall be notified of this action. The PREA Compliance Manager reports that the facility PREA Investigator will be responsible for notifying the Davidson County Sheriff's Department for any actions resulting in a potential criminal investigation.

There have been no allegations of sexual abuse or sexual harassment submitted through the grievance process in the last 12 months. Interviews with the PREA Compliance Manager revealed that while the grievance process is set up for reporting of allegations of sexual abuse and sexual harassment, in the instances such allegations are received through this channel, they are forwarded to the PREA Investigator for immediate investigation. Agency policy .0300, Administrative Remedy Process advises, the Offender Grievance System is intended to deal with a wide range of issues, procedures, or events that may be of concern to an Offender. It is meant to address incidents of an urgent or emergency nature including allegations of sexual abuse. Any allegation of a sexual nature (abuse/harassment) against a staff member or Offender-on-Offender sexual abuse must be addressed through Agency policy 3400, Offender Sexual Abuse and Sexual Harassment. When faced with an incident of an urgent or emergency nature, the Offender shall contact the nearest staff member for immediate assistance.

The auditor reviewed the Offender handbook, and the Offender grievance system is listed as an available method of reporting allegations of sexual abuse, sexual assault, or sexual harassment. The auditor conducted 12 interviews with randomly selected staff, and these interviews indicated knowledge of the Offenders being allowed to submit grievances regarding sexual abuse. The auditor conducted interviews with 8 randomly selected Offenders and several of the Offenders indicated they could submit a grievance to notify the staff of an allegation of sexual abuse. The auditor reviewed 0 grievances indicating allegations of sexual abuse and determined no conditions of staff actions failing to respond. Agency policy .0300, Administrative Remedy Procedure explains the response to all Offender grievances related to sexual abuse is immediate and a final decision will be made within 24 hours. All facility grievances are returned with a response to the Offender within 3 days and the Offender has an opportunity to appeal the decision to the facility Director. The final decision must be returned within 5 days.

Conclusion: The Agency recognizes the Offender grievance system may be used as a method of reporting allegations of sexual abuse. All grievances received relative to sexual abuse will be documented and forwarded to the facility PREA Investigator for immediate investigation.

The facility has a policy to ensure grievances alleging sexual abuse or sexual harassment are forwarded for investigation. Offenders are informed the proper ways to submit allegations in the intake PREA pamphlet, comprehensive education, and Offender Handbook. The Auditor determined the facility meets the requirements of this standard as its policy is to forward all grievances alleging sexual abuse and sexual harassment immediately to the PREA Investigators for investigation and document the grievance in the grievance log.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.253 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire Responses 2. Agency Policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, page 21, August 12, 2019 3. Memorandum of Understanding, Family Services of Davidson County Rape Crisis Center, March 9, 2020 4. Agency Policy Chapter IV.0100, Mailroom Procedures, pages 1-9, January 21, 2016 5. PREA Reporting Poster, Help Prevent Prison Sexual Violence, February 27, 2018 6. NCDPS, Facilitator Talking Points Document: Offender Sexual Abuse and Sexual Harassment Intake/Orientation Upon Transfer, February 27, 2018 7. NCDPS, Sexual Abuse Awareness for the Offender Brochure, February 27, 2018 8. Offender Handbook, Rules and Policies DC-239, pages 1-34, April 2010 9. NCDPS, Maintaining an Atmosphere of Professionalism, Staff Brochure, pages 1-2 10. NCCASA Document, The North Carolina Approach, pages 1-8, April 2015 11. NCDPS, 115.53 Outside Confidential Support Services Memo, pages 1-2, October 11, 2017 <p>Interviews:</p> <ol style="list-style-type: none"> 1. 8 Random Offenders 2. 1 Offenders Who Reported Sexual Abuse 3. Facility Director

4. PREA Compliance Manager

5. 1 Victim Advocate Provider (Family Services of Davidson County)

Site Review Observations:

1. Verified all third-party reporting materials, Sexual Assault Victims Advocacy Services Helpline (Family Services of Davidson County) materials are posted in the Offender living units in both English and Spanish.
2. Verified telephone and mail monitoring notices are posted in the Offender living units in both English and Spanish.
3. Tested the helpline numbers for adequacy and received confirmation.

Findings (By Provision):

115.253 (a-c) Agency policy 3400, page 21 advises the PREA Support Person (PSP) shall ensure that Offenders are offered and provided with access to outside victim advocates for emotional supportive services related to sexual abuse which has occurred in a confinement setting. Supportive services may be provided via a variety of methods including in person, during a non-monitored phone call, and/or in writing. The PREA Support Person (PSP) shall inform Offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The facility shall ensure that if facility phones or public pay phones within the facility are monitored, that the level of monitoring is clearly posted next to the phone. This shall be posted in English and Spanish, and if the facility monitors reentrant mail, the level of monitoring must be clearly posted in the facility handbook and reentrant bulletin boards.

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

Agency policy 3400, Chapter F, page 21 includes the information regarding outside victim advocates for emotional support services relating to sexual abuse, sexual assault, and sexual

harassment. NPCRV utilizes the services of the Family Services of Davidson County, which provides counseling, crisis intervention and youth development programs to strengthen individuals, families, and our community. NPCRV also enlists the services of the Foreign Ministry Project to provide an outside reporting mechanism for Offenders. This is accomplished by Offenders writing a letter to access the services and provide notifications or by calling the toll-free number to leave a message. The Family Services is a community-based volunteer program designed to enhance the quality of life for victims of sexual violence and provide survivors of sexual abuse with emotional support.

NPCRV established a Memoranda of Understanding (MOU) with the Family Services of Davidson County. The auditor reviewed the document for clarity and all signatures are current and binding. The Family Services information is posted in all Offender living units and listed on the initial intake PREA pamphlet provided upon arrival to the facility. The auditor confirmed the facility provides the name and address, at no cost to the Offender and these services are confidential. The Family Services is scheduled by the PREA Support Person (PSP) and there are no current Offenders identified at this time to receive the services. The auditor verified this during the PREA Compliance Manager interview. The auditor contacted the Family Services provider and was provided helpful suggestions, therapeutic intervention, explored options, and interviewed the after-hours clerk. All providers are working from home currently because of the COVID-19 virus.

The NPCRV does not detain persons solely for civil immigration services. The auditor confirmed the PREA Support Person (PSP) would be assigned to provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free helpline numbers where available of local, State, or national immigrant services agencies. This information was confirmed during the facility Director interview. The 12 random staff interviewed were able to identify the Family Services as an option for confidential Offender support services. The auditor interviewed 8 random Offenders and 1 Offender interviewed reported sexual assault allegations. Each interview indicated knowledge of the Family Services, identified the address, and the poster. The Offenders reported feeling confident these services would be useful, but no Offenders advised attempts to contact the address. The Family Services volunteer interview confirmed Offenders at NPCRV have received the services at the facility in the past. Interviews with the 1 Offender that reported an allegation in the past advised they were offered the PREA pamphlet and have not chosen to use the services. The Family Services after-hours provider interview was not able to convey specific information regarding the services being offered to the facility. The provider explained she was new to the processes and would check with her supervisor for verification.

Conclusion: During the on-site review, the auditor observed all wall postings in the Offender living areas displayed across the room and away from the Offender phones. The auditor recommended all postings be made available near the phones for privacy. This issue was addressed during the on-site review and all materials were repositioned near the phones for clarity. Based on the review of all evidence supplied by the facility to include: agency policy regarding an outside victim advocate for emotional support and services, a policy describing one method for Offenders to report anonymously, a policy regarding Offenders being detained solely for immigration purposes, a policy for staff to privately report, accepting reports from Offenders in writing, Offender handbooks, and staff handbooks, the auditor has determined the facility meets the substantial requirements of this standard. No further action is required at this time.

115.254	Third party reporting
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Standard 115.254 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire Responses 2. Agency Policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, August 12, 2019 3. Memorandum of Understanding, Family Services of Davidson County Rape Crisis Center, March 9, 2020 4. Agency Policy Chapter IV.0100, Mailroom Procedures, pages 1-9, January 21, 2016 5. PREA Reporting Poster, Help Prevent Prison Sexual Violence, February 27, 2018 6. NCDPS, Facilitator Talking Points Document: Offender Sexual Abuse and Sexual Harassment Intake/Orientation Upon Transfer, February 27, 2018 7. NCDPS, Sexual Abuse Awareness for the Offender Brochure, February 27, 2018 8. Offender Handbook, Rules and Policies DC-239, pages 1-34, April 2010 9. NCDPS, Maintaining an Atmosphere of Professionalism, Staff Brochure, pages 1-2 10. NCCASA Document, The North Carolina Approach, pages 1-8, April 2015 11. NCDPS, 115.53 Outside Confidential Support Services Memo, pages 1-2, October 11, 2017 <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. 8 Random Offenders 3. 1 Informal Offender Interviews 	

Site Review Observations:

1. Identified the PREA posters in both Spanish/English format indicating the third-party reporting address.
2. Reviewed the facility website for the third-party reporting information.

Findings (By Provision):

115.254 (a) The facility has established a procedure to receive third-party reports of sexual abuse and sexual harassment. This is described in the agency policy 3400, Chapter F, page 17. This information is also published on the facility's website and the notification process is to call or write a letter to the Forgiveness Ministry Project, Family Services of Davidson County, Prison facility or judicial district office, notify the Officer-in-charge or probation officer, Facility or division administrator, Correction employee, Division director's office, Dept. of Public Safety Communications Office, or contact the PREA Administration office by phone or email. The NPCRV staff and community may also report allegations of misconduct anonymously or through a third-party by contacting the North Carolina Fraud, Waste, and Abuse Hotline.

There are posters throughout the facility such as: Offender living units, medical, programs, intake, visitation, and reception regarding third party reporting and the address required to file the complaint. The Offenders are provided an address and phone number to contact the PREA helpline number to the Family Services or the Forgiveness Ministry Project. This information is posted on the PREA intake pamphlet, Offender handbook, and signs posted near the Offender phones in all living Units. The 8 random and 1 informal Offender interviews indicated knowledge of the third-party reporting methods and Offenders advised they felt very comfortable reporting all allegations of sexual misconduct.

Conclusion: Based on the evidence provided, the auditor was able to determine the facility provides publicly distributed information on how to report Offender sexual abuse or sexual harassment on behalf of Offenders.

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.261 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire Responses 2. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 16-17, August 12, 2019 3. Incident Report Forms 4. Investigative Files 5. Incident Reports Relating to Sexual Abuse 6. Incident Reports Relating to Sexual Harassment <p>Interviews:</p> <ol style="list-style-type: none"> 1. 12 Randomly Selected Staff 2. 1 Informal Staff 3. Facility Director 4. PREA Compliance Manager 5. 1 Medical Staff 6. 1 Mental Health Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed Investigative Files

2. Reviewed Incident Reports
3. Reviewed Allegations of PREA Reports Referred to the PREA Investigator.
4. Compared the dates received to the date the investigation began.

Findings (By Provision):

115.261 (a-e) Agency policy 3400, Chapter F, pages 16-17 describes the agency requirements for all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment immediately. The policy also requires the staff to report any knowledge of retaliation against Offenders or staff who reported incidents and staff neglect that may have contributed to an incident or retaliation. This was confirmed during the interview with the facility Director and the PREA Compliance Manager. The auditor verified this process during the 12 random staff and 1 informal staff interviews as staff conveyed the directive to notify a supervisor immediately. The staff also identified the Associate Warden as the primary source for conducting PREA investigations. Policy 3400, Chapter F, page 17 indicates apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions. The auditor interviewed 12 random staff indicating knowledge of this policy and the mandatory reporting requirements.

The NPCRV does not house youthful offenders as confirmed during the census report review. Agency policy 3400, Chapter F, page 17 states, If the alleged victim is under the age of 18 or over the age of 60, the facility shall refer the allegation to the designated State or local services agency under applicable mandatory reporting laws. The auditor interviewed 1 medical staff and 1 mental health worker and both interviews indicated knowledge regarding mandatory requirements as one medical staff member advised she will always report an allegation to her supervisor and the Shift Commander. Agency policy 3400, Chapter F, pages 16-17 advises, all reports received by the Sexual Abuse Reporting Address, established for the third-party and anonymous reporting of sexual abuse or sexual harassment are reported to the PREA Compliance Manager immediately. There are several methods of reporting for staff both privately and anonymously. Staff can submit an email or call the PREA Office directly, contact the Fraud, Waste, Abuse, and Misconduct Hotline by phone, or notify the Local Law Enforcement Agency. The auditor reviewed incident report forms indicating PREA allegations were referred immediately to the facility investigators. During the on-site review, the auditor reviewed investigative files, incident reports relating to a sexual abuse allegation, and incident reports relating to a sexual harassment allegation. The auditor did not find any concerns relating to a delayed investigation. All investigations began either the same day or the next working day. The facility trained PREA investigators are required to conduct all administrative investigations and all criminal investigations will be referred to the Davidson County Sheriff's Department.

Conclusion: Based on the evidence provided by the facility, the auditor determined the Agency has relevant policies governing the reporting by staff regarding incidents of sexual abuse or sexual harassment, and the reporting by the facility regarding all allegations of sexual abuse and sexual harassment to designated investigators. The facility medical staff indicated no limits toward confidentiality regarding the reporting of sexual abuse, sexual assault, or sexual

harassment allegations as all staff interviewed advised reporting to the Shift Commander immediately. The facility does not house youthful offenders and the agency policy mandates reporting to the designated State and local services for an alleged victim under the age of 18, or over the age of 60 who are considered a vulnerable adult under a State or local vulnerable persons statute. The auditor reviewed samples of the reports provided by investigators and determined all investigations began immediately. The facility meets the provision requirements of this standard and no further action is required.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.262 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire Responses 2. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 18-19, August 12, 2019 3. Agency policy .0300, Chapter G, Administrative Remedy Procedures, pages 1-11, August 1, 2013 4. DC-239, Rules and Policies, Offender Handbook, April 2010 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director 2. 12 Random Staff 3. 0 Offenders in Segregation for High Risk of Sexual Abuse 4. Offenders Who Reported Sexual Abuse <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. File reviews indicated Offender behavior concerns as opposed to high risk for sexual victimization. 2. Reviewed PREA Allegations and Bed Moves Reports <p>Findings (By Provision):</p>

115.262 (a) Agency policy 3400, Chapter F, page 18 explains that when Department staff learn that an Offender is subject to a substantial risk of imminent sexual abuse, appropriate and immediate action shall be taken to protect the Offender. Alleged Offender victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the alleged victim. The facility Director indicated segregation may be ordered immediately to protect the Offender or others, but the action must be reviewed within 24 hours by the housing committee. The Director interview determined the agency takes all allegations serious and any Offender subject to imminent sexual abuse will receive immediate action. The facility reported 0 incidents in the past 12 months that determined an Offender was subject to a substantial risk of imminent sexual abuse. The interview with the PREA Compliance Manager indicated offenders previously housed in segregation for behavior concerns and not due to high risk of sexual victimization. The auditor interviewed 1 Offender that previously reported an allegation of sexual harassment and the interview indicated no concerns with their current housing as they feel safe at this time.

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

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.263 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire Responses 2. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, page 17, August 12, 2019 3. Reviewed the Correspondence Tracking System (CTS) 4. Reviewed 0 case files for notification to another facility. 5. Reviewed 0 case files for notification received from another facility. <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director 2. PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed investigative reports, and case information. 2. Reviewed the Correspondence Tracking System (CTS) <p>Findings (By Provision):</p> <p>115.263 (a-d) Agency policy 3400, Chapter F, page 17 indicates upon receiving an allegation that an Offender was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The facility Director indicated she would personally</p>

contact the Warden at the facility where the abuse occurred, and she would expect the other agency to return the same courtesy. The Director explained, all allegations are taken seriously and treated with an immediate response. The Agency policy 3400, Chapter F, page 17 indicates the documented notification will occur within 72 hours and must be documented in the Correspondence Tracking System (CTS). NPCRV has reported 0 allegations of sexual abuse to other facilities in the past 12 months. However, once the notification is received all information will be forwarded to the facility PREA investigator for an immediate response to begin an investigation.

NPCRV has not received any allegations of sexual abuse from other facilities in the past 12 months. The auditor reviewed investigative case files and did not determine any concerns regarding this statement. The PREA investigator interview confirmed no investigations have been conducted due to notification from another facility. The Director interview confirmed notification would be provided within the mandated 72-hour timeframe to the facility head and documented in the Correspondence Tracking System (CTS). The Director advised all notifications are received by the facility PREA Compliance Manager and the Director. The victim would be seen by medical immediately and the PREA investigator would be notified to begin the investigation immediately. The PREA Compliance Manager advised the Offender would be sent to medical, offered medical and mental health referrals, offered rape crisis counseling, retaliation monitoring, Psychology services, a review would be conducted for 90 days. All this information is then forwarded to the facility where the allegation occurred.

Conclusion: The Agency has a policy to ensure reporting of allegations of sexual abuse of Offenders while confined at another facility. The agency policy requires all allegations of sexual abuse received from another facility is be investigated immediately. All investigations and notifications are documented and referred to the investigator within 72 hours of the receipt of the allegation. The staff interviews indicated the facility would review the documentation of allegations that an Offender was abused while in confinement, document that the notifications occurred within 72 hours, and document the notification from each agency head or appropriate staff person. Based on the evidence provided the facility meets the provisions required within this standard and no further action is required.

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.264 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. NPCRV Audit Questionnaire Responses 2. Emergency Responses Card 3. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 18-19, August 12, 2019 4. PREA: Sexual Abuse and Sexual Harassment (101) Lesson Plan, pages 1-29, July 1, 2015 5. PREA: Sexual Abuse and Sexual Harassment (201) Lesson Plan, pages 1-20, July 1, 2017 6. Prison Rape Elimination Act (PREA) of 2003 Acknowledgement Form, OPA-T10, June 19, 2017 <p>Interviews:</p> <ol style="list-style-type: none"> 1. 1 Non-Security Staff First Responder 2. 1 Security Staff First Responder 3. 1 Offender Who Reported Sexual Abuse 4. 12 Random Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed the Initial Response Checklist for the victim and the abuser. 2. Reviewed the Emergency Response Card being utilized by the staff.

Findings (By Provision):

115.264 (a-b) Agency policy 3400, Chapter F, page 18 describes the staff first responder duties. The policy indicates the staff responsibilities for security and non-security employees.

The directives for the security staff include the following four step action plan: separate the alleged victim and abuser, preserve, and protect the scene, collect the evidence if time is allotted, and do not allow the victim or abuser to participate in any activities that may destroy evidence such as: washing, brushing teeth, changing clothes, urinating, defecating, smoking, or eating. If the first responder is a non-security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify a security staff member immediately. The auditor interviewed 1 Offender who reported an allegation of sexual abuse, and the Offender indicated a feeling that the staff respected the incident and kept them safe from their abuser. The facility reported 1 allegation of sexual abuse and 3 allegations of sexual harassment within the past 12 months, 0 cases reviewed involved the separation of the victim and the abuser, and 0 cases where physical evidence was collected. The 12 random staff interviews indicated the staff would inform the Offenders to not make any attempts to destroy the physical evidence.

The auditor concluded staff knowledge regarding these actions throughout the facility as the auditor interviewed 1 security staff designated as a first responder, and 1 non-security staff.

The common response was to notify a supervisor immediately and follow the four-step action plan. The action plan was also noted in the employee handbook, staff training curriculum, and verified during the facility Director interview. The auditor interviewed 12 random staff members, and all 12 were able to convey the action plan steps required within the policy to provide an immediate response. The staff also carry emergency response cards that indicate the four-step action plan. The auditor observed the staff carrying these cards throughout the on-site review. The auditor reviewed 1 Initial Response Checklist for the alleged victim and 1 Initial Response Checklist for the alleged abuser that included the 4-step action plan.

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

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.265 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire Responses 2. PREA Sexual Abuse Institutional Response Plan, NPCRV, pages 1-8, April 19, 2016 3. First Responder Action Cards 4. OPA-120, Incident Scene Tracking Log, January 27, 2010 5. Flow Chart for Monitoring Retaliation, March 20, 2014 6. Flow Chart for Investigating Sexual Abuse and Sexual Harassment Allegations, March 20, 2014 7. Form OPA-101, Sexual Abuse Response and Investigations Checklist, March 20, 2014 8. Form OPA-102, PREA Investigation Conclusion Checklist, Investigator, March 20, 2014 9. Form OPA-I10, PREA Post Incident Review, September 1, 2014 10. OPA I21 Form, PREA Evidence Chain of Custody Form, March 26, 2013 11. Facility policy 1800, Chapter I, Handling and Identifying Victims of Sexual Assault, pages 1-49, February 8, 2016. <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director 2. PREA Compliance Manager 3. 12 Random Staff 4. 1 Informal Staff Interviews

Site Review Observations:

1. Reviewed the First Responder Duty Cards
2. Reviewed investigative reports.

Findings (By Provision):

115.265 (a) NPCRV has a written plan to coordinate actions for all staff during reported allegations of sexual abuse, sexual assault, and sexual harassment. The action plan describes the procedures for the following participants: volunteers and contractors, support staff, security staff, shift commanders, shift supervisors, first responder duties, medical and mental health practitioners, investigators, and facility leadership. The facility plan documented, explains detailed actions for providers, and the staff were able to convey their specific duties during the 12 random and 1 informal staff interview. The facility Director and the PREA Compliance Manager interviews indicated reminders to staff regarding their specific duties annually and the auditor reviewed this information within the training plan.

Conclusion: The NPCRV had not incorporated a documented Coordinated Response Plan within the SOP. The plan was developed however it was not written in the NCDPS format. This was corrected during the on-site review and a further update was provided to the auditor in writing on January 20, 2021 by the facility Director. The auditor determined NPCRV has a facility institutional response plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The auditor reviewed documents and conducted staff interviews to measure the effectiveness of the written plan. Based on the evidence provided by the facility, substantial compliance was indicated, and no further action is required.

115.266	Preservation of ability to protect residents from contact with abusers
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Standard 115.266 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire Responses 2. NCDPS Agency Website 3. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 1-31, August 12, 2019 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director 2. Agency Director <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. No on-site collective bargaining materials evident 2. No immediate concerns present. <p>Findings (By Provision):</p> <p>115.266 (a) The NPCRV has not entered into any agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with Offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. In deciding to suspend an employee pending investigation, the Department must be able to demonstrate that the “nature of the allegations” is such that there is caused to remove the employee from the institution pending investigation and not that the employee committed the offenses. The FLSA regulations, for exempt employees, permit suspensions of less than a full</p>	

workweek for violations of written workplace policies applicable to all employees. This provision applies to generally applicable written work rules which prohibit serious workplace misconduct, which includes, but is not limited to, workplace violence, sexual abuse, sexual harassment, substance abuse, internet access policies, Code of Ethics violations, or violations of state or federal law. Discipline for these infractions should be consistent with the policies of the Agency. The facility Director interview indicated no collective bargaining agreements have been entered by this agency that would limit the restrictions of staff pending investigations.

Conclusion: The auditor reviewed the evidence provided by the facility and found no evidence to deny satisfactory compliance toward this standard. The Agency has not entered into contract with any collective bargaining agreement that would limit the agency's ability to remove alleged staff sexual abusers from contact with any Offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

The facility Director interview confirmed this process and indicated disciplinary action will be followed by notification to the Davidson County Sheriff's Department for criminal acts and certifying bodies for certification review.

115.267	Agency protection against retaliation
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Standard 115.267 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire Responses 2. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 21-23, August 12, 2019 3. OPA-I24, PREA Offender/Juvenile Retaliation Monitoring and Periodic Status Checks, January 5, 2016 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. Facility Director 3. 1 Staff Member Assigned to Monitor Retaliation 4. 1 Offender who Reported Sexual Abuse 5. 0 High Risk of Sexual Victimization Offenders 6. 12 Random Staff 7. 8 Random Offenders 8. PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed investigative report templates and software. 2. Reviewed retaliation monitoring forms 	

Findings (By Provision):

115.267 (a-f) The agency has established a policy to protect all Offenders and staff who report sexual abuse or harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation and this is described in agency policy 3400, Chapter F, pages 21-23. The Department shall protect all Offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other Offenders or staff. For at least 90 days following a report of sexual abuse or sexual harassment, the PREA Support Person (PSP) shall monitor the conduct and treatment of third-party reporters and any other individual who cooperates with an investigation.

The facility PREA Support Person (PSP) are the designated staff members charged with monitoring possible retaliation. These positions are provided the necessary support by the Director, and the interview process indicated an active role toward retaliation monitoring advising this is an ongoing process. All reports of retaliation monitoring are forwarded to the facility PREA Compliance Manager (PCM).

The facility attempts to employ multiple protection measures by monitoring housing changes, transfers for Offender victims and abusers, removal of staff through termination, emotional support services, monitoring the Offender and staff performance evaluations, disciplinary actions, unannounced lockdowns, denial of privileges, grievances, and the Offenders are provided with materials to assist the communication process. Literature is posted in the Offender handbook, posters, and methods of reporting retaliation described in the daily Offender education. The Director indicated additional reviews may be considered once the 90-day review has concluded.

Random interviews with 12 staff members and 8 random Offenders indicated no cause for concern with retaliation. The auditor interviewed the PREA Compliance Manager, 1 Offender that previously reported sexual abuse, and 0 Offenders identified as high risk for sexual victimization, and no interviews indicated retaliation concerns. The facility reported 0 allegations of retaliation in the past 12 months, and the classification files had no documented 90-day reviews indicating potential signs of harassment. The auditor reviewed the Retaliation Monitoring Form and determined an evaluation is recommended to be conducted every 30 days.

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

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.271 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire Responses 2. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 24-28, August 12, 2019 3. NCDPS Memorandum to Local Law Enforcement Agencies and Sheriff's, PREA Investigations and Compliance, pages 1-2, March 15, 2016 4. Form OPA-I20, Incident Scene Tracking Log, Revised January 27, 2010. 5. Reviewed 0 investigations involving a Sexual Assault Nurse Exam Referral 6. Policy CP-18, Section: Clinical Practice Guidelines, Sexual Abuse, pages 1-5, February 25, 2014 7. Policy 143B-1200, Part 1, Assistance Program for Victims of Rape and Sex Offenses, page 1 8. Reviewed 0 SANE Evaluations from Thomasville Medical Center 9. NCDPS and Davidson County Sheriff's Department, March 9, 2020 10. Policy OPA-I21, PREA Evidence Chain of Custody form, page 1, March 26, 2013 11. Thomasville Medical Center for Forensic Medical Examinations Agreement, March 9, 2020 12. Memorandum of Understanding (MOU), Family Services of Davidson County (Rape Crisis Center), March 9, 2020 13. NCDPS, PREA Support Person Role and Responsibilities Document 14. NCDPS, Form OPA-A18, Designation of PREA Support Person Memo, November 8, 2013 15. PREA Support Training, 7 Hours, On-line curriculum-based learning

Interviews:

1. Investigative Staff
2. Offenders who Reported Sexual Abuse
3. Facility Director
4. PREA Coordinator
5. PREA Compliance Manager

Site Review Observations:

1. Reviewed Case Files
2. Reviewed Investigative Reports

Findings (By Provision):

115.271 (a-l) The Davidson County Sheriff's Department conducts all criminal investigations regarding allegations of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment for the North Piedmont CRV (NPCRV) as required by the facility policy. This information was confirmed during the investigator interview. Agency policy requires the investigations to be conducted promptly, thoroughly, and objectively for all allegations of sexual abuse, sexual assault, and sexual harassment. The auditor reviewed 4 investigative reports to include reports from the third-party allegations and no cases are still pending review and prosecution referral. The NPCRV reported the following allegations and results data for the past 12 months: 1 substantiated allegation of Sexual Abuse by Offender – 0 unsubstantiated cases, 0 unfounded results, 0 allegations of Sexual Abuse by Staff, 0 substantiated cases, 0 unsubstantiated cases, 0 cases determined to be unfounded, 2 allegations of Sexual Harassment by staff, 1 substantiated cases reported, 1 unsubstantiated case, 0 unfounded allegations of sexual harassment, and 1 unsubstantiated offender on offender allegation of sexual harassment.

Agency policy 3400, Chapter F, pages 24-28 require the agency use investigators who have specialized training in sexual abuse investigations. This training includes interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The NPCRV will prepare compelled interviews and communicate all activities with the Davidson County Sheriff's Department. The compelled interviews would be conducted while moving forward throughout the investigative process and truth telling devices, such as a polygraph, would not be utilized strictly to continue the investigation. The Davidson County Sheriff's Department authorizes investigators to support the North Carolina Department of Public Safety (NCDPS) and the NPCRV. The auditor verified investigators have received the specialized PREA investigator training. All investigative records

reviewed by the auditor were conducted by trained investigators. The facility spreadsheet used to track the investigations listed the staff facility PREA investigators are required to conduct administrative investigations. The auditor confirmed the investigators have received the specialized PREA training. The shift supervisors gather the information and the certified PREA investigator conducted all investigations and support was provided by staff interviews, reviewing investigative records, email notifications, and revised spreadsheets. The shift supervisors gathered personal data, secured the scene, and performed first responder duties.

This auditor reviewed investigative reports and determined full support of a documented credibility assessment. The considerations for credibility are included as discussed throughout the investigative staff interviews. The credibility assessments are documented within the report. The Davidson County Sheriff's Department will review the evidence provided throughout the investigation to determine if the case will be deemed criminal or administrative. The staff interviews indicated knowledge regarding securing the scene and allowing the PREA Investigators and the Davidson County Sheriff's Department to collect all evidence throughout the investigation. A criminal case will be consulted with the local prosecutor and the administrative case will be directed back to the facility Director for administrative action. The Director will consult with the investigator to determine if staff actions or failures to act contributed to the incident. The Regional Director will make a final determination regarding staff actions and note a final decision within the report. All cases will be reviewed, and determinations made based on the following: written reports, physical and testimonial evidence, credibility assessments, and the investigative facts and findings. All investigations are documented in a written report and maintained for as long as the alleged abuser is incarcerated or employed by the agency, and then five years thereafter.

Agency policy 3400 explains the departure of the alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating the investigation. All parties will cooperate with the investigation and outside licensing bodies will be notified. This was confirmed during the investigator and Director interviews.

Conclusion: The NPCRV has an agency policy related to the handling of criminal and administrative agency investigations in cases where sexual abuse is alleged. The auditor reviewed all evidence provided, reviewed case files, conducted interviews, and reviewed a sample of the retained investigations. This auditor reviewed investigative reports and determined the support of a documented credibility assessment. The considerations for credibility are included as discussed throughout the investigative staff interviews and documented within the reports. The evidence provided demonstrated full compliance with this practice. The auditor finds NPCRV meets the provisions of this standard and no further action is required.

115.272	Evidentiary standard for administrative investigations
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Standard 115.272 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records 5. Sample of Cases Referred for Prosecution. <p>Interviews:</p> <ol style="list-style-type: none"> 1. Investigative Staff 2. PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed Case Files 2. Reviewed Investigative Reports <p>Findings (By Provision):</p> <p>115.272 (a) Agency policy 3400 requires the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The interview with the agency PREA Investigator revealed the facility standard is preponderance of the evidence for all administrative investigations. The evidence was verified through monitoring the results of 4 total investigations conducted. The</p>	

auditor reviewed investigative files that included, 1 closed case of sexual abuse, and 3 closed cases for allegations of sexual harassment. The facility reported 1 investigation for allegations of sexual abuse.

The agency policy 3400 indicates, in administrative investigations, the Department shall impose no standard higher than a preponderance of the evidence, as defined in the glossary of terms, in determining whether allegations of sexual abuse or sexual harassment are substantiated. The NPCRV reported the following allegations and results data for the past 12 months:

1 substantiated allegation of Sexual Abuse by Offender – 0 unsubstantiated cases, 0 unfounded results, 0 allegations of Sexual Abuse by Staff, 0 substantiated cases, 0 unsubstantiated cases, 0 cases determined to be unfounded, 2 allegations of Sexual Harassment by staff, 1 substantiated case reported, 1 unsubstantiated case, 0 unfounded allegations of sexual harassment, and 1 unsubstantiated offender on offender allegation of sexual harassment.

Conclusion: The agency has a policy imposing a standard of preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment is substantiated. Based on the evidence provided, the auditor has determined substantial compliance with the provisions of this standard. No further action is required.

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.273 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records 5. Sample of Cases Referred for Prosecution. 6. Investigation Summary with Offender Notification <p>Interviews:</p> <ol style="list-style-type: none"> 1. Investigative Staff 2. Facility Director 3. Offenders who Reported Sexual Abuse 4. PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed Case Files 2. Reviewed Investigative Reports 3. Reviewed Offender Notifications

Findings (By Provision):

115.273 (a-e) Agency policy 3400 requires, following an investigation into an Offender's allegation of sexual abuse, the agency must inform the Offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The auditor reviewed a documented investigation and written notification to the Offender was provided as an unfounded complaint. The PREA Compliance Manager reported 4 investigations completed in the last 12 months and 4 notifications were documented as issued to the Offender. The North Piedmont CRV (NPCRV) reported the following allegations and results data for the past 12 months:

1 substantiated allegation of Sexual Abuse by Offender – 0 unsubstantiated cases, 0 unfounded results, 0 allegations of Sexual Abuse by Staff, 0 substantiated cases, 0 unsubstantiated cases, 0 cases determined to be unfounded, 2 allegations of Sexual Harassment by staff, 1 substantiated case reported, 1 unsubstantiated case, 0 unfounded allegations of sexual harassment, and 1 unsubstantiated offender on offender allegation of sexual harassment.

Agency policy 3400 requires if the allegation is that a staff member has committed sexual abuse against the Offender, the agency shall subsequently inform the Offender whenever the staff member is no longer posted in the Offender's unit, no longer employed at the facility, indicted on a charge, or been convicted on a charge related to sexual abuse. The PREA policy reflects these steps are not required if the results of the allegation are unfounded. The facility reported 1 substantiated allegations of sexual abuse and 2 allegations of sexual harassment documented within the last 12 months against a staff member.

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

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

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.276 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records 5. Sample of Cases Referred for Prosecution. 6. Investigation Summary with Offender Notification 7. Sample of Records of Termination, Resignation, or other Sanctions for Violation of Sexual Abuse or Sexual Harassment Policies 8. Discipline Related to Sexual Abuse, Sexual Harassment, or Retaliation 9. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 28-30, August 12, 2019 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director 2. PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed Case Files 2. Reviewed Investigative Reports

3. Reviewed Offender Notifications

4. Reviewed the MOU between the NPCRV and the Davidson County Sheriff's Department

Findings (By Provision):

115.276 (a-d) The presumptive disciplinary sanction for staff who has engaged in sexual abuse at the NPCRV is termination and this is explained in agency policy 3400, pages 28-30. This policy was confirmed by the facility Director during the interview process and reviewed by the auditor. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies. The disciplinary action is commensurate with the acts committed, staff disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The auditor reviewed documentation in attempts to determine if other staff actions may have contributed to the incident that led to disciplinary sanctions for staff such as: failing to act to prevent sexual abuse from occurring, standing by while the abuse takes place, failing to act as required after the incident, negligent supervision that leads to, or could lead to an incident, or deliberately ignoring evidence that a colleague has abused an Offender. No findings of this nature were reported within the 4 investigative reports reviewed. The facility reported zero incidents in the past 12 months for staff who have been terminated or disciplined for violation of the agency sexual abuse or sexual harassment policies.

The auditor reviewed the disciplinary action of staff with the facility Director and the sanctions imposed for violation of this policy is termination. The facility Director confirmed incidents would be referred to law enforcement for prosecution and notifying the applicable licensing board such as the Criminal Justice Services, Board of Nursing, and the Department of Education. These notifications occur upon termination or resignations in lieu of termination. This is required by agency policy 3400, Offender Sexual Abuse and Sexual Harassment Policy. The Davidson County Sheriff's Department conducts all criminal investigations, and the auditor reviewed the Memorandum of Understanding provided by the facility.

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

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.277 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records 5. Sample of Cases Referred for Prosecution. 6. Investigation Summary with Offender Notification 7. Sample of Records of Termination, Resignation, or other Sanctions for Violation of Sexual Abuse or Sexual Harassment Policies 8. Discipline Related to Sexual Abuse, Sexual Harassment, or Retaliation 9. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, page 29, August 12, 2019 10. NCDPS Office of Staff Development and Training, PREA: Sexual Abuse and Sexual Harassment 101, DPS-556, Lesson Plan, July 1, 2017 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director 2. PREA Compliance Manager <p>Site Review Observations:</p>

1. Reviewed Case Files
2. Reviewed Investigative Reports
3. Reviewed Offender Notifications
4. Reviewed the MOU between the NPCRV and the Davidson County Sheriff's Department

Findings (By Provision):

115.277 (a-b) Agency policy 3400, Offender Sexual Abuse and Sexual Harassment Policy, page 29 requires any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with Offenders and shall be reported to law enforcement agencies. This procedure is not enforced if the activity is clearly not criminal or the allegation is unfounded.

Notifications will also be made to relevant licensing bodies and the facility shall take appropriate remedial measures to determine further contact with Offenders in the case of any other violation of agency sexual abuse or sexual harassment. The facility did not report any volunteer or contractor terminations, discipline, law enforcement referrals, or notifications to relevant licensing bodies for violations of sexual abuse, sexual assault, or sexual harassment.

This was confirmed during the facility Director interview and informal interviews with the command staff. The auditor reviewed documentation in attempts to determine if other volunteer or contractor actions may have contributed to the incident that led to disciplinary sanctions for staff such as: failing to act to prevent sexual abuse from occurring, standing by while the abuse takes place, failing to act as required after the incident, negligent supervision that leads to, or could lead to an incident, or deliberately ignoring evidence that a colleague has abused an Offender. No findings of this nature were reported within the 4 investigative reports reviewed.

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

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.278 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records 5. Sample of Cases Referred for Prosecution. 6. Investigation Summary with Offender Notification 7. Sample of Records of Termination, Resignation, or other Sanctions for Violation of Sexual Abuse or Sexual Harassment Policies 8. Discipline Related to Sexual Abuse, Sexual Harassment, or Retaliation 9. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 29-30, August 12, 2019 10. Offender Classification Files 11. Offender Disciplinary Files 12. Offender Medical Files <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director 2. 1 Medical Staff 3. 1 Mental Health Staff

Site Review Observations:

1. Reviewed Case Files
2. Reviewed Investigative Reports
3. Reviewed Offender Notifications
4. Reviewed the MOU between the NPCRV and the Davidson County Sheriff's Department
5. Reviewed Offender Medical Files

Findings (By Provision):

115.278 (a-g) Agency policy 3400, pages 29-30 inform Offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the Offender engaged in Offender-on-Offender sexual abuse or following a criminal finding of guilt for sexual abuse.

The following data was submitted by the facility: 1 substantiated allegation of Sexual Abuse by Offender 0 unsubstantiated cases, 0 unfounded results, 0 allegations of Sexual Abuse by Staff, 0 substantiated cases, 0 unsubstantiated cases, 0 cases determined to be unfounded, 2 allegations of Sexual Harassment by staff, 1 substantiated case reported, 1 unsubstantiated case, 0 unfounded allegations of sexual harassment, and 1 unsubstantiated offender on offender allegation of sexual harassment.

The cases were not referred to the prosecutor for trial and at this time no cases remain closed. This was confirmed by the facility Director, 1 Mental Health staff, 1 medical staff member, and 10 Offender medical files were reviewed. The Mental Health staff indicated potential screenings to address or correct the underlying reasons or motivations for abuse. The facility utilizes medical staff for assistance and the on-site Qualified Mental Health Professionals (QMHP) for counseling services. NPCRV also provides counseling services for stabilization, transitional theory, weekend activities, recreation, group activities, therapeutic community group, and mentoring classes.

Agency policy 3400, pages 29-30 advise the facility may discipline an Offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The facility prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish enough evidence to substantiate the allegation. The facility prohibits all sexual activity between Offenders and may discipline Offenders for such activity.

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

115.282	Access to emergency medical and mental health services
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Standard 115.282 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire Responses 2. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 18-19, August 12, 2019 3. Agency policy .0300, Chapter G, Administrative Remedy Procedures, pages 1-11, August 1, 2013 4. DC-239, Rules and Policies, Offender Handbook, April 2010 5. Classification Records 6. Mental Health Confidential Disclosure Statement 7. Medical and Mental Health Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director 2. 1 Medical Staff 3. 1 Mental Health Staff 4. Offender Reporting Prior Sexual Victimization 5. 0 Sexual Assault Nurse Examiner <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed Offender files 	

2. Reviewed Record logs

Findings (By Provision):

115.282 (a-d) Agency policy requires Offender victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The facility offers medical care 12 hours per day, 7 days per week, and 24-hour crisis intervention services. The facility provides off site emergency room care and utilizes the Thomasville Medical Center for the SANE exams.

The Family Services of Davidson County Rape Crisis Center offers 24-hour counseling and crisis intervention services. The Thomasville Medical Center performs all sexual assault examinations and offers prophylaxis to safeguard from sexually transmitted diseases. The SANE provides the notification to the Family Services Victim Advocate for onsite advocacy during the exam. The volunteers will be notified to provide crisis intervention services and advocacy. The agency provides a PREA Support Person to manage the contacts with the victim advocate and aids throughout the investigative process.

Interviews with the medical staff indicated the level of care at the NPCRV is consistent with the level of care demonstrated within the community. The auditor was unable to speak with the SANE staff due to scheduling conflicts, and concerns with the COVID-19. The auditor reviewed the contract for the Family Services Rape Crisis Center. This auditor reviewed the Offender handbook provided by the facility to ensure compliance. The treatment services are provided to every victim without financial cost, regardless of whether the victim names an abuser or cooperates with any investigation arising out of the incident. This was confirmed by the Health Services Administrator and no concerns were present during the informal Offender interviews. The auditor interviewed 1 Offender who has reported sexual abuse during risk screening, and they did not indicate any concerns within this standard.

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

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Standard 115.283 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire Responses 2. Agency policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, August 12, 2019 3. Agency policy .0300, Chapter G, Administrative Remedy Procedures, pages 1-11, August 1, 2013 4. DC-239, Rules and Policies, Offender Handbook, April 2010 5. Classification Records 6. Mental Health Confidential Disclosure Statement 7. Medical and Mental Health Records 8. NCDPS, Health Services Policy and Procedure Manual, Clinical Practice Guidelines, CP-18, Sexual Abuse, pages 1-5, February 2014 9. NCDPS, Health Services Policy and Procedures Manual, Continuity of Patient Care, CC-8, Aftercare Planning for Offenders in Health Services, pages 1-4, November 2007 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director 2. 1 Medical Staff 3. 1 Mental Health Staff 4. Offender Reporting Prior Sexual Victimization 5. 0 SANE Nurse 	

6. 8 Random Offender Interviews

Site Review Observations:

1. Reviewed Offender Files
2. Reviewed Record Logs

Findings (By Provision):

115.283 (a-h) The facility Mental Health Director indicated the facility offers medical and mental health evaluation and treatment to all Offenders who have been victimized by sexual abuse. The Mental Health Director advised the evaluation and treatment plans are consistent with the level of care demonstrated within the community. At times, the Offender may qualify for additional services due to their status. The Offender treatment plans may consist of referrals for continued care, medications, transfers to other facilities, or accommodations upon release.

NPCRVR does not house female offenders as confirmed during the population analysis. There have been no reported incidents involving vaginal penetration that resulted in the need to perform a pregnancy test. This was confirmed during review of the PAQ and during the interviews with the medical and mental health staff.

Agency policy advises Offender victims will be offered tests for sexually transmitted infections and all treatment services will be provided at no cost to the victim. This information is supported in the Offender handbook. The facility medical and mental health staff will provide on-site counseling services. This information was confirmed during the Health Services interview and the informal staff interviews. The informal Offender interviews expressed knowledge regarding the free medical, mental health, and emotional support services offered at the facility. The Family Services of Davidson County Rape Crisis Center information was posted near every phone in the Offender living units. All 8 random Offender interviews confirmed knowledge of this service. The auditor reviewed the financial statements with medical staff indicating the testing would be conducted at no cost to the victim.

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

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.286 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire Responses 2. Agency Policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 23-24, August 12, 2019 3. NCDPS, OPA-I10, Post Incident Review Form <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director 2. PREA Compliance Manager 3. Incident Review Team Member <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Discussed the Incident Review Team Process 2. Reviewed Investigative Reports <p>Findings (By Provision):</p> <p>115.286 (a-e) Agency policy mandates the facility conduct a sexual abuse incident review at the end of every sexual abuse investigation unless the allegation has been determined to be unfounded. This incident review must be conducted within 30 days of the conclusion of the investigation. This process was confirmed by the Director and PREA Compliance Manager interviews. The incident review team consists of the following: The Facility Director/Designee, the facility PREA Compliance Manager, line supervisors, PREA Investigators, health care</p>

services, mental health practitioners, PREA Support Person (PSP), and all other staff deemed appropriate by the facility Director.

The facility presents a report of its findings from the sexual abuse incident reviews and makes a final recommendation for improvement or documents the reasons for not performing improvements. The criteria included within the reviews consists of the following: policy revisions, incident motivations by race, ethnicity, gender identity, lesbian, gay, bi-sexual, transgender, intersex, gang affiliation, physical barriers that may have contributed to the abuse, adequate staffing levels, video monitoring equipment or lack of, mandated training by staff and Offenders, appropriate supervision, notifications, and operational considerations.

The auditor reviewed the agency OPA-I10 Post Incident Review Form and noted the information was provided within the form. The facility Director confirmed review of this process but there have been no reviews documented on the correct form. The auditor received documentation during the post audit review to indicate compliance with this standard. There has been one allegation of sexual abuse investigated in 2020 and 3 total allegations of sexual harassment in the last 12 months. The facility Director shall distribute copies of the Post Incident Review Form to the Regional Director and to the DPS PREA office for data collection. This was confirmed in agency policy 3400, page 24 and during the facility Director interview.

Conclusion: The auditor determined the facility met this standard compliance during the post audit review, based on the review of the following documentation: policies on conducting sexual abuse incident reviews, sample documentation or completed investigations, documentation of review team minutes, and recommended findings. No further action is required.

115.287	Data collection
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Standard 115.287 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire Responses 2. Agency Policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 23-24, August 12, 2019 3. NCDPS, OPA-I10, Post Incident Review Form <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director 2. PREA Coordinator 3. Incident Review Team Member <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Discussed the Incident Review Team Process 2. Reviewed investigative reports and documentation. <p>Findings (By Provision):</p> <p>115.287 (a-f) The auditor reviewed the agency uniform data for every allegation of sexual abuse and compared the data to the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The agency aggregates the incident-based sexual abuse data annually and includes definitions as appropriate to the Survey of Sexual Violence.</p>	

The auditor reviewed the agency data collected in 2017, 2018, and 2019 as the data is compiled for a one-year (calendar) period after December. The NPCRV does not operate another facility or contract with other facilities for the confinement of its inmates. The Agency PREA Unit securely maintains all documentation used to compile the information at the agency level. Approved data is posted on the Agency website and available upon request by the Department of Justice. The facility Director confirmed the use of all facility data relative to this standard. The NPCRV was opened in 2019 and therefore does not have any current data documented in the previously mentioned reports. The agency is currently preparing the data to submit for the 2020 report and update the agency website.

Conclusion: The auditor reviewed the agency policies for collecting data on sexual abuse allegations, the instrument used for collecting the data, the set of definitions applied, the facility website, and a sample of the historical data used to determine the facility is fully compliant with the provisions of this standard. No further action required.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.288 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire Responses 2. Agency Policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 23-24, August 12, 2019 3. Agency Aggregate Data Annual Report, 2017, 2018, and 2019 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director 2. PREA Coordinator 3. Incident Review Team Member <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Discussed the Incident Review Team Process 2. Reviewed the agency website data. <p>Findings (By Provision):</p> <p>115.288 (a-d) Agency policy requires the PREA Coordinator to review data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This auditor reviewed the data posted on the agency website that includes the total number of substantiated, unsubstantiated, and unfounded allegations of sexual misconduct by offender-to-offender and staff-to-offender reports in 2017, 2018, and 2019.</p>

This information is approved by the Agency Director and posted on the agency website for review. The agency PREA Coordinator advised this information is utilized to identify problem areas and initiate corrective action measures when appropriate. The facility Director confirmed the use and data associated with this report during the interview.

No facility data was redacted from the annual report for publication and this was verified by the PREA Coordinator. The NPCRV opened in 2019 and the agency is preparing the 2020 report for posting to the agency website.

Conclusion: The auditor reviewed evidence provided by the facility such as corrective action plans, an annual report of findings, website materials, and found the facility is fully compliant with the provisions of this standard. No further action required.

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.289 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire Responses 2. Agency Policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 23-24, August 12, 2019 3. Agency Aggregate Data Annual Report, 2017, 2018, and 2019 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director 2. PREA Coordinator 3. Incident Review Team Member <p>Findings (By Provision):</p> <p>115.289 (a-d) The PREA Coordinator indicated all documentation utilized for data collection is maintained by the NCDPS PREA Office and the investigation data is maintained by the facilities. The information is entered into the facility incident database and maintained with electronic files on a secure server. The data report is approved by the Agency Director and posted on the Agency website annually. The auditor reviewed the report and did not observe any personally identifying information. Agency policy requires the facility shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.</p> <p>Conclusion: Based on the auditor's review of the agency policy, website, interviews, and historical data, NPCRV is fully compliant with the provisions of this standard. No further action is required.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.401 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire Responses 2. Agency Policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 23-24, August 12, 2019 3. PREA Audit Notice Verification 4. 1 Postal Communications from Offenders <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director 2. PREA Coordinator 3. 1 Offenders Receiving Correspondence <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed the Agency Website and Facility Data <p>Findings (By Provision):</p> <p>115.401(a-n) The NPCRV opened in 2019 and this is the first cycle PREA audit they have participated in. No PREA audit reports have been submitted and posted on the agency website for NPCRV. The facility Director interview confirmed this statement.</p> <p>The auditor was authorized complete physical access to the entire facility throughout the on-site review. No interview restrictions were placed on the auditor during the on-site review.</p>

The auditor received all documents requested and was provided electronic viewing upon request. The on-site review provided the auditor the opportunity to conduct private interviews with offenders and staff. The Agency PREA Coordinator provided photographic evidence regarding the posting of the PREA Audit Notification in all offender living units on November 10, 2020. The audit notice was posted in both English and Spanish formats, large color print, and visible for everyone to see upon entering the units. This posting provided the offenders and staff a name and mailing address for the auditor. The auditor confirmed this posting during the on-site review as staff and offender interviews validated the posting at least 6 weeks prior to the on-site review. The auditor received 1 postal communication from offenders at NPCRV and 0 correspondence from staff.

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

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.403 Analysis</p> <p>Auditor Brian Sutherland</p> <p>North Piedmont CRV (NPCRV)</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. NPCRV Pre-Audit Questionnaire Responses 2. Agency Policy 3400, Chapter F, Offender Sexual Abuse and Sexual Harassment Policy, pages 23-24, August 12, 2019 3. PREA Audit Notice Verification 4. 1 Postal Communications from Offender/Staff <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director 2. PREA Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed the Agency Website and Facility Data <p>Findings (By Provision):</p> <p>115.403 (a-f) The auditor verified the final audit reports were published on the agency website, and the auditor reviewed all documentation and compliance efforts.</p> <p>The NPCRV opened the facility in 2019 and this is the first cycle PREA audit for this facility. This data was confirmed by the agency PREA Coordinator during the on-site review. All facility audit reports for other facilities were posted on the agency website.</p> <p>Conclusion: Based on the evidence provided by the facility, the NPCRV meets compliance with</p>

the provisions of this standard, and no further action is required.

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

115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes

115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

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

115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes

115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes

115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221 (d) above).	yes
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

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

115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes

115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes

115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes

115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct and form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes

115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

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

115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

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