

PREA Facility Audit Report: Final

Name of Facility: Chatham Youth Development Center

Facility Type: Juvenile

Date Interim Report Submitted: 05/04/2021

Date Final Report Submitted: 09/24/2021

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: Jack Fitzgerald	Date of Signature: 09/24/2021

AUDITOR INFORMATION	
Auditor name:	Fitzgerald, Jack
Email:	jffitzgerald@snet.net
Start Date of On-Site Audit:	03/17/2021
End Date of On-Site Audit:	03/18/2021

FACILITY INFORMATION	
Facility name:	Chatham Youth Development Center
Facility physical address:	560 Progress Blvd, Siler City, North Carolina - 27344
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Charles Dingle
Email Address:	charles.dingle@ncdps.gov
Telephone Number:	919-742-6220

Superintendent/Director/Administrator	
Name:	Charles Dingle
Email Address:	charles.dingle@ncdps.gov
Telephone Number:	919-742-6220

Facility PREA Compliance Manager	
Name:	Fleuretta McDougald
Email Address:	fleuretta.mcdougald@ncdps.gov
Telephone Number:	O: (919) 742-6220

Facility Characteristics	
Designed facility capacity:	32
Current population of facility:	20
Average daily population for the past 12 months:	29
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	13-18
Facility security levels/resident custody levels:	N/A
Number of staff currently employed at the facility who may have contact with residents:	63
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	10
Number of volunteers who have contact with residents, currently authorized to enter the facility:	16

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

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

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

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 Prison Rape Elimination Act (PREA) audit of the Chatham Youth Development Center in Siler City, NC., was conducted on March 17-18, 2021, by Jack Fitzgerald, US DOJ Dual Certified PREA Auditor. Mr. Fitzgerald completed the audit as an agent of DX Consultants of St. Petersburg, FL, who has a contract to provide the North Carolina Department of Public Safety (NCDPS) auditing services. The North Carolina Department of Public Safety encompasses multiple departments. The agency's mission statement is "Safeguard and preserve the lives and property of the people of North Carolina through prevention, protection, and preparation with integrity and honor." The state website goes on to state "DPS employees supervise offenders in prison, in juvenile detention centers, and in community supervision. State troopers enforce North Carolina highway laws, Alcohol Law Enforcement special agents investigate and enforce alcohol, lottery and tobacco laws, and Emergency Management personnel help plan for and recover from man-made or natural disasters." DX Consulting worked with the NCDPS PREA Office throughout the audit process in addition to work with the individual facility.

The audit began with the notification of the onsite audit was posted by February 4, 2021, six weeks prior to the date of the onsite audit. The facility's last PREA audit was in January of 2018. The posting of the audit notices both English and Spanish versions was verified during the tour and verified by photographs provided in advance. The audit notices explained correspondence would be treated as legal mail to ensure confidentiality and privacy. The photographs indicated notices in both English and Spanish versions were posted in various locations throughout the facility, including the lobby window, visitation area, and all housing units. The Auditor did not receive any communication from the staff, residents, or other interested parties as a result of the posted notices. The Auditor told the facility leadership the notices must remain up until the final report is issued.

The NCDPS PREA Office and the facility had decided to complete the Audit in the On-line Audit System (OAS). With the new process of the OAS the Auditor did not have full access to information until two weeks prior to the site visit. The Auditor completed a documentation review using the Pre-Audit Questionnaire, policies, procedures, internet research, and supporting documentation for all forty-one (41) standards. After completing the initial review, the Auditor provided a summary of questions for clarification and request for additional documentation. The OAS information provided was primarily placed in the initial indicator for each standard. Prior to receiving the OAS access the Auditor and the NCDPS PREA office arranged a video call during which information was shared on randomization of staff and client files to be reviewed as well as what to expect during the audit site visit. During the post-audit period, supporting documents not provided during the onsite visit to address the deficiencies were upload to the OAS. These deficiencies are summarized in the report under the related standards.

The onsite audit was conducted on March 17-18, 2021, at the Siler City, NC juvenile justice facility. An entrance briefing was conducted with the Western Regional Director, Assistant Facility Director, Youth Counselor Supervisor, Registered Nurse, and a representative of the Juvenile Justice central office team. During the entrance briefing, the audit process was explained, and a tentative schedule for two (2) days to include conducting interviews with the staff and residents and reviewing the documentation. A complete guided tour of the entire facility was conducted, including a secure lobby area, administrative area, visitation areas with offices, gymnasium, medical area, four (4) housing units with dayrooms, four (4) classrooms, recreation areas, maintenance shop, kitchen, and storage areas. The maintenance, kitchen, and storage areas are areas juveniles are prohibited from being in. The facility does not have a central dining area where populations might mix. The facility has a large outdoor recreation space for a facility of its size. During the tour, residents were observed to be under constant supervision of the staff. Residents were in school, the housing unit, or their rooms. Notification of the PREA audit was posted in all locations throughout the facility as well as postings informing residents of the telephone numbers to call and report sexual abuse and sexual harassment and to call the victim advocate for emotional support services. The Auditor pointed out the need for the same documentation in a secondary language consistent with the population they serve. Each unit also had envelopes to aid in the communication of residents' concerns, including PREA. Clients can put sealed communication that can go to internal staff or external addressees including the PREA Office and the Department of Social Services (DSS), the identified external agency that can receive PREA reports. The Auditor reviewed the unit logbook containing PREA related documentation (unannounced rounds and opposite gender announcements). The Auditor observed cameras the location and the showers on each unit. There were no cameras installed in the bathroom/shower area, so residents are not seen on the surveillance system while showering or toileting. Residents all are housed in single wet rooms with institutional toilet/sink units. Each room had a magnetic privacy flap for their window. The PREA Compliance Manager was able to point out locations in which they would like to see cameras added which supports knowledge of potential blind spots.

During the two (2) day onsite visit, there were a total of twenty (20) residents in the facility of which 5 were females. Eleven (11) residents were randomly selected from all housing units with a resident list provided by the PREA Compliance Manager for the interview process. Of the eleven (11) interviews six were of the identified targeted population in the facility. The facility did not have any residents identified in the required categories i.e., physical disability (Blind, Deaf or Hard of Hearing); Limited English Proficient (LEP). Two residents identified as Lesbian, Gay or Bi-sexual but none identified as Transgender or Intersex. There were also two residents with a cognitive disability but no resident who had been in isolation for fear of sexual abuse. None of the current residents who reported sexual abuse the CYDC and two

who reported sexual victimization during risk screening.

All resident interviews indicated they were well informed of their right to be free from sexual abuse and sexual harassment and how to report sexual abuse and sexual harassment using several ways of communication such as trusted staff, administrative staff, the hotline, to DSS and the grievance process. Also, random file reviews of medical, mental health, and resident records and additional documentation were completed as well. The facility had binders with organized information for the auditor to review onsite. The Auditor twenty three (23) staff were formally interviewed, including (13) staff from both shifts (supervisory and floor staff) Facility Director;; Youth Counselor Supervisor, PREA Compliance Manager; (1) upper-level management; (1) retaliation; (1) investigation; (1) medical staff; (1) mental health staff; (1) human resources; and ; (1) risk screening staff/ intake were interviewed during the two (2) days of the onsite visit and several days after the onsite visit. The interviews with staff and residents were completed in a private space that allowed for social distancing. All individuals wore masks during the process. Additionally, interviews were conducted via telephone with the NCDPS agency head representative and NCDPS PREA Coordinator. Overall, the interviews revealed the staff is knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report. As part of the audit process, the Auditor completed outreach to state and community agencies to further determine compliance, confirm relationships and determine the availability of resources. There is evidence of the Chatham Youth Development Center obtaining a Memorandum of Agreement with Chatham County Sheriff's Office Victim Services. The Auditor also spoke with other local advocacy organizations Chatham County's Second Bloom, the Orange County Rape Crisis Agency. The Auditor contacted the University of North Carolina Hospital in Chapel Hill who provides SANE-certified emergency service and forensic medical examinations at no financial cost to the victim. The hospital and the RCC representatives confirmed they had no reported history of claims of sexual abuse at Chatham Youth Development Center. The Chatham facility has a hospital for emergency services across the street from the facility but will take rape victims to the Chapel Hill UNC Hospital facility who has pediatric specialist in working with victims of sexual abuse. The representative of the Chatham County Sheriff's Office Victim Services confirmed they can do accompaniment services at the Chapel Hill Hospital.

At the end of the second day, an exit briefing with a summary of the findings was conducted with the Western Regional Director, Assistant Facility Director, and due to Covid 19 restrictions other Central Office staff and facility staff participated remotely on teams call. At the exit debriefing, the Auditor gave an overview of the audit and commented on the onsite observations, interviews, and summarized the strengths and weaknesses after completing the Pre-Audit and Onsite Audit phases. The Auditor explained the process for determining compliance which considers information in policy, interviews, and observations in determining compliance. Since not all documents had been upload to the OAS, discussions were had with steps needed to prove compliance. The Auditor also provided notice on two topic areas in which some corrective action needed to be taken. One was on the area of access for LEP youth and families to information on how to report a concern. Though the facility had provided some information in Spanish, the most common other language spoken by residents and families, the NCDPS posting on how to report a PREA complaint was not translated. The Auditor requested the phone number for the Department of Social Services be added to the document as the outside reporting entity. The posting had a national number for child abuse calls but that agency reported they cannot act as reporting entity. During the Post Audit period, the Auditor received a copy of the corrected documentation including photos of the posting.

The second issue discussed at the out briefing was the need for the agency to ensure that child abuse registries were consulted as part of the employment process. During the post-audit period the NCDPS had internal meetings with the PREA Office to discuss what needed to be completed based on the standard and systems in North Carolina government. The Auditor was informed about the efforts being made across different government agencies to ensure a process can be put into place to rectify this oversight. Since the final solution and evidence of the corrective steps have not been provided, the Auditor must issue an interim report until sufficient evidence can be reviewed to support the institutionalization of a process. The NCDPS worked with NCDHHS to come into compliance during the corrective action period. The information and on the steps taken is in 115.17 (c) and the compliance determination.

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.

Chatham Youth Development Center (Chatham YDC) is a forty-four (44) bed secure facility for male and female sentenced youth governed by North Carolina Department of Public Safety (NCDPS) located in Siler City, North Carolina. The facility houses all female sentenced youth in the state. The facility was built in 2008 with good sightlines and four housing units. The facility has all single-person rooms with a toilet /sink unit in each bedroom. The facility's physical plant is a single-story structure with a fenced secured area and an outdoor recreation area. There is a secure entrance/lobby area with administrative offices, conference rooms, intake/medical area, sally port area, visiting area, kitchen, mental health offices, maintenance area, storage areas. Two corridors, each with two housing units and two classrooms, run perpendicular to the administrative wing. These wings and the administrative area define three of the four sides of the outside recreation space. One of the housing units was closed to act as a space for COVID-19 cases. The agency has tried to limit population during the COVID-19 pandemic resulting in a 12-month average of 29 residents. Each unit has a shower with two curtains, one into the shower and changing area a second into the shower itself. The facility has an electronically controlled door system but no centralized control area. The facility has 52 cameras but they are only monitored in the administrative area.

Youth development centers are secure facilities that provide education and treatment services to prepare committed residents to successfully transition to a community setting. This type of commitment is the most restrictive option available to the juvenile courts in North Carolina for youth between the ages of 13 and 18. The average length of stay in the facility in the year prior was about fifteen (15) months, with 20 admissions in the last year. The residents interviewed by the Auditor varied in their experience, from one who had been there a few weeks to one that had been at the facility three years, reportedly. Residents have full access to medical and mental health services on site. The medical staff consists of full-time registered nurses and LPNs providing nursing services daily. The facility also has qualified mental health professionals five days per week or on call. The facility also has weekly visits by the regional psychiatrists who work in several facilities in the NCDPS juvenile Justice network for residents with identified needs. Medical and Mental Health practitioners are on call 24 hours per day. Medical staff report medical autonomy if a youth needs to go to the local hospital of emergent or specialized care. Psychological assessment and treatment services are provided utilizing individual and group therapy to address more complex mental health needs, exposure to traumatic situations, and substance abuse counseling. NCDPS has the mental health staff complete the screenings for sexual abusiveness and requires mental health staff to see each new resident within one hour of admission. Residents support the values of what skills they learn in the mental health area and feel they can approach them with any concerns, including issues around sexual misconduct.

The food personnel staff at the facility provides each resident with hot home-cooked meals and snacks on a daily basis. The food service staff deliver food to the units as there is no central dining hall. There are no students working in the kitchen or other areas at CYDC. The facility has a staffing pattern that supports a high level of supervision and supportive interventions for residents. The facility is staffed with sixty-three (63) full-time and part-time employees. Each YDC has a Director and Assistant Director who oversee all staff in the facility. In addition to the Medical and Mental Health staff, there are caseworkers assigned to each unit who meet regularly with youth on their treatment goals. The custody staff are called Youth Services Behavioral Specialist (YSBS) or Youth Counselor Technicians (YCT). The YSBS and YCTs are supervised by youth Counselor Supervisors. Each NCDPS facility also has a Chaplain on staff. The residents participate in an individual education program that is designed for them. CYDC employs state-certified teachers who provide an educational program during the week in order for residents to maintain their grades and the continuity of care upon return to their community schools. The program is designed for residents to have the opportunity to make educational gains, including being prepared to graduate high school. The residents, who reportedly are often educationally deficient before entering CYDC, are able to make significant gains during their stay reportedly.

The facility has agreements with a local rape crisis agency and a local hospital that can provide SANE services. Chatham County Sheriff's Office Victim Services is the program identified to provide confidential emotional support to residents who are victims of sexual abuse at the facility. UNC Nash General (SANE certified) provides emergency and forensic medical examinations at no financial cost to the victim. The facility has access to trained investigators of sexual offenses through both the county Sheriff's Office or the Siler City Police Department.

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:	42
Number of standards not met:	0

The Auditor did find one element having been exceeded (115.365.) The facility has not had a lot of PREA cases and as a Division the Juvenile Justice portion of NCDPS has its facilities run mock PREA incidents so staff can learn about the expectations and how to coordinate with in the agency and with community providers.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Organizational Chart</p> <p>Facility Organizational Chart</p> <p>PCM Appointment Memo</p> <p>NC-general Statutes 14-27.7</p> <p>NCDPS New Employee Handbook</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with PREA Coordinator (PC)</p> <p>Interview with PREA Compliance Manager (PCM)</p> <p>Interview with Agency Head confirming PC authority/duties</p> <p>Interview with Director</p> <p>Interview with Staff</p> <p>Interview with Residents</p> <p>Tour Observations</p> <p>Summary determination.</p> <p>Indicator (a). The North Carolina Department of Public Safety has developed an agency wide policy on efforts to ensure compliance with the Prison Rape Elimination Act (PREA). The 30-page Juvenile PREA policy was written to address the various requirements of the standards. Page three of the policy sets forth the zero-tolerance condition, and this initial portion of the policy defines sexual misconduct consistent with the federal terms in PREA. "The North Carolina Department of Public Safety is committed to a standard of zero-tolerance of sexual abuse and sexual harassment of persons under its supervision. Therefore, it is the policy of the Department of Public Safety juvenile justice serving sections/units to provide a safe, humane, and appropriately secure environment, free from the threat of sexual abuse and sexual harassment of juveniles, by maintaining a program of prevention, detection, response, investigation, and tracking." "The policy states there is no consensual contact between residents and staff or between residents. It further identifies screening, education, and monitoring, along with other elements that supports prevention, allows for detection, and ensures a full legal and medical response to any complaint.</p> <p>The facility staff showed knowledge consistent with training materials about their role in preventing, detecting, and responding to sexual assault claims. Staff also are provided with reminder cards at training about the importance of a zero tolerance environment and their roles as first responders to sexual assault allegations. Random residents reported a PREA safe environment and a zero tolerance culture.</p> <p>Indicator (b). Chatham Youth Development Center is one of ten Juvenile facilities run by the North Carolina Department of Public Safety (NCDPS). The agency also runs 55 adult facilities, including high-security institutions, medium and minimum-security prisons. The Agency has a PREA Office with a Director and three staff that oversee the agency's compliance efforts across the numerous facilities. DPS policy clearly supports the PREA Coordinator's role in working with agency leadership and the various facilities. The Auditor was provided an agency flow chart showing the relationship between the PREA Coordinator who works in the North Carolina Department of Public Safety Central Office and DPS Juvenile Justice leadership. The Chatham facility management knows PREA Office staff. The PREA Coordinator reports to the Deputy</p>

Secretary of DPS in charge of Professional Standards, Policy and Planning. PREA Coordinator reports she has considerable access to senior agency leadership. Working in the portion of NC DPS that oversees Standard compliance and policy allows the PREA Coordinator (PC) to influence policy development consistent with standards.

Indicator (c). The NCDPS Juvenile PREA Policy defines the PREA Compliance Manager's (PCM) role in the institution. The Policy states, "Each center will have at least one (1) trained PCM with sufficient time and authority to coordinate efforts to comply with PREA standards. The PCM and an alternate will be designated in writing by the Center Director on the OPA- A16 form." The Chatham Director has assigned the Assistant Director to serve as the facility's PREA Compliance Manager. A second identified staff member approved by the Director will act in the PCM role in their absence. Form OPA-A16 was provided to support the role of the PREA Compliance Manager at Chatham Youth Development Center. The facility flow chart shows that the PREA Compliance Manager reports directly to the facility's Director. Interview with the facility Director supports the PCM has sufficient access and ability to influence policy and procedures toward ensuring PREA compliance.

Compliance Determination:

The North Carolina Department of Public Safety has policies that define the steps taken to prevent, detect, and respond to sexual abuse and sexual harassment incidents. Agency policy defines the roles of the state PREA Coordinator and the facility PREA Compliance Manager. Interviews with the Agency PREA Coordinator and Chatham Youth Development Center PREA Compliance Manager confirm their roles to ensure PREA compliance is maintained. Residents in the facility knew they could call the PREA Hotline as an option or ask to speak with the PREA Compliance Manager or the facility Director. The PREA Coordinator and PREA Compliance Manager believe they have the capacity in their jobs to advocate for policy or procedural changes needed to support resident safety. All new DPS employees are educated on PREA and the NCDPS zero tolerance stance at hire even if they do not work in an institution.

Compliance was determined considering multiple factors. The supporting documentation included agency and facility management charts showing PREA positions. Interviews with the representative of the agency head and the Chatham Director support compliance with all standard expectations. Agency policy described in depth the agency expectation to protect, detect and respond to sexual misconduct. The policy also clearly defines the roles of the state PREA Coordinator and the PREA Compliance Manager in each facility to support this cause. The Policy also addresses prohibited behaviors and sanctions for any forms of sexual misconduct. In formal interviews and spoken to during the tour, residents confirmed that sexual misconduct is addressed, and they had knowledge of resources available if a concern arises. The facility has been able to maintain a safe environment where residents report violent sexual assault is not a concern. Discussions with advocacy organizations further support access to the facility and the PCM. The Auditor was informed that the NC DPS PREA office staff perform site visits to all facilities within their respective catchment areas and regularly participate in monthly and quarterly Juvenile Justice meetings.

115.312	<p>Contracting with other entities for the confinement of residents</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with PREA Compliance Manager</p> <p>Interview with PREA Coordinator</p> <p>Interview with Agency Head representative</p> <p>Summary Determination</p> <p>Indicator (a) The North Carolina Department of Public Safety currently does not utilize step down facilities to house juveniles under court ordered supervision.</p> <p>Indicator (b). The North Carolina Department of Public Safety currently does not utilize step down facilities to house juveniles under court ordered supervision.</p> <p>Compliance Determination</p> <p>The PREA Compliance Manager and the PREA Coordinator confirm the agency does not contract for Juvenile Services. Since neither indicator applies, the Auditor determined compliance based on discussion with the Agency Head representative and the PREA Coordinator, both of whom were aware of when contracting for beds there is an expectation to ensure the facility is PREA Compliant and there should be a requirement for ongoing monitoring.</p>
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115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>CYDC Staffing Plan</p> <p>Logbook entry's supporting unannounced rounds</p> <p>Management Unannounced rounds</p> <p>Documentation of annual review meeting</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Facility Director</p> <p>Interview with PREA Coordinator</p> <p>Interview with PREA Compliance Manager</p> <p>Interview with Supervisory Staff</p> <p>Observation on tour of logbooks and Supervisory movement</p> <p>Observation of office space in proximity of residents</p> <p>Discussions with housing unit staff</p> <p>Interview with Residents</p> <p>Summary Determination</p> <p>Indicator (a) The North Carolina Department of Public Safety has created a document that outlines the requirements of what should be considered in determining a staffing plan that considers PREA safety. Agency policy requires, "Juvenile Facility Central Office shall submit annual staffing plans to the PREA Office. The report must include staffing reports and any deviations from the required ratios. Additionally, the Central Office shall assess, determine, and document whether adjustments are needed to 1. The staffing plan; 2. Prevailing staffing patterns; 3. The center's deployment of video monitoring systems and other monitoring technologies; and 4. The resources the center has available to commit to ensure adherence to the staffing plan."</p> <p>The PREA Office has worked with the facility to document the elements of the standard. The Auditor reviewed the staffing plan that protects residents against sexual misconduct. The various elements to be considered in developing a plan include generally accepted juvenile correctional practice, frequency of sexual assaults/complaints, population makeup of the units, and how video monitoring can support safety. The CYDC's Staffing plan is four pages long and documents the elements required in indicator (a). The plan provides the reader with the information used in determining the number of assigned staff as required in indicator (a). The facility capacity is 32 residents in 4 units, but the Juvenile population average for 2020 was 29 residents. With the agency's effort to provide social distancing, the current population was down to 20 youth. Included in the document was information on the frequency of PREA complaints, the risk level of the population, the client population's mental health profile, and the technology that has been put in place to aid supervision. The information included the assignment of custody staff and supervisory staff. The report accompanied the staff assignment schedule, which also outlines the placement of staffing to ensure ratios are maintained. The Auditor has made some suggestions on additional information that could be included in the report from observations made on the tour. Interviews with the Director and the PREA Compliance Manager describe the development process used in the completion of the annual assessment of staffing. The Director confirmed the report's statement of no judicial, federal or oversight body's findings of inadequacies. The facility has maintained staffing throughout the COVID-19 crisis.</p>

Indicator (b). The staffing plan for the Chatham Youth Development Center allows the management to adjust the deployment of staff as needed and in response to critical positions. When staff call out there is an ability to mandate staff to ensure the overall safety of residents. The CYDC has fixed posts and pull posts that allow supervisory staff to deal with critical incidents such as a PREA incident through a structured contingency plan. Documentation was provided to the Auditor, informing me there were no instances where the supervision minimums were not maintained in the past three years. The Director and supervisory staff confirmed that at no time has the facility run a shift under the minimum staffing compliment. Residents support staff are always available to them and did not voice a concern about a lack of staffing at any time. The second portion of the indicator is Not Applicable as there were no deviations from the plan's minimum requirements.

Indicator (c) The Chatham Youth Development Center maintains a minimum custody staffing ratio of one staff for every eight juveniles during waking hours and one juvenile for every sixteen juveniles on the overnight periods. NCDPS PREA Policy requires, " Each center director shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only certified staff shall be included in these ratios." The facility has shift reports that document both the population and the custody staff working the shifts. This document also shows all callouts or significant incidents that would impact ratios. The Director confirmed that at no time has the facility run a shift under the minimum staffing compliment. The Auditor was able to review the staffing assignments for the day of the Audit and the posted schedule to ensure the ratios of 1 staff to 8 juveniles on the waking hours and 1 staff for every 16 on the overnight hours. The Auditor asked for and was able to review the staffing assignments for random dates leading up to the audit. These reports showed consistent assignment of staffing that exceeded the required ratios. Observations on the tour further supported that ratios are maintained.

Indicator (d) The Auditor was able to review documentation of PREA Audit preparations for a 2021 audit. The PREA Coordinator, Agency Head and the facility Director each described in interview, various points of communication that occur during the year that could impact staffing and technology deployment. The Director and PREA Coordinator approves the Staffing Plan annually and the most recent version was approved in 2021. The plan is descriptive of the population in each unit, the staffing to resident ratio expected in the unit on different shifts. The Auditor made a suggestion on other items that could be addressed in the annual review. The facility has had no PREA allegation in the past twelve months.

Indicator (e) The Auditor was provided with documentation to support routine unannounced rounds are made by supervisory staff. This is required by the agency PREA policy (page 13) and in documented logbooks. The Policy states, "Center Directors or designated supervisors will conduct unadvertised rounds monthly during all shifts to identify and deter staff sexual abuse and sexual harassment. The Director/designee shall document unadvertised rounds in the logbook and in a separate file/document dedicated to recording (person conducting, time, relevant notes) unannounced rounds. Staff members are prohibited from alerting other staff members that these supervisory rounds are occurring unless such information is related to the legitimate operational functions of the center. "The Auditor was able to review logbooks during the tours of each housing unit. The Auditor confirmed that these tours do occur with the unit staff and Supervisors and that it is prohibited to notify coworkers of the tour. To further confirm the compliance, the Auditor requested evidence from a random selection of dates and corresponding log entries on several dates.

Compliance Determination:

North Carolina Department of Public Safety PREA policy, Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures, sets forth requirements of the staffing plan including the ratios as addressed in indicator (c), the requirements for documentations of staffing deviations, the requirement of unannounced supervisory rounds and the annual review of staffing needs. The Chatham Youth Development Center has developed a plan in a narrative format that addresses the various considerations in indicator (a). The facility is not under any current judgement for inadequacy. The plan is reviewed annually with in-house administration and with the DPS PREA Office then, any request for staffing or electronic surveillance supports would go to DPS Juvenile Justice divisional leadership. Indicator (b) was not applicable as there were no instances where the minimum staffing levels were not maintained. During the tour, the Auditor recognized the facility was designed with good lines of sight, windows between areas allowing for informal observation of space, and the Director's knowledge of potential risk areas. In addition to custody staff, the medical, mental health, and education staff provide an additional resource of information, supervision, and observation of resident's behaviors during the day. Each of the housing units has office space for Juvenile Case Managers that provide additional support in monitoring residents. These individuals work shifts that cover evening hours to further support custody staff when the residents are on the units after school hours. Supervisory staff called Youth Service Supervisors (YSS) routinely tour the facility and direct the assignment of staff during the shift. CYDC also has management staff make off-shift visits to the facility unannounced. The standard is determined to be in compliance based on policy, the documentation provided, interviews and observations made throughout the onsite audit, and documentation provided consistent with the standard.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Cross Gender Announcement Memo</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Facility Director</p> <p>Interview with random staff</p> <p>Interview with random residents</p> <p>Poster on staff announcements</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) The NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures (page 6) prohibits cross-gender observation of any strip search or body cavity search of juveniles. It states, "The center shall not conduct cross-gender strip searches except in emergency circumstances, where other remedies are not available, or when performed by medical practitioners. Emergency situations shall be thoroughly documented in the logbook and approved by the Center Director". A memo from the agency's PREA Office mirrors this expectation. The Chatham Pre-Audit Questionnaire stated no such emergencies have occurred at CYDC and this was further confirmed through interviews.</p> <p>Indicator (b) Chatham Youth Development Center does not perform cross-gender pat searches except in exigent circumstances. Pre-Audit Questionnaire and interviews confirmed that this has not occurred. Staff were able to state the expectation of the policy, "The center shall not conduct cross-gender pat-down searches except in exigent circumstances. The center shall thoroughly document in the logbook all searches of juveniles and include the gender of the juvenile and staff member". The staff and residents also confirmed that this has not occurred.</p> <p>Indicator (c) As noted in indicators (a) and (b), policy requires documentation of cross-gender strip or pat searches of male and female residents, including the emergent reason for the search. The facility houses both male and female residents and appears to have sufficient staffing to further limit any reason for a cross-gender search to occur. Absent an occasion, the Auditor can only assess bases on policy, staff knowledge, and resident confirmation, the practice does not happen at CYDC.</p> <p>Indicator (d). NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures states, "Staff shall ensure that residents shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia -- except in exigent circumstances or when such viewing is incidental to routine room checks.". The Auditor observed that residents have magnetic sheets that are put over cell windows when the resident is using the bathroom or getting changed. All staff were observed knocking before looking in the rooms to allow for a resident to cover up. The Shower areas allow residents to have privacy in the shower which is behind a partition and two curtains. Policy further states "Staff of the opposite gender shall announce their presence when entering a resident living unit. In centers, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing." The Auditor was able to see announcements being made on the tour by opposite gender staff entering the units. The Auditor also observed postings at the entry point of each housing unit to remind staff. Residents support that they are never required to be unclothed in front of opposite gender staff, and they confirmed that opposite gender staff announces themselves when entering the units. At CYDC, all rooms are wet rooms, and the shower on the housing units are single use shower room.</p> <p>Indicator (e) NCDPS Policy and Memos from the agency PREA Office set forth the requirement that Transgendered</p>

individuals are not searched for the purpose of determining genital status. The policy states, "The center shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner." As a YDC, the facility does not take direct admission from the community. All YDC residents would have been seen at a Juvenile Detention facility where the same policy applies. Shift Supervisors and Medical staff confirm if the resident was resistant to discussing the topic, they would be referred to the medical staff with whom they may be more comfortable in having the conversation. Medical staff confirms that they see all new admissions to the facility and would be able to have these conversations with the individual.

Indicator (f) The North Carolina Department of Public Safety trains all staff when completing the searches of transgender or intersex individuals that it be respectful, professional, and in the least intrusive practice possible for searching residents. All NCDPS Juvenile Justice staff are trained to routinely use the back of their hand instead of the front when completing pat searches. The training curriculum on safe searches provided addressed considerations when searching transgender or intersex residents. The Facility also provided documentation of a training on working with LGBTI population that all staff received in the past year.

Compliance Determination:

The NCDPS has a policy in place to address the various elements in this standard. The newest policies and staff training, as evident from interviews, supported compliance. The Auditor suggested a review of all policy language as older documents were inconsistent with current training and practice. The DPS policy directs staff consistent with the standards on pat search, strip searches, resident right not to be naked in front of staff of opposite gender and procedures for working with transgender and intersex residents. Supporting documentation for this standard included training records, training outlines, and policy. There were no transgender individuals with whom to discuss searches. Information confirming no exigent circumstance of cross gender searches has occurred at CYDC in the past three years. Interviews with staff and residents supported compliance with standard elements and policy expectations. The Auditor also took into consideration the policy of the facility and the other named supporting documents. Absent any exigent circumstance, there were no incidents to review.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 845 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 329 579 356">Chatham Pre-Audit questionnaire</p> <p data-bbox="240 387 1046 414">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="240 445 454 472">Resident Handbooks</p> <p data-bbox="240 504 620 530">Intake notices in English and Spanish</p> <p data-bbox="240 562 692 589">Agency PREA Video in English and Spanish,</p> <p data-bbox="240 620 657 647">Agency contracts for interpretive services</p> <p data-bbox="240 728 716 754">Individuals interviewed/ observations made.</p> <p data-bbox="240 786 517 813">Interview with agency head</p> <p data-bbox="240 844 571 871">Interview with random Residents</p> <p data-bbox="240 902 526 929">Interview with Random Staff</p> <p data-bbox="240 960 504 987">Interview with Intake Staff</p> <p data-bbox="240 1019 643 1046">Interview with facility PREA Coordinator</p> <p data-bbox="240 1077 395 1104">PREA Signage</p> <p data-bbox="240 1187 505 1214">Summary Determination</p> <p data-bbox="240 1245 1489 1608">Indicator (a) The Chatham Youth Development Center takes 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 provide a PREA safe environment. As a juvenile facility serving longer term clients, it must assess and provide services to individuals with medical disabilities. Juveniles with hearing or visual difficulties would be supported by staff in understanding PREA until corrective medical measures would be put in place. CYDC must also provide informative supports to those individuals with significant developmental delays or significant mental illness that might make them a target for abuse. The Auditor confirmed with residents that there were staff available to assist in understanding the postings or handbooks. There were no individuals who were hearing or visually impaired. The Auditor was able to speak to individuals who had developmental delays. These residents, with significant academic challenges, would be identified by the school staff at CYDC's fully accredited educational environment. The PREA education video used in the facility was designed for Juveniles and is available in Spanish the second most spoken language at NC DPS Juvenile Facilities.</p> <p data-bbox="240 1693 1489 2056">Indicator (b) The Chatham Youth Development Center has a limited population of individuals with whom English is not the primary language. There were no individuals in the population at the time of the site visit with whom the Auditor would have needed to use interpretive services. There was signage throughout the facility about PREA safety and some limited posting in Spanish. To provide equal access, the Auditor requested PREA signage that has reporting numbers including an outside agency, be translated into Spanish the most common other language of the resident and families at the YDC. The facility completed this during the post audit period and provided photo evidence at the facility level. The Auditor also requested the Handbook be made available in Spanish as it provides residents additional PREA information that the resident would be able to keep in their room. The program was able to provide the student handbook in Spanish within days of the request. The CYDC facility only had limited use of interpretive services, and reportedly, it is for communication more often with the youth's family than with the youth themselves. The NCDPS has contracted with interpretive phone services and has the PREA video available in alternative languages.</p>

Indicator (c) Documentation reviewed by the Auditor stated there were no instances where resident interpreters were used. Staff were aware that it was not appropriate to use residents to interpret for each other except in extreme emergencies. This prohibition is also addressed in the agency PREA which states, "The Department will not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties, or the investigation of the resident's allegations."

Compliance Determination

NCDPS PREA policy addresses equal access of services for those who have a disability or have limited English proficiency. The Auditor was able to speak with multiple residents with cognitive disabilities but no individuals who were LEP or significantly disabled. CYDC provides all residents with a video education about PREA upon admission. The primary video, available in English and Spanish, is "Expect Respect". In addition to the video, the facility has signage up on the units of how to report concerns. In response to the Auditor's concerns, the facility increased secondary language documents, including informing residents on outside resources for reporting concerns. As a juvenile facility with a fully accredited school program, all youth are assessed academically, which will further identify impairments to understanding. There were no residents at CYDC at the time of the audit that required translation services. The Auditor confirmed this through conversations with residents on tours, through random interviews with residents and through interviews with staff. The residents reported knowing their rights, how to report PREA concerns and if they had difficulty in understanding information how to get help.

Staff were aware that it was not appropriate to use residents to interpret for each other except in extreme emergencies. Line staff knew to contact a supervisor if they needed to access an outside interpreter. Compliance was based on interviews with staff, residents, administration, and the hard materials (posters, handbooks, video) and policies that support equal access to all services. The educational materials seen repeatedly on the tour support ongoing access to information exists. Finally, the Auditor took into consideration the corrective steps taken to provide additional equitable notice resources in Spanish.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 845 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 329 579 356">Chatham Pre-Audit questionnaire</p> <p data-bbox="240 387 1046 414">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="240 445 655 472">Administrative Memos on hiring practices</p> <p data-bbox="240 504 448 530">Disqualifying factors</p> <p data-bbox="240 562 943 589">Human Resouce documentation for YDC staff, contractors, volunteers</p> <p data-bbox="240 620 612 647">Department of Public Safety Website</p> <p data-bbox="240 678 432 705">Employment forms</p> <p data-bbox="240 736 456 763">Onboarding checklist</p> <p data-bbox="240 795 857 822">Documentation on HR accessing Child Maltreatment Registry</p> <p data-bbox="240 853 722 880">Documentation of all staff compliance with CMR</p> <p data-bbox="240 960 716 987">Individuals interviewed/ observations made.</p> <p data-bbox="240 1019 655 1046">Interview with Agency PREA Coordinator</p> <p data-bbox="240 1077 544 1104">Interview with Facility Director</p> <p data-bbox="240 1135 612 1162">Interview with Human Resource staff</p> <p data-bbox="240 1243 507 1270">Summary Determination</p> <p data-bbox="240 1301 1489 1767">Indicator (a). NCDPS strictly prohibits employment or contracting the services of individuals who have engaged in or have been convicted of engaging in or attempting to engage in or administratively be adjudicated for sexual assault. The agency utilizes the same language requirements for contracted employees. Interviews with Human Resource staff support the process of screening all applicants for employment or contracted and volunteer services at the Chatham Youth Development Center. The Auditor reviewed the online employment application process, which requires potential candidates to confirm that they have not engaged in any form of sexual misconduct described in indicator (a). The application includes inquiries into prior sexual assault in a prison or jail, any attempt to engage in sexual activity by force in the community or through coercion or engagement with an individual who could not consent. The Auditor confirmed the questions are asked at the time of hire and promotional periods. The Auditor reviewed staff files, including individuals hired in the last year. The NCDPS has had the PREA questions as part of the employment applications since 2013. The Auditor was able to see, in the HR files reviewed, where the questions were asked of employees at hire, promotion, or annual reviews. Discussions with facility and agency leadership confirm individuals with prior histories described in this indicator would be prohibited from employment or contact with the offender population at an NCDPS facility. The Auditor also reviewed a list of disqualifying charges that would prohibit employment at a DPS Juvenile Justice facility.</p> <p data-bbox="240 1798 1477 1991">Indicator (b). The North Carolina Department of Public Safety has a policy prohibiting sexual harassment at its facilities. Any such actions are required to be reported and would be the subject of a formal review. The finding of that review would become part of the staff person's record. Human Resources staff interviewed confirmed that a complete review of prior disciplinary actions would be part of the process when hiring or promoting a candidate. The facility has limited contracted employees but the agency completes prior institutional employment checks on both staff and contractor to see if there are any concerns related to sexual misconduct.</p> <p data-bbox="240 2072 1473 2139">Indicator (c). The North Carolina Department of Public Safety completes criminal background checks on all employees. File reviews completed by the Auditor confirmed that the process is in place and is consistently done for all new employees and</p>

at the required 5-year intervals in indicator (e). The Check includes a criminal background check and prior institutional checks. The Auditor reviewed ten employee's background checks and three files of volunteers and contracted individuals for proof of background checks. Random sampling allowed for confirmation of the practice. At the time of the visit, the facility had not been completing checks of the state's child abuse registry. NCDPS Juvenile Justice Staff and the PREA Office worked with the state's Health and Human Services Division to create mechanisms to obtain the registry. The Auditor requested the documentation of the random staff selected as part of the corrective action period.

NCDPS and the NC Department of Health and Human Services state agencies worked together during the corrective action period to ensure that no current staff appeared on a child abuse/neglect registry as well as to put in place a mechanism to obtain information for future employees. NCDPS and NCDHHS reviewed the standards to determine the most appropriate list for NCDPS to use. It was determined the most appropriate list is called the NC Child Maltreatment Registry. The Auditor was provided documentation confirming no individuals employed at this facility was on the list. The Auditor also received documentation from the NCDPS PREA Coordinator on how human resources will move forward in compliance

Indicator (d). CYDC, as stated in Indicator (a), completes criminal background checks on all contracted employees. The agency will provide documentation as part of the corrective action for checking child abuse registries.

Indicator (e). CYDC provided the Auditor with information of 10 random employees, including individuals who were employed over 5 years who had criminal background checks completed in the last 5 years. The random sample was confirmed through a review of files onsite with the Human Resources staff.

Indicator (f). As noted in Indicator (a), all CYDC employees are asked to complete the Employee Application, including questions required in indicator a). The employees, after hire, also complete a series of forms, including a DPS Employment Verification and a DPS Employment Statement. In both documents, the NCDPS has required the individual to confirm they have not engaged in any of the described activities listed in indicator (a). Staff is asked the aforementioned questions as well as create a continuing responsibility to disclose such misconduct. The form sets forth a continuing affirmative duty to disclose any such misconduct. All employees confirm by signature the requirement to report any violation of the prohibited acts described in indicator (a) within 24 hours of occurrence.

Indicator (g). All Chatham Youth Development Center employees must disclose all misconduct allegations, and any material omission or false information regarding misconduct will be grounds for termination. The agency Employee Applicant form explains the failure to report criminal charges and convictions may be subject to termination. The Auditor reviewed information from background checks and confirmed that no individuals had been disciplined or terminated in the past year for falsification of information related to past sexual misconduct or criminal behaviors. Human Resources Form HR005 Application Verification has the employee sign the following statement at the time of hire, the statement tells the employee that the condition exists throughout their employment with NCDPS. "I acknowledge and understand that, should I become subject to these prohibitions in my current position or any subsequent departmental position I may hold involve contact with persons in confinement or under supervision; I will notify departmental management within twenty-four hours of my involvement in any of the above. I understand the Department has the authority to conduct random criminal background checks to ensure compliance with these federal standards in relation to the Department's employment practices. Further, I understand that if I am subject to these prohibitions, I may be subject to termination of employment. In addition, if I falsely certify my eligibility for employment and it is subsequently discovered that I have involvement in any of the above, I will be subject to termination or disqualification for employment for the falsification.

Indicator (h). The North Carolina DPS allows for the agency, with proper releases of information, to disclose to other institutions any PREA related concerns. Interviews with Human Resources staff confirm they make requests of both internal and outside employers when hiring, but they report they do not frequently receive similar requests for prior employees who go outside the NCDPS system.

Compliance Determination

The North Carolina Department of Public Safety has policies in place to address the requirements of the standard including the completion of background checks, and pre-employment screening that supports the agency's efforts to screen out predatory candidates from employment. The pre-employment screening process is the same as other law enforcement applicants in the state of North Carolina. The Auditor interviewed the Human Resources staff at the CYDC. The facility's Human Resources staff work with regional Juvenile Justice Office staff to process candidates and obtain criminal background checks. The facility has all staff and contractors undergo the same criminal background checks as employees

The NCDPS has employees sign an acknowledgment form that addresses various elements of this standard. The Auditor was also able to review appropriate personnel forms and criminal background checks for both employees and contractors. Many of the elements are in place to ensure potential staff, contractors, and volunteers hired are not a risk to the youth the YDC's service. One element required, which was not in place, was the review of child abuse registries for potential employees and contractors. After discussions with facility staff and the agency's PREA Office, they are in the process of putting in place a mechanism to check current and all future employees. The facility will provide the results of the child abuse registry checks for the previously chosen random staff. The PREA Office will provide a description of the changes made on

an agency level to ensure the process is institutionalized.

As noted in indicator (c) the NCDPS worked with the NCDHHS to ensure moving forward all new employees will be screened to see if they are on the state's Child Maltreatment Registry. Documentation was provided confirming that all employees' names in the facility we compared against the states list with no one being identified. The Auditor has now determined all indicators are compliant and the standard is met.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the Agency Head</p> <p>Interview with the CYDC Director</p> <p>Interview with the PREA Coordinator</p> <p>Interview with the PREA Compliance Manager</p> <p>Observation on tour</p> <p>Random Staff spoken to on tours</p> <p>Summary Determination</p> <p>Indicator (a) Chatham Youth Development Center has not undergone any major renovations in the past three years. The facility is well designed with limited blind spots. The main corridors are equipped with windows into areas youth are routinely including all living units and classrooms. Facility leadership was able to point out the few locations in the facility of any concerns and described measures in place to mitigate any allegations. The Auditor did not see significant obstructions to viewing.</p> <p>Indicator (b) The Facility has not purchased any new equipment or monitoring service in the past three years. The Auditor pointed out that the category is not limited to camera upgrades. Through discussions, the Auditor learned the agency has GPS monitoring on the transportation vehicles. The Auditor recommended this information be added to the future staff plan. The Auditor was informed on potential locations the facility leadership were interested in adding cameras.</p> <p>Compliance Determination</p> <p>The Chatham Youth Development is a well-designed facility with exceptionally good lines of sight throughout. The Agency PREA Coordinator is reportedly brought in to planning meeting when facility redesign is occurring. Consistent understanding from both facility and agency management that safety is the top priority. Though the facility does not have a control center, video monitors in both the Director's office and Assistant Directors office support active supervision.</p> <p>Compliance is based on formal and informal interviews that support a consistent understanding of the need to limit blind spots through active supervision skills. The interviews support NCDPS is committed to regular review of its physical plant needs and electronic surveillance to enhance safety. Absent any modifications; the Auditor took the stated items into consideration along with observations throughout the tour.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>NCDPS Memorandum to Local Law Enforcement Agencies and Sheriff's, PREA Investigations and Compliance,</p> <p>Best Practices in the Criminal Justice Response to Domestic Violence and Sexual Assault: Guidance for CCR/SART Response Protocols</p> <p>NC General Statutes 114-12 State Bureau of Investigations Powers and Duties.</p> <p>State Board of Nursing Website (SAFE/SANE training)</p> <p>NC Dept of Administration Website (Sexual Assault Program)</p> <p>NC CASA- Website</p> <p>CYDC Sexual Assault Response plan</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Medical Staff</p> <p>Interview with Sexual Assault trained Investigator</p> <p>Interview with Rape Crisis representative</p> <p>Interview with Hospital staff about SAFE/SANE access and services</p> <p>Interview with State Board of Nursing staff on SAFE training/ protocol</p> <p>Summary Determination</p> <p>Indicator (a) The North Carolina Department of Public Safety's Juvenile Justice facilities are not responsible for the completion of criminal investigations, including sexual assaults. The facility will call local law enforcement staff to complete criminal investigations. The facility will have a trained Investigator of sexual abuse report to the facility immediately to help determine if the case is potentially criminal in nature. The state of North Carolina trains SANE nurses to use the US DOJ National protocol for sexual abuse cases to ensure uniform steps are taken in obtaining physical evidence. CYDC Medical staff would not complete the forensic exam. Instead, the resident victim would be sent, the University of North Carolina Hospital in Chapel Hill NC, approximately 25 miles from the facility. Agency policy states, "Upon receiving an allegation that a resident was sexually abused or harassed while confined at another center (to include agencies outside of DPS), the Center Director that received the allegation shall notify the Center Director or appropriate office where the alleged abuse occurred and shall also notify the DJJ Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) 11 appropriate investigative agency." The Policy goes on to require "The Center Director providing the notification shall document in TROI that the information was provided." TROI is were the states critical incident are uploaded for administrative review.</p> <p>Indicator (b) As noted in Indicator (a), North Carolina SANE nurses use the national protocol developed by the U.S. DOJ. The Auditor confirmed that the protocol is the guiding expectation along with information from the state sexual assault kits. Agency PREA Office staff confirmed that all Juvenile Justice facilities will take victims to hospitals with trained SANE nurses. The policy also speaks to the standard's expectation. "The acute medical evaluations shall be in full compliance with standards established through the "National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." [U.S. Department of Justice; Office on Violence Against Women (September 2004)]. Per this standard, the alleged sexual abuse victim(s) shall be granted access to a Sexual Assault Nurse Examiner (SANE) at the designated acute medical evaluation center." Interviews with local hospital staff where forensic exams would occur confirmed there is a</p>

standardized practice used to ensure consistent evidence collection. The Auditor also reviewed Best Practices in the Criminal Justice Response to Domestic Violence and Sexual Assault: Guidance for CCR/SART Response Protocols and a well as reports from the state crime lab of evidence kit collection. The Best Practices in the Criminal Justice Response to Domestic Violence and Sexual Assault: Guidance for CCR/SART Response Protocols was developed with funding from US DOJ Violence Against Women Act. The undated protocol the Auditor reviewed references the 2013 "A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents: 2nd edition". A review of the document show support for a victim-based approach. The document provides guidance on communication with victims, evidence for law enforcement to consider at the crime scene, and it provides direction to medical staff on considerations and promotes the use of forensically trained nurses.

Indicator (c) The Chatham Youth Development offers victims of sexual assault the ability to have a forensic exam without cost. The Auditor confirmed that there is no cost for sexual assault exams. State statutes show the state's obligation to paid for examinations since 2009. Funds are provided through the North Carolina Crime Victims Compensation Fund. As noted in indicator b) the state's Nursing Board confirmed the availability of Sexual Assault Nurse Examiners. Local hospital staff who report funding for exams comes from a different fund within state government to ensure all victims come forward. Juveniles are guaranteed access to emergency services outside the facility which would include forensic exams.

Indicator (d) Chatham Youth Development Center had an agreement with the local rape crisis agency to provide support services to victims of sexual assault. The local Rape Crisis Center went out of business so they are using the Sheriff office's Victim Services Unit. The state coalition against sexual assault (North Carolina Coalition Against Sexual Assault-NCCASA) is reportedly attempting to fill the void. A copy of the MOU with Chatham County Sheriff's Office Victim Services (CCSO-VS) unit was provided to the Auditor. Local Hospital staff confirmed the practice of also ensuring a rape crisis advocate is offered routinely as part of any forensic exams. There is an advocate group local to the hospital but representative of confirmed the CCSO-VS can provide trained accompaniment. The NCDPS also trains staff who volunteer to serve as PREA Support Persons (PSP) on working with victims of sexual assault. Though they are not specifically trained in forensic accompaniment, they serve as a go to person for victims during and after the investigative process. The PSP will encourage the client to utilize the rape crisis center.

Indicator (e) Both hospital and agency staff confirm that a rape crisis staff would be available to help a victim through a forensic exam, criminal justice interview, and provide ongoing support and referral to the victim. The Auditor was able to confirm with the CCSO staff on their ability to do accompaniments for forensic exams and victim interviews. As noted in (d) a MOU was provided to the Auditor. The PREA Coordinator and the PREA Compliance Manager confirm working with local and state Rape Crisis agencies to build on experiences. During COVID-19 there has been less access to the facility but in the event of a sexual assault, it is believed they would be able to gain access to support victims of abuse. The Auditor was able to review file documentation supporting access to the Rape Crisis agency for forensic exams. CYDC residents confirm that they could have professional visits as support on-site. Due to COVID-19 restrictions, the local hospitals had been offering the services of rape crisis advocates virtually during the crisis. The representative stated they are now beginning to allow accompaniments for victims of sexual abuse.

Indicator (f) The CYDC would have an investigation team from the Siler City Police department come to the Youth Development Center to complete a criminal investigation. The Agency will also notify the Department of Social Services who is responsible for investigations of abuse claims involving youth. NC DPS will assign an investigator to complete an administrative investigation from the Juvenile Justice facilities unless the alleged perpetrator is a staff person, then the agency's Office of Special Investigations will get involved.

Indicator (g) The Auditor is not required to review this indicator.

Indicator (h) NA- The Department of Public Safety offers all residents in the system access to rape crisis services. The Auditor received information on the training of Rape Crisis Advocates in North Carolina and confirmed thier availability.

Compliance Determination

The North Carolina Department of Public Safety has put in place the necessary elements to ensure immediate response to allegations of sexual assault. The agency has trained its staff on how to preserve evidence until trained law enforcement staff can arrive. The state of North Carolina has in place the trained Sexual Assault Nurse Examiners available at the hospitals in the region, including the University of North Carolina Hospital in Chapel Hill. The review of several websites and interviews with staff confirm the utilization of a standard protocol for evidence collection in sexual abuse cases. The Auditor spoke with hospital staff who confirmed the availability of SANEs at UNC Hospital in Chapel Hill. Hospital staff confirmed this service would be done free of charge and if a SANE is not on duty one could be called in. It is also reported that a rape crisis agency would be called by the hospital for adults, but the hospital would use internal support services for juvenile victims. Compliance is determined based on the availability of resources to effectively investigate, secure and process evidence.

. Also taken into consideration in this determination was the overall staff knowledge displayed in the random staff interviews of how to preserve evidence, including instructions to the resident involved. Absent an investigation at CYDC the Auditor relied on information obtained in the DPS investigator's interview. The Auditor also took into consideration the role of the PREA Support Person developed by the NC DPS.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with CYDC Director</p> <p>Interview with Investigative staff</p> <p>Summary Determination</p> <p>Indicator (a) The NC Department of Public Safety has systems in place to ensure criminal and administrative investigations occur in a timely fashion. The NC DPS Juvenile Justice employs individuals trained in completing administrative investigations. The Chatham Youth Development Center does not employ an individual with law enforcement credentials at YDCs so they will work with the local police department on any criminal investigation. CYDC has not had a criminal or administrative investigation of PREA in the past year. The Auditor did not have any staff or juveniles report that they had made a PREA allegation in the past year.</p> <p>Indicator (b) The NCDPS has policy in place that addresses the requirements of this standard. The Policy also complies with NC State Statutes which govern law enforcement duties. "Upon receiving an allegation that a resident was sexually abused or harassed while confined at another center (to include agencies outside of DPS), the Center Director that received the allegation shall notify the Center Director or appropriate office where the alleged abuse occurred and shall also notify the appropriate investigative agency." Agency policy can be searched through the state website and all contact with outside law enforcement will be documented in incident reports and the facility logs. An incident report is required also to be entered into the agency incident portal TROI which would document the referral. The facility also has a PREA Incident checklist that will document the notification to local law enforcement and the facility investigator.</p> <p>Indicator (c) Agency PREA policy is descriptive of the relationship between the facility and the expected criminal investigators who come to the YDC. Pages 14-18 of Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures describes the expectations of the investigators and the facility in ensuring a thorough investigative process occurs. The Auditor also reviewed a document from the Head of the Department of Public Safety to all of the state law enforcement agencies on completing PREA related sexual abuse investigations. The policy also discusses the need to have individuals seen by trained SAFE nurses at local hospitals.</p> <p>Indicator (d) Auditor is not required to audit this provision.</p> <p>Indicator (e) Auditor is not required to audit this provision.</p> <p>Compliance Determination</p> <p>The North Carolina Department of Public Safety has policy and trained investigative staff in place or through agreement to ensure all allegations of sexual assault and sexual harassment are investigated. The YDC has developed a relationship with local trained law enforcement staff persons who will ensure all crimes, including sexual assaults, are investigated.</p> <p>The Youth Development Center investigates all incidents initially to determine if the allegation is criminal in nature. The Administrative Investigator reports that if any information is obtained during an administrative investigation, then the local criminal investigator would be called immediately. Compliance was determined based on the published policy, the investigative information provided by the agency staff. Compliance is determined utilizing the above stated information which meets the requirements of Indicators (a) and (b). Interviews further supported compliance in that the agency takes all allegations seriously and ensures the impartiality of staff-involved events.</p>

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed</p> <p>Chatham Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>CYDC staff training records</p> <p>State approved training program outlines (multiple courses)</p> <p>DPS Employee brochure</p> <p>New Employee Orientation Manual</p> <p>PREA Signage for staff</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with CYDC PREA Compliance Manager</p> <p>Interviews with random staff</p> <p>Summary Determination</p> <p>Indicator (a) The Chatham Youth Development Center ensures all staff are trained in the agency's Zero Tolerance for Sexual Misconduct toward residents. All employees, no matter what role in the institution, are aware of their role in the prevention, detecting, and responding to sexual assault and sexual harassment of residents. Random staff were able to describe in the interviews how in their day-to-day job, they keep residents PREA safe. The staff members knew the signs and symptoms of someone who may be victimized, the rights of residents related to PREA and were able to give examples of why sexual assaults may occur. Staff persons confirmed they get training on how to avoid getting into undue familiarity with a resident, the criminal liability for failing to report a PREA incident, and how to respectfully work with LGBTI residents. The staff knew to use the transgendered or intersexed resident's preferred name and pronouns. Staff had knowledge that a multidisciplinary committee reviews transgender resident's case individually to determine housing, search procedures, hygiene accommodations and medical or mental health treatment planning. Staff were able to provide information on the 11 required elements of this indicator that they have been trained on. Policy states, "All employees shall receive initial instruction related to sexual abuse and harassment zero tolerance policy, the right for residents to be free from sexual abuse and harassment, the right for residents and staff to be free from retaliation for reporting sexual abuse and harassment, and how to avoid inappropriate relationships with residents. Training will also include dynamics and common reactions of resident sexual abuse and sexual harassment, effective and professional communication with residents including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents, and relevant laws regarding mandatory reporting and the age of consent."</p> <p>Indicator (b) The Chatham Youth Development Center is a co-correctional juvenile facility. All new staff are trained through the Juvenile Justice Academy of NCDPS in working with both male and female residents. After the academy, all staff are provided onsite refreshers in a classroom setting. Interview with staff support they are aware of how male and female juvenile might react differently to abuse. They were aware of trauma and its frequency in the population served at Chatham Youth Development Center. No staff had transferred into the facility in the past year.</p> <p>Indicator (c) The NCDPS Juvenile Justice employees receive classroom training on PREA while in the state's NCDPS Training Academy which covers the required 11 elements in indicator (a). Chatham Youth Development Center staff report ongoing training happens in a classroom setting as well as through the online Learning Management System. Staff records reviewed and the random staff knowledge of the training information indicators support they receive training frequently. The Auditor reviewed records on site and requested additional files uploaded to further support compliance with the indicator.</p> <p>.Indicator (d) Employees have to take an exam for which they receive a certificate for their Human Resources file. The Auditor also was able to see a training report used by facility administration to track employees completion of annualized trainings</p>

Compliance Determination

All staff are trained in NCDPS's zero tolerance policies toward sexual assault and sexual harassment. The employees, contractors and volunteers sign off confirming they have been trained on PREA and understand policies. Staff files reviewed as part of standard 315.17 showed this documentation. The North Carolina Department of Public Safety has a training program for all staff related to the 11 requirements on indicator (a). New employees are first exposed to PREA training in the agency's Juvenile Justice Academy. Agency policy addresses the requirements of the standard, including the required areas of education found in indicator (a), the frequency of training and gender specific understanding of sexual victimization that is important for staff. All employees (including the contracted medical and mental health staff) have had an on-site training and understand the facility's Sexual Assault Response plan.

All staff interviewed formally and as part of the tour confirmed regular training on PREA. Random staff member interviews confirmed they were aware of the different aspects of the training presentations and were able to give examples of information provided. Staff responses support a clear education program where key elements have been reinforced and training information is retained. Training records and staff interviews further support that PREA related education of staff happens regularly. The Auditor confirmed the training dates of the staff including initial PREA training and most recent PREA education. Compliance determination was based on training records, the material used in presentations and random staff ability to share examples of the content they had learned as part of PREA training consistent with standard requirements.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Contracted Staff training</p> <p>Training materials for volunteers and contractors on PREA</p> <p>Volunteer/Contractor (PREA orientation acknowledgement form)</p> <p>Volunteer Brochure</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with CYDC PREA Compliance Manager</p> <p>Interview with Contractor</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) There are limited contractors and volunteers in the past year due to the COVID-19 outbreak. Though the agency has individuals on the approved list, only a few contracted nursing staff are actively at the center. All volunteers are registered in the facility and those who have routine access to the facility are required to undergo an onsite education program on responsibilities and procedures for keeping a safe environment. As part of that program, the individuals are trained on PREA consistent with the agency policy which outlines training expectations to inform them how to support a zero-tolerance culture and knowing when and how to report concerns. They are provided a staff directed training class and received a volunteer handbook, both which address expectations related to PREA. The Policy also requires that volunteers are to sign annually that they understand PREA and their obligations. Contracted medical staff receive the same specialized PREA training as the DPS medical staff and the same general PREA training that all individuals at CYDC receive.</p> <p>Indicator (b) The training as noted in indicator (a) includes three distinct levels of training which address how to report a PREA concern. Contracted staff providing direct services to residents undergo full DPS PREA training. Individual volunteers who have routine visits (religious staff, educational volunteers, canteen vendors, etc.) get an abbreviated educational program. As noted, there are no current volunteers at CYDC. All individuals entering the facility will have access to information on PREA and how to report a concern.</p> <p>Indicator (c) PREA requires the facility PREA Coordinator to keep track of the training for all contractors or volunteers. The policy requires, "At a minimum, all volunteers must review and sign a PREA Acknowledgement Form (OPA-T10) annually. The application process will not be complete until the PREA Acknowledgement Form is signed and returned to the center/location. Forms shall be maintained at the center/location and be available for examination during the peer review process or DPS/Division audits individuals to sign for the information they receive." The Auditor was provided a sample of the PREA acknowledgment form that new volunteers sign after completing the training course. Those one-time volunteers sign in and receive a PREA brochure upon entrance to the CYDC facility. The Auditor was able to see documentation on-site showing this process in use.</p> <p>Compliance Determination</p> <p>The Chatham Youth Development Center is compliant with the standard expectations. CYDC ensures all contractors and volunteers receive training in the agency's efforts to prevent, detect and respond to sexual assault and sexual harassment. Training records, interviews with contractors on the tour and formal interviews support they have received comprehensive training equivalent to their level of contact with the residents. Training records and interaction with contractors as part of the tour clearly support an understanding of the agency 'Zero Tolerance' to PREA related issues. Contracted Nursing staff</p>

confirm they receive required facility PREA training in addition to medical/mental health specific training. Infrequent and one-time service contractors, who would provide services under the supervision of DOC staff, are given notice of PREA when they arrive at the facility including a brochure on PREA. Compliance was determined through supporting documents and interview with the contracted staff persons and volunteers who were able to identify training elements. They were all able to explain how they could report a PREA concern at the facility if they arise.

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 845 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 329 579 358">Chatham Pre-Audit questionnaire</p> <p data-bbox="240 387 1046 416">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="240 445 440 474">Resident handbook</p> <p data-bbox="240 504 957 533">Resident files showing they have received PREA educational materials.</p> <p data-bbox="240 562 539 591">DJJ PREA Respect Brochure</p> <p data-bbox="240 620 475 649">Expect Respect Poster</p> <p data-bbox="240 678 531 707">Juvenile Education Materials</p> <p data-bbox="240 790 716 819">Individuals interviewed/ observations made.</p> <p data-bbox="240 848 579 878">Interview with Intake Staff Person</p> <p data-bbox="240 907 542 936">Interview with case managers</p> <p data-bbox="240 965 488 994">Interview with Residents</p> <p data-bbox="240 1023 836 1052">Observation on the tour of PREA Signage in two languages</p> <p data-bbox="240 1135 507 1164">Summary Determination</p> <p data-bbox="240 1193 1485 1552">Indicator (a) All Residents are provided information about PREA upon admission to CYDC. Residents are provided a description of PREA and how to protect themselves, how to report a concern and what services are available if someone has been a victim. They are provided this information in the form of the Resident Handbook, postings in the facility and a video. The video "Expect Respect" was developed by the NCDPS and UNC Wilmington with funding from the US Bureau of Justice Assistance. The Auditor was walked through the admission process by mental health staff who act as intake staff, including the information the juvenile receives in the first hours at the facility related to PREA. In the year prior to the audit, 20 individuals were admitted, and all individuals were provided PREA education. New admissions receive the facility resident handbook during the intake, which includes information on protecting themselves and reporting PREA. The completion of PREA education is documented electronically in the facility's case management system and the residents sign a form acknowledging the education. Residents confirmed getting PREA materials at intake. The educational material on PREA is presented in an age-appropriate manner.</p> <p data-bbox="240 1581 1465 1809">Indicator (b) All residents at Chatham Youth Development Center are provided with a review of the facility specific PREA information with their Juvenile Program Specialist in the first few days in the facility. During this meeting, PREA reporting information is reviewed, including how to protect themselves, how and why it is important to report, how they will not get in trouble for reporting and how they will be protected from retaliation. The Auditor was provided with documentation showing 100 percent compliance with the timeliness of PREA education within ten days. Interviews with intake staff, case management staff, and residents further support the education of residents in a timely and age-appropriate manner. The video provided to residents was also reviewed by the Auditor.</p> <p data-bbox="240 1839 1474 1935">Indicator (c) All residents at Chatham Youth Development Center have received an education into PREA. All residents are transferred into the facility from a Juvenile Detention Facility. The Auditor also spoke to residents and reviewed case files to confirm education dates against the provided documentation.</p> <p data-bbox="240 1964 1493 2159">Indicator (d) Education is available in multiple languages and forms from written to video to large print documents. Videos are provided in English and Spanish the most spoken languages in the Department of Public Safety. Chatham had no residents at the time of the onsite visit that could not speak English. Language line services are available as noted in standard 115.316. Residents support that they can go to staff if they need assistance in comprehension of written or oral PREA education. The facility has a full school environment so individuals with comprehension issues will be identified. The assistance is available to any individual who needs assistance including those with physical disabilities, cognitive limitations or those who cannot</p>

read. The Auditor did see postings at CYDC in both English and Spanish the two languages most spoken at the facility. As also noted in 115.316 the facility added additional information in the secondary language.

Indicator (e) Records were reviewed for a random sampling of 10 clients along with a full report of the previous year's admissions. The documentation reviewed confirmed education of residents is tracked by the facility.

Indicator (f) Observations throughout the tour support there are continuously materials available to residents. The information viewed included handbooks, posters, and other signage about PREA or resources such as the local rape crisis agency. The Auditor suggested periodic video refreshers be made available to residents given the long-term nature of the institution.

Compliance Determination

The North Carolina Department of Public Safety PREA policy sets forth the expectation of the timeliness of resident education, the manner in which education is delivered, and the requirement for materials for LEP and disabled resident's education. Residents at CYDC confirm they are educated on PREA and the zero tolerance expectations as soon as they get to the facility. The facility reviews information with the residents on the zero tolerance expectation toward sexual abuse, how to keep oneself safe and how to report a concern. Residents confirmed they are provided a Resident handbook that contains such information. The information reviewed is signed by the resident and placed in their case record. The facility has PREA educational materials available to residents in the form of videos, brochures, and posters in addition to the handbook.

Information in the written document seen on the tour includes phone numbers to state PREA Coordinator, how to report to an outside agency (Department of Social Services) and the local rape crisis agency. Compliance determination considered the supporting educational documents, the residents' answers about education and their knowledge about facility specific steps for reporting a concern. Further supporting compliance is the Auditor's review of resident records that showed timely education, the materials viewed during the tours and the videos from the state website.

115.334	Specialized training: Investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 845 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 579 358">Chatham Pre-Audit questionnaire</p> <p data-bbox="242 387 1046 416">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="242 445 989 474">Training Material from NCDPS on completing administrative investigations.</p> <p data-bbox="242 504 568 533">Training records of Investigators</p> <p data-bbox="242 562 555 591">DAC Mock interview document</p> <p data-bbox="242 620 679 649">Individuals interviewed/ observations made.</p> <p data-bbox="242 678 655 707">Interview with Agency PREA Coordinator</p> <p data-bbox="242 736 590 766">Interview with trained Investigators</p> <p data-bbox="242 795 443 824">Observation on tour</p> <p data-bbox="242 904 505 934">Summary Determination</p> <p data-bbox="242 963 1474 1223">Indicator (a) The North Carolina Department of Public Safety includes the state's law enforcement agency. The Department of Public Safety has local law enforcement agencies complete criminal investigations at its state juvenile facilities. Chatham Youth Development Center normally employs an individual with specialized training in completing administrative sexual assault investigations. There are no staff currently trained at Chatham Youth Development Center so they are currently supported by another regional facility. The North Carolina Department of Public Safety was able to train a cadre of staff members on how to complete sexual assault investigations. The agency has sufficient staff to ensure each facility has sufficiently trained investigative staff. The state PREA office will work to ensure additional staff are trained at each facility. The current course is completed in a classroom setting which has been impacted by the COVID-19 outbreak.</p> <p data-bbox="242 1254 1474 1447">Indicator (b) The Auditor reviewed the training outline developed by the North Carolina Department of Public Safety to ensure the content was consistent with the topics required by the standard. The training materials and the interview with a trained investigator confirmed the training covered how to communicate with a victim of sexual assault, the use of Miranda and Garrity Warnings, proper steps in the collection and preservation of evidence and the factors in making a determination of substantiation for administrative action or prosecutorial referral. The materials also used examples from North Carolina case files.</p> <p data-bbox="242 1478 1452 1572">Indicator (c) Training records were provided for two staff from Cumberland Juvenile Detention who would complete investigations of sexual assault at Chatham Youth Development Centers. Copy of the certificate was also included in the file.</p> <p data-bbox="242 1603 531 1632">Compliance Determination</p> <p data-bbox="242 1662 1474 1921">The North Carolina Department of Public Safety ensures that staff who complete investigations have received appropriate specialized trainings on investigating sexual assault in a correctional setting. Absent any current investigations, the Auditor had to rely on the materials and the information provided (training materials, records) and interviews by the trained investigators. The Investigator with whom the Auditor interviewed had a law enforcement background before beginning his career with NCDPS. He was able to describe the training provided, his approach to the investigative process, consideration in interviewing victims, the process for making a finding and the effort to ensure communication with the criminal investigators. Compliance was based on the interview with the trained investigator, and the training materials provided, and the sufficient resources in place to investigate sexual abuse or sexual harassment claims.</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>PREA training materials for Medical and Mental health staff</p> <p>Documentation of staff training</p> <p>Individuals interviewed/ observations made.</p> <p>Interviews with Medical and Mental Health staff</p> <p>Summary Determination</p> <p>Indicator (a) the Chatham Youth Development Center employs medical and Mental Health staff. The agency trains staff on PREA specific considerations from the medical and mental health provided perspective. The training materials and the staff interviewed included information that the training addressed signs and symptoms of abuse, communication with a victim, how to report an allegation, and how to preserve evidence. Nursing staff were aware that they should not clean any injuries and only treat critical health concerns before transport to the local hospital for a rape kit. Mental Health staff were also prepared to work with individuals who are victims of sexual abuse. The Agency PREA policy (pages 7-8) defines the topics to be covered in specialized trainings for medical and mental health staff.</p> <p>Indicator (b) The staff do not complete a forensic exam.</p> <p>Indicator (c) Documentation was provided to the Auditor for all medical and mental health staff confirming the specialized training was completed. Formal interviews with individuals from these groups and discussions on the facility tour further support all individuals who have received specialized training on working with victims of sexual assault.</p> <p>Indicator (d) A review of the training records and the interview with staff confirms that all medical and mental health staff receive the same training as the DOC employees annually as well as the training described in 115.32.</p> <p>Compliance Determination</p> <p>Medical and mental health staff at North Carolina Juvenile Justice facilities are employed directly by the state with a few exceptions of a few per diem nursing staff. NCDPS provides PREA training with a medical and mental health focus for their employees and provides the PREA Compliance Manager with the documentation. The curriculum reviewed by this Auditor addressed how to detect, assess signs, and preserve evidence of a sexual assault. The training materials and interviewed staff support they were trained in how to respond appropriately to sexual assault victims. The Auditor met formally with healthcare staff and asked other healthcare staff questions on the tour. Medical and mental health staff knew to whom to report allegations and suspicions of sexual abuse or sexual harassment. The staff reported they attended PREA classes from North Carolina DPS with the custody employees. Medical staff will not do forensic medical examinations but are aware of how to protect evidence and what facilities they would refer residents to for an exam by a SAFE or SANE if needed. NCDPS PREA Policy also was reviewed by the Auditor to determine compliance along with interviews, training program materials and training records for the staff figured into the compliance determination.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Population report for CYDC</p> <p>Memo on screening and placement</p> <p>Mental health screening/ services documents</p> <p>Suicide screening</p> <p>Screening results and Reassessment documentation</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interviews with Medical Staff</p> <p>Interview with Mental Health Staff</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures (pages 9-10) that all individuals admitted or transferred be screened for likelihood to be a victim of sexual violence or likelihood of being a perpetrator of the same said violence. The Policy defines the positions trained to administer the screening tool. The Policy states, "All residents shall receive the PREA Admission and Placement Screening (Form YD 011) within 72 hours of arrival at the center and periodically (e.g., housing assignment change, change in vulnerability or aggression, etc.) throughout a resident's confinement." As a facility that receives juveniles from pre-trial detention, most screenings are completed the same day as the juvenile's admission to the youth development center. All residents are reassessed within 14 days of admission and if any additional information is learned adjustment to scoring and client needs are made. Staff confirmed residents might also be rescreened for cause. The review of the screening reports supports the practice of screening and reassessment of individuals is standard. This was verified in the review of active and closed files from the past year.</p> <p>Indicator (b) The tool developed by the North Carolina Department of Public Safety for screening residents for potential sexual violence or sexual victimization is an objective tool utilizing information from the resident's criminal records, information from other treatment and justice settings, and the clients self-reported information. The Auditor was provided with the materials on how to administer and score the tool to ensure that the application is objective. The Auditor spoke with an individual who completes the screening to verify the process. The tool scores all residents on levels of risk for perpetration of sexual violence or sexual vulnerability. Screenings are completed in North Carolina Juvenile Justice facilities by the facilities Mental Health team. The individual completing the scoring takes information from three sources, interviews with the resident, observations made during the screening and historical documents in the client records. The scorer answers yes, no, or unknown to each section questions. The number of yes answers will determine the juvenile's score.</p> <p>Indicator (c) A review of the objective tool used in North Carolina DPS facilities shows that it accounts for all 11 elements required in this indicator. In completing the tool, the staff person reviews documentation provided at intake and obtains information from the client. Chatham Youth Development Center's medical staff complete a medical screening at intake including some PREA related questions. Medical staff will work with the Mental Health Clinicians to ensure any medical issue or disclosure by the youth to medical staff that would affect the scoring tool is provided. The residents confirmed they were asked about their sexuality, their past victimization history and if they felt if they were going to be safe. The tool also looks at their past charges and detention history. The YDC uses scoring from other normed screening tools, the MAYSI or Suicidal, to help determine emotional and cognitive development and the juvenile history of trauma. The staff member also assesses age</p>

and size compared to the existing population.

Indicator (d) The Chatham Youth Development Center uses regular treatment meetings once a client is admitted to continually assess the client's needs and interactions. The treatment team consists of individuals who interact with the youth in various settings in the facility including custody, medical, mental health, and education. It is at the treatment team where the client's initial assessment information is reviewed and if additional information comes to light in medical, mental health or educational assessments or records review the scoring can be adjusted appropriately. All residents at CYDC come to the facility with treatment and screening history that can be reviewed from their stays at the Juvenile Detention Centers.

Indicator (e). The North Carolina Department of Public Safety completes the screening information in its electronic case management system (NC-Join). The electronic case management system limits who may have access to the screening information, especially the client's more sensitive information. Disclosures made in the Medical or Mental Health records are completely siloed from the custody staff in the electronic medical records. Staff are only provided enough information as necessary to keep them safe. Information on an individual's past abuse from record to treatment disclosures would not be available to custody staff. Residents support information is kept confidential unless someone is getting hurt.

Compliance Determination

The Chatham Youth Development Center ensures all residents are screened for sexual victimization and abusiveness using an objective tool. Agency policy requires that all residents be screened initially within 24 hours and reassessed within 14 days by the facility classification team. The Agency also requires periodic rescreening by using the PREA assessment instrument. This is also done when warranted due to a referral, request, incident of sexual misconduct or receipt of additional information that bears on the juvenile's risk of sexual vulnerability or sexual violence. The North Carolina DPS electronic medical record system protects resident's sensitive information from disclosure.

The objective tool of North Carolina DPS has clear guidelines for its use. The tool accounts for all factors required in indicators (c). They have also implemented a system to ensure that after the initial screening, the residents are asked about sexuality, victimization history and perceived safety. Team members were aware of resident screening and the importance of using the information. Medical staff will also ask PREA related information at the initial assessment and pass any new information back to the intake staff to ensure the screening encompasses all information obtained at intake.

Compliance was determined based on the random screens provided consistent with time requirements in the standard. Interviews with staff and residents further support that the appropriate questions are being asked.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 327 845 356">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 383 579 412">Chatham Pre-Audit questionnaire</p> <p data-bbox="240 441 1046 470">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="240 499 588 528">YDC Admissions and Assessment</p> <p data-bbox="240 557 857 586">Juvenile Justice Detention Services Policy and Requirements</p> <p data-bbox="240 728 716 757">Individuals interviewed/ observations made.</p> <p data-bbox="240 786 746 815">Interview with Facility PREA Compliance Manager</p> <p data-bbox="240 844 539 873">Interview with Screening staff</p> <p data-bbox="240 902 470 931">Interview with Teacher</p> <p data-bbox="240 960 526 990">Interview with Random Staff</p> <p data-bbox="240 1019 579 1048">Interview with Random Residents</p> <p data-bbox="240 1077 419 1106">Population report</p> <p data-bbox="240 1135 443 1164">Observation on tour</p> <p data-bbox="240 1245 507 1274">Summary Determination</p> <p data-bbox="240 1303 1477 1400">Indicator (a) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures (page 10) states, "Center management shall use information obtained to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse."</p> <p data-bbox="240 1429 1484 1823">The PREA screen used at CYDC provides immediate assistance in determining the appropriate housing unit for any new resident. The agency ensures those with a high score for perpetration of sexual violence from being placed in the same housing unit as an individual with a known victim history. Since Chatham has a female unit, there is a possibility of some perpetrators and victims being on the same unit, but other measures would be put in place to monitor interactions between the parties. All cells in the facility are singles. Individuals with victimization history or perpetrating histories are provided counseling onsite by Mental Health staff or through the local rape crisis agency if requested. The multi-discipline team, using the results of the screening and the client history, will plan for housing, treatment, and education placement. During these team meetings, a potential conflict would be identified between the known individuals on each side of the scoring for risk. Agency practice if a individual score with both perpetrating and victim history is to house separate from others with victimization histories. The CYDC program has youth go to school by housing unit, and there is no vocational program currently. By using this practice they further limit know victims and knowm prepetraitor contact. Residents at CYDC are always under staff supervision and not allowed to move about the facility without escort.</p> <p data-bbox="240 1910 1484 2139">Indicator (b) Chatham Youth Development Center has not isolated any residents in the past 3 years. NCDPS policy addresses resident isolation requirements, including the requirement that the placement in isolation is the last resort to maintain safety. Policy states, "Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only when alternative means of keeping residents safe cannot be arranged. Any resident isolated for the purpose of sexual abuse prevention will receive daily visits from medical or mental health staff, have access to required educational programming, and have access to other programs to the extent possible." There is no segregation unit at the YDC, the only way to maintain this process would be to have the juvenile move</p>

separate of the peers on the housing unit.

Indicator (c) PREA policy states, "In deciding whether to assign a transgender or intersex resident to a center for male or female residents, and in making other housing and programming assignments, the division shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems." The Auditor confirmed through review of population records and interviews with random staff and residents that there is no practice of housing LGBTI residents, in any particular unit, because of perception of vulnerability or aggressiveness based on gender identity.

Indicator (d) The North Carolina Department of Public Safety clearly states that the Transgender and Intersex resident housing will be made on a case-by-case basis. Transgender or intersex residents' housing decisions shall be made on a case-by-case basis, taking into account the resident's views and shall be based on protecting the resident's safety and mental health and preventing security issues. CYDC received its last transgender admission in 2019. The resident meeting notes discussed housing, the residents preferred pronouns, accommodations provided, and treatment services offered. The Auditor made suggestions on improving the documentation of information to be able to document the concerns of the standards. The North Carolina Department of Public Safety has instituted a SOGIE (Sexual Orientation, Gender Identity, and Gender Expression) questionnaire for all residents which further helps in the identification of LGBTQI youth. Pertinent safety concerns for transgender or intersex residents can be communicated to line staff through safety plans which are also used for medical or mental health information that line staff need to be aware of.

Indicator (e) The Auditor reviewed the records of the client who identified in 2019 as transgendered and found meeting notes more frequently than every 6 months. Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures states housing and program assignments for a transgender or intersex resident shall be reviewed through the facility classification process at least every six (6) months to consider any threats to safety experienced by the prisoner or resident. The Auditor, as noted, was provided notes on the previous transgender admission.

Indicator (f) NCDPS policy states in the case of a transgender or intersex resident, the decision about housing shall be made on a case-by-case basis, taking into account the views of the resident. There were no current transgender juveniles in the facility, and the Auditor was able to review the last case, which occurred in 2019. Transgender individuals, like other residents, have access to weekly treatment team meetings in addition to a two-time-a-year accommodation meeting. The Auditor pointed out ways to better document the resident's preferences in the safety review document.

Indicator (g) NCDPS PREA policy requires "Transgender and intersex residents will be given the opportunity to shower separately from other residents." Chatham Youth Development Center residents all have access to individualized showers. All juveniles reportedly shower while other residents are in the rooms in a single-use shower behind two curtain walls.

Indicator (h) Chatham Youth Development Center has not isolated any residents.

Indicator (i) Chatham Youth Development Center has not isolated any residents. NCDPS policy addresses if isolation occurs, including a review at a minimum of every 30 days.

Compliance Determination

As discussed, the North Carolina Department of Public safety has policies that describe the requirements of the various indicators in this standard. The electronic case management system of North Carolina DPS (NC-Join) will prevent housing of potential or known victims with potential or known aggressors based on the PREA Screening tool in 115.41. All residents are asked how they feel about their safety which helps guide the placement process for housing and eventually programming. CYDC currently has no transgender residents. The documentation from two years ago and the policy language in place support they understand the steps needed to protect the right of all LGBTI residents. During the tour and subsequent movement, the Auditor was able to see how transgender residents have privacy during shower or bathroom use. Documentation supports that LGBTI residents are not all housed together or denied programming. There is no legal

judgement requiring such condition to exist.

Line custody staff also understand the need to protect potential victims from potential aggressors and discussed during their informal and formal interviews, how they get to know the resident and observe and address any behaviors. Facility leadership report known aggressors and known victims would not be housed in the same unit and that they move by unit in school and for most programming. Unit staff have access to safety plans that can provide pertinent information without disclosing sensitive information.

The standard is determined to be compliant based on policy, supporting documents, and interviews with residents and staff. The Auditor finds that practices are in place to use screening information, and there is good communication about those at risk. Absent a current transgender individual, the Auditor relied on existing file documentation and staff reports to help in the compliance determination.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 329 577 356">Chatham Pre-Audit questionnaire</p> <p data-bbox="240 387 1046 414">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="240 445 448 472">DJJ PREA Brochure</p> <p data-bbox="240 504 440 530">Resident handbook</p> <p data-bbox="240 562 418 589">JJ PREA Posters</p> <p data-bbox="240 620 632 647">Fraud Waste and Abuse hotline poster</p> <p data-bbox="240 678 1038 705">Memo informing the Auditor on the frequency of complaints to outside agencies.</p> <p data-bbox="240 736 467 763">NCDPS PREA Hotline</p> <p data-bbox="240 844 716 871">Individuals interviewed/ observations made.</p> <p data-bbox="240 902 526 929">Interview with Random Staff</p> <p data-bbox="240 960 523 987">Interview with Random staff</p> <p data-bbox="240 1019 1152 1046">Interview with Orange County RCC, UNC Hospital and Chatham Victims Services Unit staff</p> <p data-bbox="240 1077 443 1104">Observation on tour</p> <p data-bbox="240 1189 505 1216">Summary Determination</p> <p data-bbox="240 1247 1485 1574">Indicator (a) Random residents' interviews confirmed that the residents know there are multiple ways to report a concern within the facility or to the Department of Public Safety Central Office. Residents knew of the postings on the walls of the units and information on how to report a concern in the Resident handbook. Residents described options to report a concern including directly to a staff they trust, to any case manager or medical or mental health staff, by writing the Facility Director or by calling the DOC PREA 'hotline' or the Department of Social Services. It should be noted residents supported they have comfort with going to line staff to report a concern. The facility also provides pre-addressed envelopes for mailing internal or external agencies about PREA concerns. The PREA Coordinator did confirm there were no claims filed through the PREA Hotline for CYDC. The agency PREA policy (page 14) covers reporting and ensures each facility administrator has multiple ways for residents to report a concern related to sexual abuse, sexual harassment, retaliation, or staff neglect that contributed to abuse. Posters were visible on the tour, and the Auditor tested the ability to call the hotline.</p> <p data-bbox="240 1664 1485 1924">Indicator (b) The North Carolina Department of Public Safety has set up a way in which residents can report a PREA concern to an outside agency. The phone numbers for the local DSS was added to the PREA poster, and the residents have pre-addressed envelopes to DSS. in each housing unit. The poster also has the address of the PREA Coordinator, and it was requested they add the local DSS number if they do not feel comfortable reporting to CYDC staff. Residents were aware of these options and stated they could also call attorneys or family members to report a concern. The Auditor reached out to one of the national numbers listed on the "Expect Respect" poster but the agency confirmed they are just an emotional resource and can not serve in the capacity of a reporting agency. NCDPS and CYDC does not house juveniles for civil immigration violations.</p> <p data-bbox="240 2013 1474 2139">Indicator (c) Random staff interviews, confirm consistent with agency policy, that all staff take any report of a PREA related incident seriously and report the concern to a superior or to the facility investigator. Policy states, "Any employee who receives an allegation or has knowledge of sexual abuse or possible sexual abuse or harassment and fails to report the allegation as provided in this policy or DJJDP 6, Reporting Abuse and/or Neglect, or fails to initiate a Sexual Abuse Incident</p>

Response Checklist, will be subject to disciplinary action up to and including dismissal. Staff has a duty to report any allegation that residents are having sexual relationships with other residents or with staff, as well as a duty to initiate the PREA Sexual Abuse Incident Response Checklist (Form YD 001)." Random staff knew they had to report the claim no matter the source of information including anonymous notes. The staff reported that any claim, even if they thought it did not occur, needed to be reported. The staff also confirmed that after giving notice to a supervisor they were required to file a written report on the claim. Finally, the staff also confirmed they had to report on the actions or failure to act of a fellow employee that leads to a sexual assault. Staff reported verbal notification to a supervisor was required as soon as possible and that an incident report must be filed before the end of the shift. The random staff statements were consistent with the language in DOC policy and this standard indicator.

Indicator (d) The Auditor confirmed with residents how they could file a written complaint on PREA through the grievance system or in-house mail to a staff person they trust. They also were aware they could write outside agencies and most understood the meaning of privileged correspondence. The Auditor saw the mailbox system on the housing unit used to send internal or external mail. CYDC PREA Compliance Manager also confirmed the various ways in which a client reports a concern and how the administration would be notified of any claims

The Agency provides several avenues for staff to report a concern of sexual assault or sexual harassment. Beyond reporting an incident to their immediate supervisor, if the staff had a concern about the supervisor or another staff being involved with a client they report to another supervisor or to a higher ranking individual, they can make a report using either the posted phone numbers or The North Carolina DOC PREA office. Staff interviews confirmed they were aware of multiple avenues to report a concern. The staff knew they could report out of the chain of command without consequences. The Auditor also was provided with a PREA informational brochure which describes how staff and volunteers can report a concern.

Compliance Determination

North Carolina Department of Public Safety and CYDC Juvenile Justice facilities Sexual Abuse and Harassment Policy and Procedures, outlines the requirements of this standard. Page fourteen of the policy addresses the staff responsibility to accept all forms of resident reported sexual abuse and sexual harassment claims. The facility's Sexual Assault Brochure, the Resident Handbook and posters throughout the facility all give direction on the importance and methods of reporting sexual abuse and sexual harassment. Interviews with staff were consistent in their understanding of their duties of accepting and responding to all reports of sexual assault or sexual harassment whether it was done verbally, in writing, anonymously or by a third party. Residents interviewed were aware of multiple ways in which they could report including telling staff, calling the hotline to one of two numbers, mail administration or the Department of Social Services, complete grievance form or call or write the local rape crisis agency. Posters seen on all the housing units during the tour direct residents on how to report if they did not want to speak to CYDC personnel. The rape crisis information is also located in the resident handbook. Residents spoken to formally and on tour reported comfort in speaking with staff including the unit staff if they had a concern. Custody staff reported knowing how to privately report PREA concerns to administration and that there is no problem reporting out of the chain of command. The Auditor finds compliance with standard provisions, based on the policy, documentation provided and viewed on the tour, and the interview findings of random staff and residents as well as interview information from the PREA Compliance Manager and PREA Coordinator.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>NCDPS Juvenile Justice Grievance Policy</p> <p>Resident Handbook</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with facility PREA Compliance Manager</p> <p>Interview with Facility Director</p> <p>Interview with the Associate Commissioner</p> <p>Interview with Random Residents</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) The Chatham Youth Development Center is not exempt from the standard; Residents can file a grievance on conditions that violate their rights or facility rules. Sexual misconduct is a reason for which a resident can file a grievance. In the 12 months prior to the site visit, there were zero sexual assault or sexual harassment claims.</p> <p>Indicator (b) Agency policy and client handbooks support the resident can file a grievance to a person who is not the subject of the grievance, and there is not a time requirement for filing a PREA Grievance. There is also no requirement to resolve the situation through an informal process. Agency Policy sets forth these conditions and informs them of the confidential nature of the process. The Policy states that no grievances related to allegations of sexual abuse will ever be denied, the policy goes on to state these grievances will be handled automatically as an emergency grievance.</p> <p>Indicator (c) The facility has several steps in place to help juveniles in making grievances. Each housing unit has a secure black box in which grievances or inhouse mail to administration can be entered. The facility limits access to this box to administration and provides envelopes so residents can send sealed mail. If the person who handles grievances is the subject of the complaint, consistent with agency policy, the residents can send the grievance directly to the facility administrator. The Facility Director did not report receiving any PREA related grievances. NCDPS grievance policy states, "A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. Such grievance is not referred to a staff member who is the subject of the complaint."</p> <p>Indicator (d) Chapter 6 of the agency policy manual addressed the agency's internal grievance process. The policy sets forth the requirements for response and appeal consistent with the standard, including 90 days from submission and requirements for notification on extensions. At North Carolina facilities, all PREA related notifications would be completed by the assigned PREA Support Person. The North Carolina Juvenile Justice will produce a faster response period than the indicator requires since the timeline for administrative response to sexual abuse grievance to have an initial response within 5 days. As a smaller facility, grievances are resolved generally in days instead of months.</p> <p>Indicator (e) Agency grievance policy addresses the concerns of this indicator. "Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, and parents/legal guardians shall be permitted to file a grievance on behalf of or assist residents in filing grievances relating to allegations of sexual abuse." Residents spoken to by the Auditor confirmed that there is no prohibition on assisting or filing a grievance for another resident. Most residents did not pick grievances as an option for reporting a PREA concern without prompting. Most residents identified direct communication with staff, administrators or calling the PREA Hotline. Staff were also aware they need to accept all complaints or grievances from third-party individuals.</p> <p>Indicator (f) As noted in indicator (b), any grievance where there is an imminent risk for sexual misconduct requires</p>

immediate notification to the facility's chief administrative officer and it will be handled as an emergency grievance. Policy states, "Emergency grievance: If a grievance alleges that a juvenile is at substantial risk of imminent sexual abuse, the director shall take immediate corrective action and provide an initial response to the juvenile within 48 hours of receiving the grievance. The Center Director/designee shall provide a final determination of whether the juvenile is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance within 5 calendar days." There were no incidents in which an emergency grievance was filed in the last 12 months. Discussions with both the Facility Director and the PREA Compliance Manager support an expectation of an immediate response to any claim of sexual misconduct, including grievances focusing on providing the victim safety without the use of isolation.

Indicator (g) Residents can only be disciplined if, through an investigative process, it is substantiated that the grievance was filed in bad faith. This is the same standard for all PREA complaints filed even if they are not through the formal grievance process. Agency policy (PREA pg 13) states, "A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation." There were no instances in which grievances were filed in bad faith. Juveniles spoken with were able to describe the discipline process at the facility for lying and recognize that false allegations related to PREA would be taken seriously.

Compliance Determination

Chatham Youth Development Center is not exempt from the exhaustion of administrative remedies. The North Carolina Department of Public Safety has created a policy that promotes the use of a grievance process. Policy states, "Complaints and grievances are confidential. Only those persons necessary to resolve a complaint or grievance, or group of complaints or group of grievances (trend), should be informed of the content. In resolving the issues, parties necessary to the communication and resolution of the issue are notified. Complaint Process (conversation, written letters) Formal Grievance Process (Grievance submitted on a DJJ Grievance Form). The complaint and grievance processes shall be administered in such a manner as to promote a dialog between staff and juveniles, where the juvenile will not fear reprisal (revenge/punishment) for conveying a complaint or making a grievance. Confidentiality serves this end." There were no instances in which normal grievance, or an emergency grievance was filed. Residents in the random interviews reported no history of filing a grievance on a PREA related concern. Residents reported comfort in telling staff directly about concerns and if they felt it was not addressed, they would send a request to the Facility Director or the PREA Compliance Manager to discuss concerns. With no PREA Grievance (sexual harassment case) to review, compliance determination relied on the policy and interviews with the Facility Director, PREA Compliance Manager and the residents who were aware the grievance process was a possible avenue to report a sexual misconduct concern.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>PREA Brochure</p> <p>NCCASA – PREA the North Carolina Approach</p> <p>NCDPS – Detention Services Policy and Procedure</p> <p>Expect/Respect Curriculum</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Facility Director</p> <p>Observation on tour</p> <p>Signage in the facility</p> <p>Summary Determination</p> <p>Indicator (a) The CYDC provides access to the local rape crisis agency. Unfortunately, the closest rape crisis center closed and they have entered into an agreement with the Sheriff's Office Victims Services unit. The Auditor also spoke with representatives of the neighboring County's RCC that reports they can provide phone support to the population. The umbrella rape crisis agency in North Carolina Coalition Against Sexual Assault. (NCCASA) can provide access to services in the facility and provide a network of resources for youth leaving custody to other parts of North Carolina. The RRC agency's employees are granted professional visitor status which allows for confidential communication. This means that calls are not recorded, mail is not read, and visitation can be private. The CYDC do not hold juveniles for civil immigration violations. The facility has postings up to inform residents how to access legal assistance. The Auditor recommended an additional posting from NCCASA that shows the contact information for all of North Carolina's rape crisis agencies since the Juveniles come from all over North Carolina. The Chatham County Sheriff's Office victims services staff confirm they can provide most of the services of a Rape Crisis agency, including accompaniment for hospital and legal interviews as well as supportive counseling.</p> <p>Indicator (b). All residents are informed at the inception of services that confidentiality is limited when there is an individual who has been victimized in the institution. All Chatham Youth Development Center residents sign acknowledgment forms on confidentiality limitation. Health care staff report residents are educated on confidentiality as part of their service introduction for both medical and mental health services. Juvenile calls are not recorded but are completed in an area near the housing officer's desk or they can request to make the call in the case manager's office knowing the worker would be present.</p> <p>Indicator (c) The CYDC has a Memorandum of Understanding with the Chatham County Sheriff's Office which covers providing victim services including emotional support to victims of sexual abuse. The Chatham Youth Development Center and the CCSO have statements of what each party agrees to provide. The agreement is current and was signed in March of this year. The NCDPS PREA Office has a relationship with the state-wide rape crisis agency North Carolina Coalition Against Sexual Assault (NCCASA).</p> <p>Indicator (d). CYDC provides the residents with an understanding on the levels of confidentiality in their communication to legal representatives or to their parents. Due to the COVID-19 pandemic visitation are not in person so calls are done by phone or through video conferencing. The residents understand these restrictions and that even during the phone call, staff can only hear their side of the question. The detainees are not limited on the mail they can send. Resident phone calls are made at no financial cost to the youth or their families.</p>

Compliance Determination

Resident victims at CYDC can access victim advocates for emotional support. The agency has entered into a Memorandum of Understanding with the CCSO to provide support to victims (Indicator (c)). The Western Regional Director has signed the MOU with both CCSO, which can be renewed. As part of the audit process, the Auditor spoke by phone to NCCASA representatives who confirms their ability to provide service at DPS facilities. The PREA Brochure and signage throughout CYDC had a toll-free number for residents to access from the unit phone in the facility or with their case manager. The handbook informs residents they can call or write outside agencies who could come to the facility to provide services as a professional visit.

Residents could identify how confidential the communication is within the facility, including mail and telephone contacts. Residents also knew that outside counseling staff could be spoken to in a professional visiting setting. The Auditor could see, on the tour, posters for NCCASA and legal assistance for those detained. All indicators of this standard were covered in policy that supported compliance and the documentation visible on the tour and through interviews with residents and outside organizations. The PREA Compliance Manager was encouraged to engage with the RCC community to build on the relationship and services available.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>North Carolina DPS Website</p> <p>PREA Posters on Housing units</p> <p>Logs of the PREA report Hotline</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) North Carolina Department of Public Safety has developed a mechanism for individuals who want to report PREA concerns as a third party, be they fellow residents, family, or friends. Information can be given in person, by phone, by mail, or by contacting the agency PREA Coordinator through the agency website NCDPS.Gov. There is information directing residents in the PREA brochure, PREA poster, resident handbook, and on the website noted above. The residents are provided information on how to send complaints to the Department of Social Services. Staff were aware that they must take all reported concerns about PREA potential violations, including from third parties. The facility phones allow for residents to dial out to the advocates or the North Carolina DPS PREA Coordinator. The North Carolina Department of Public Safety policy addresses the requirements of this standard.</p> <p>Compliance Determination</p> <p>North Carolina Department of Public Safety has put in place multiple resources of residents and families to report a PREA related concern. Compliance was based on policy and the systems North Carolina DPS has put in place to support residents and that residents were aware they could make a complaint on behalf of another resident. Finally, the Auditor took into consideration the systematic logs of information on all calls to the PREA Line. The Auditor also took into consideration the willingness of the neighboring county's RCC to provide additional the message.24-hour phone support.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>DPS Abuse and Neglect Policy</p> <p>Temp Contracted Employment agreement (PREA requirements)</p> <p>NC Statute 14-43 (child abuse reporting requirements)</p> <p>CYDC PREA Incident Checklist</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with random staff</p> <p>Interview with facility Investigator</p> <p>Interviews with Medical and Mental Health staff</p> <p>Summary Determination</p> <p>Indicator (a) In several parts of the Agency's PREA policy, the Abuse and Neglect policy and North Carolina Statutes direct staff to report all knowledge or suspicion related to sexual misconduct against a resident. The agency's policy on abuse and neglect states it has "a zero-tolerance policy towards all forms of abuse and neglect, and stands committed to a culture of safety and security. Any staff member who has cause to suspect or receives any information that possible abuse and/or neglect of a juvenile occurred while in the physical custody of the Department, while under the direct supervision of the Department, or occurring in or on DJJDP-operated facilities/grounds or Court Counselor offices, must immediately take appropriate action to: (1) safeguard the juvenile(s) involved; (2) secure the scene of the incident where the alleged abuse and/or neglect occurred on departmental facility grounds; (3) report the matter immediately through the chain of command and to the Department of Social Services (DSS); and (4) complete an Incident Report. All other instances of alleged or suspected abuse/neglect shall be reported to DSS and recorded in NC-JOIN case notes. The staff interviewed by the Auditor were also clear that knowledge of misconduct by staff through actions or inactions leading to abuse must be reported.</p> <p>Indicator (b) NCDPS policy Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures states, (on page 14), that all reports of abuse will include reporting the incident to the Department of Social Services (DSS). As noted in Indicator (a) the agency's Abuse and Neglect Policy also sets forth this requirement. Random staff interviewed were aware of the requirement and the Auditor was provided with examples of the NCDPS PREA Incident Checklist which (item 6) reminds staff to notify DSS and local police on all allegations of sexual abuse and on any allegation of sexual harassment if a staff person is the alleged perpetrator. The Auditor also reviewed state statutes which define reporting responsibilities consistent with the policy.</p> <p>Indicator (c) Random staff were aware of the importance of keeping information disclosed by a resident to those with a need to know such as the Supervisor on duty, and appropriate medical or Mental Health staff who may respond. The NCDPS PREA Incident Checklist (item 5) reminds thaff that all allegations are reported to the senior person in charge. The information about the incident is confidential and should only be shared on a need-to-know bases.</p> <p>Indicator (d) As noted in previous standards, the medical and mental health staff ensure client confidentiality unless there is a risk that another could impact the safety of individuals. Staff report residents sign that they understand the limits of confidentiality with medical and mental health upon initiation of services. .As noted in indicator (c), North Carolina state law</p>

requires notification of any abuse of juvenile residents. Medical and mental health staff were able to discuss the requirements for informed consent and how they notify all residents at the initiation of services on the limitations of their confidentiality. The Auditor was shown examples in the Juvenile charts of the confidentiality requirement.

Indicator (e) Agency PREA Policy (page 22) sets forth the obligation to notify parent or legal guardian of any allegation of sexual assault. It states, "Ensure appropriate signed individual consent forms are obtained for participation in the acute medical evaluation, the comprehensive medical evaluation, and/or the forensic mental health evaluation. The limitations of confidentiality must be explained the alleged victim and/or the parents and/or the legal guardians at the time that consent is signed."

Compliance Determination

There are multiple policies and statutes that direct staff of CYDC in the handling of a report of Sexual Assault or Sexual Harassment. Random staff interviews confirmed that staff are aware of the immediate need to report all accusations of sexual assault or sexual harassment. They knew this included third party and anonymous complaints and accusations that may not be true. The staff interviewed knew they also had to report on a coworker whose actions or inactions lead to a sexual assault. Staff were aware of the importance of timely reporting and the need to provide confidentiality about information. Staff were aware that exceptions are when reporting to supervisory staff, investigative staff or information needed to secure treatment or provide for the safety/security of others.

The facility's Medical and Mental Health clinicians were aware of the timely reporting concerns. Supervisors also know to contact the resident's parent/guardian, CYDC Administration, local law enforcement, and the Department of Social Services. Medical and Mental Health staff have all residents sign a form understanding the limit of their confidentiality prior to service. All staff, including the contractors, were aware of mandated reporting and their legal responsibility to report. The above stated facts support compliance and that the staff have a clear understanding on the responsibility to report a concern related to PREA. The Auditor considered absent a PREA allegation, the checklist that guides staff response and client interviews supporting an understanding of the limits of confidentiality if a resident was a risk of being hurt or hurting someone else.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Population report for Chatham Youth Development Center</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the Agency Head Representative</p> <p>Interview with Facility Director</p> <p>Interview with Random Staff</p> <p>Summary Determination</p> <p>Indicator (a) The Chatham Youth Development Center had no incident in which they enacted steps to protect a resident in imminent risk of sexual abuse. Interviews with the Facility Director and the previous interview with the Agency Head's designee support a commitment to the safety of all juveniles served in DPS facilities. The YDC has multiple units to be able to keep youth apart from each other. The facility can place youth at risk on a safety plan to allow him to move separately from any individual or group of aggressors. If the facility believes a resident might be at risk, the facility can place them on what is described as almost a one-to-one for extra support. The agency will consider the movement of an individual if safety risks can not be alleviated.</p> <p>Compliance Determination</p> <p>The Chatham Youth Development Center and the Department of Public Safety administration are verbal about their commitment to resident safety. The administration supports that they have several housing options to protect a resident from potential abuse. Interviews with facility and agency administration supported the ability to be responsive to individuals who were at risk of abuse in addition to those who may have been the victims of abuse. Random staff interviewed identified what to do in situations of imminent risk, including immediate separation of parties, increased contact, support to the residents, notify up the chain of command, and documentation of the incident. Each unit has special needs plan binders that promote client safety and ensure staff knows where potential conflicts exist. Compliance was determined based on the interviews with Administration and line staff. The Auditor also took into consideration that residents expressed staff were approachable and believed staff would take a complaint seriously and maintain their safety.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 845 295">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 579 353">Chatham Pre-Audit questionnaire</p> <p data-bbox="242 387 1046 412">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="242 501 716 526">Individuals interviewed/ observations made.</p> <p data-bbox="242 560 655 584">Interview with Agency PREA Coordinator</p> <p data-bbox="242 618 544 642">Interview with Facility Director</p> <p data-bbox="242 732 505 757">Summary Determination</p> <p data-bbox="242 790 1493 1115">Indicator (a) The North Carolina Department of Public Safety Policy outlines the requirements if an individual discloses at one facility that they were previously victimized at a prior juvenile correctional facility. The policy requires the notification is made to the state PREA Coordinator and the facility administrator or designee. There was no reported incident of sexual abuse allegations made while the resident was living at another facility. Interview with the PREA Compliance Manager and the Facility Director support that CYDC has the culture in place to ensure all allegations, including ones that occurred in another setting, are reported promptly. The Facility Director knew that residents who disclose abuse at another facility must be reported to the head of that other facility. Agency PREA policy (page 10) states, "Upon receiving an allegation that a resident was sexually abused or harassed while confined at another center (to include agencies outside of DPS), the Center Director that received the allegation shall notify the Center Director or appropriate office where the alleged abuse occurred and shall also notify the appropriate investigative agency."</p> <p data-bbox="242 1205 1493 1296">Indicator (b) The PREA Coordinator, PREA Compliance Manager, and the Facility Director were all aware in their formal interviews that notifications to outside facilities should be made as soon as possible but no later than 24 hours which exceeds the standard requirement of 72 hours. There were no such reported incidents for the Auditor to review.</p> <p data-bbox="242 1386 1469 1447">Indicator (c) Agency policy requires notifications are to be documented. Since there were no incidents, the Auditor relied on policy and the knowledge of the individuals interviewed.</p> <p data-bbox="242 1536 1466 1628">Indicator (d) Documentation was provided that there were no outside reports of sexual assault of a former resident from CYDC by another facility. The Facility Director confirmed, consistent with the policy, that all outside allegations will result in an investigation.</p> <p data-bbox="242 1718 531 1742">Compliance Determination</p> <p data-bbox="242 1776 1493 2002">North Carolina Department of Public Safety Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures addresses the requirements of reporting to other confinement facilities of incidents of sexual assault that had occurred in those facilities. The policy requires that at all DOC facilities, notification is done in writing and within 24 hours (the standard requirement is 72 hours). Interviews with the facility Director and PREA Coordinator confirmed they were aware of responsibilities, including the documentation of notifications. Absent a current case, compliance with this standard was based on the agency policy, the Facility Director and PREA Coordinator's knowledge of their responsibilities, and the documentation provided.</p>

115.364	Staff first responder duties
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 845 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 579 358">Chatham Pre-Audit questionnaire</p> <p data-bbox="242 387 1046 416">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="242 445 560 474">CYDC PREA Incident Checklist</p> <p data-bbox="242 504 788 533">NCDPS PREA Training Outline (first responder duties)</p> <p data-bbox="242 613 716 642">Individuals interviewed/ observations made.</p> <p data-bbox="242 672 655 701">Interview with Agency PREA Coordinator</p> <p data-bbox="242 730 561 759">Interview with investigative staff</p> <p data-bbox="242 788 379 817">Random staff</p> <p data-bbox="242 902 505 931">Summary Determination</p> <p data-bbox="242 960 1481 1088">Indicator (a) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures (page 20-21) covers the requirements of the first responder duties, including 1) separating victim and alleged abuser 2) preserving and protecting the crime scene 3) directing the alleged victim on protecting evidence until they can be transported for forensic examination 4) ensure the alleged abuser also does not take actions to destroy evidence.</p> <p data-bbox="242 1120 1455 1247">Absent a sexual assault incident, the Auditor asked all random staff about their awareness of the first responder's duties. Random staff also were able to provide examples of how they would respond consistently with the policy. CYDC provides PREA manuals to each housing unit which provides reinforcement of duties. The manuals also include the PREA Incident checklist, further supporting first responder duties are fulfilled.</p> <p data-bbox="242 1332 1469 1460">Indicator (b) All staff and contractors in the Department of Public Safety are all trained on how to protect evidence in the event of a sexual assault. The random custody, and non-custody random staff, along with contracted staff interviewed, recognized the importance of closing off the crime scene, separating individuals, instructing the individuals not to eat, drink, wash or use the bathroom. They also know not to have them change clothing.</p> <p data-bbox="242 1547 531 1576">Compliance Determination</p> <p data-bbox="242 1606 1485 1899">The North Carolina Department of Public Safety trains all Juvenile Justice employees and contractors in the duties of a first responder. North Carolina DPS has developed a coordinated response plan that gives first responders directions and information to support them through the crisis. Compliance determination relied on the interviews with staff who were able to identify steps 1-4 in (Indicator a) and that they were to tell the alleged victim and perpetrator not to do anything that could affect the collection of evidence. Medical staff and educational staff were also aware of the steps to preserve evidence. (Indicator B). Staff at CYDC are prepared to respond as evident in their answers that support compliance. Staff interviewed confirmed steps taken to protect the resident, the evidence, and the crime scene. Compliance is based on policies, and absent a first responder incident, the interviews with random staff who knew what to do to protect the resident, and the steps taken to preserve evidence.</p>

115.365	Coordinated response
	<p data-bbox="242 145 766 174">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 845 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 327 582 356">Chatham Pre-Audit questionnaire</p> <p data-bbox="242 383 1045 412">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="242 439 566 468">CYDC PREA Incident Checklist</p> <p data-bbox="242 495 630 524">CYDC Sexual Assault Response Plan</p> <p data-bbox="242 613 718 642">Individuals interviewed/ observations made.</p> <p data-bbox="242 669 774 698">Interview with Facility and Agency PREA Coordinator</p> <p data-bbox="242 725 550 754">Interview with Facility Director</p> <p data-bbox="242 781 518 810">Interview with Investigators</p> <p data-bbox="242 837 518 866">Interview with Medical Staff</p> <p data-bbox="242 893 694 922">Interview with Hospital with SAFE/SANE staff</p> <p data-bbox="242 949 662 978">Interview with local Rape Crisis Agencies</p> <p data-bbox="242 1005 566 1034">Interview with Supervisory staff</p> <p data-bbox="242 1061 598 1090">PREA Binder on the Housing Units</p> <p data-bbox="242 1180 502 1209">Summary Determination</p> <p data-bbox="242 1236 1492 1570">Indicator (a) The North Carolina Department of Public Safety has ensured each Juvenile Justice facility has a preparedness plan for sexual assault incidents. The plan directs staff in their duties, so a coordinated response is done the same way each time. The plan is individualized at the facility level to increase staff response time and accuracy of information needed including, local hospital numbers and local rape crisis agency contact information. The agency PREA policy puts the development and maintenance of the facility plan on the facility PREA Compliance Manager. The policy states, "The PCM will ensure the center has a written, institutional plan (this policy, medical protocol, and Forms YD 001 and 002) for a coordinated response (first responders, medical, mental health, investigators, senior leadership) to resident sexual abuse and harassment issues.' The Facility PREA Coordinator confirmed the plan and that they have PREA Mock Drills to ensure the staff are properly prepared to handle a crisis. The Facility Director provided a copy of the last year's mock sexual assault.</p> <p data-bbox="242 1597 534 1626">Compliance Determination</p> <p data-bbox="242 1653 1492 1986">Chatham Youth Development Center is compliant because it has developed a coordinated response plan that directs staff in their duties. The plan is reviewed and updated by a multidisciplinary team and is continually available. The Checklist available along with PREA binders on each unit and random staff interviews further supports compliance. The facility plan describes the duties of first responders, supervisory staff, investigative staff, and medical and mental health staff duties. Interviews with the Facility Director, PREA Compliance Manager, Supervisory staff and Medical staff all confirm knowledge of their roles in the plan. The Auditor has decided the facility has exceeded compliance with this standard. The reasoning behind this is based on staff preparation. Each unit has a PREA emergency binder to ensure a consistent response to sexual assault incidents. The Auditor also took into strong consideration the facility's use of a MOCK PREA incident. These types of training are normally associated with medical 'man down' drills. The facility recognized that though there are limited PREA allegations (0 in the last 12 months), and the value of ensuring preparation.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>NC State Human Resource Manual</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Deputy Director of Operations</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Facility Director</p> <p>Summary Determination</p> <p>Indicator (a) North Carolina Department of Public Safety does not have unionized employees in its juvenile justice facilities.</p> <p>Indicator (b) The Auditor is not required to review this indicator</p> <p>Compliance Determination</p> <p>The Department of Public Safety has no contracts with bargaining units at its Juvenile Justice facilities. The Auditor requested and was provided information from state human resources policy which defines the grounds for putting an individual out on administrative leave after an allegation of sexual misconduct. The Human resource policy state, "An employee may be placed out on investigatory leave with pay for the following reasons; to investigate allegations of performance or conduct deficiencies that would constitute just cause for disciplinary actions. This standard is compliant based on the information provided and the interviews with administrators.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 845 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 329 579 356">Chatham Pre-Audit questionnaire</p> <p data-bbox="240 387 1046 414">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="240 445 515 472">Retaliation monitoring form</p> <p data-bbox="240 557 716 584">Individuals interviewed/ observations made.</p> <p data-bbox="240 616 659 642">Interview with the Agency Head designee</p> <p data-bbox="240 674 655 701">Interview with Agency PREA Coordinator</p> <p data-bbox="240 732 671 759">Interview with PREA Compliance Manager</p> <p data-bbox="240 790 544 817">Interview with Facility Director</p> <p data-bbox="240 848 612 875">Interview with PREA Support Person</p> <p data-bbox="240 907 515 934">Interview with random staff</p> <p data-bbox="240 1019 505 1046">Summary Determination</p> <p data-bbox="240 1077 1481 1435">Indicator (a) North Carolina Department of Public Safety has information on the expectation to monitor individuals after any PREA claims. The Agency PREA policy states, "Management is responsible for monitoring the conduct and treatment of residents and staff who reported the sexual abuse and the residents who were reported to have suffered sexual abuse for at least of 90 days following the report." The North Carolina Department of Public Safety has created voluntary positions for facility staff who want to serve as PREA Support Persons. The individuals are approved by the facility Director and receive additional training annually. The PSPs serve as go-to persons for victims or other residents who cooperate in an investigation of sexual misconduct. The Policy defines their roles in monitoring for retaliation of residents. The policy also requires the PCM to serve as the individual responsible for monitoring staff for retaliation. The PREA Compliance Manager will ensure the monitoring process is documented. The form documents the types of monitoring in the given week from the review of incidents, discipline to follow up with mental health, or direct conversation with the resident by the person completing the monitoring.</p> <p data-bbox="240 1467 1469 1695">.Indicator (b) The Facility Director supported the facility is large enough with sufficient housing units to ensure individuals who have been separated post a PREA Incident can be safely managed to ensure no retaliation. Residents would routinely be offered counseling services and case workers would provide routine check-ins to ensure the client is feeling safe. Staff who may have concerns would work with the operational supervisor to mitigate the concern. The Director supports that the alleged victim would be kept apart from the alleged aggressors. The agency as noted in 115.366 has the ability to remove alleged staff from contact with alleged victims. The Director report any retaliation or ongoing concerns could result in the movement of one of the residents to other facilities as deemed necessary.</p> <p data-bbox="240 1785 1481 2076">Indicator (c) As noted in Indicator (a) the Department of Public Safety policy supports all individuals (Residents and Staff) who report a PREA Incident are monitored for changes in behaviors that might be a symptom of their being retaliated against. The form developed also addresses the nine elements of this indicator. The individual completing the form must document if they reviewed discipline, if housing moves occur or are requested, programmatic or job performance changes, and document if face-to-face communication has occurred or if a mental health follow-up was requested from any of the monitoring concerns. The agency PREA policy states the monitoring will go for a period of at least 90 days. The Auditor was able to interview a PREA Support person on their role, and what they consider in the monitoring process. Including the frequency, they would have with the resident directly. The PSP is required to provide documentation of their efforts to the PCM and notify immediately if they have any concerns of possible retaliation.</p> <p data-bbox="240 2107 1485 2134">Indicator (d) The occurrence of status checks can be documented through the form. The PSP can obtain information through</p>

treatment team meetings as well as the unit management team notes or mental health chart. The CYDC PREA policy indicated the resident is expected to complete direct conversations weekly during the first three weeks and periodically thereafter. The PSP is also required to speak with the facility Director and the agency Investigators about the status check-ins.

Indicator (e) As noted in indicator (b), the facility has sufficient means to protect a resident. Chatham is one of ten Juvenile facilities for housing the North Carolina Department of Public Safety clients. The facility has multiple housing units, and all residents are single-celled.

Indicator (f) The Auditor is not required to review this indicator

Compliance Determination

The Department of Public Safety has a policy in place to address the elements of this standard. Documentation supports the facility has been compliant with monitoring expectations. The facility did not have a staff person who needed to be monitored this year. The Human resources staff are aware of the standard, and the Facility Director would also utilize administrative staff to further monitor staff.

The Agency Head and the Facility Director, both described multiple mechanisms that would be put in place to protect individuals who report sexual assaults which include changing housing, preventing contact between the accused and the victim and monitoring reports about the resident or staff to see if there is any change in behaviors. The Agency has developed a cadre of staff in the PREA Support Persons at each facility to ensure residents have an individual they could feel comfortable discussing their ongoing safety after making an allegation of sexual misconduct. The PREA Compliance Manager and Facility Director were aware that retaliation monitoring should be done with all individuals who cooperate with the investigation. The standard is compliant based on information provided, interview statements, and the policy.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Juvenile Justice Facilities Detention Services Policy and Procedure</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Facility Director</p> <p>Interview with Agency Head representative</p> <p>Summary Determination</p> <p>Indicator (a) The North Carolina Department of Public Safety Policy does not have special management units in the YDC. The residents are not allowed to be isolated in cels for long period of time. Agency policy states, "Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only when alternative means of keeping residents safe cannot be arranged. Any resident isolated for the purpose of sexual abuse prevention will receive daily visits from medical or mental health staff, have access to required educational programming, and have access to other programs to the extent possible." The Director confirmed that it is not their practice to isolate individuals and if there a concern the individual with greater restrictions would be the aggressor, not the victim. Chatham PREA Compliance Manager reports no instance in which special management practices were required to be used for a victim of sexual assault. The NCDPS facility was not built with an isolation unit</p> <p>Compliance Determination</p> <p>In the interview with the facility Director, the Auditor confirmed documentation from the audit file stating they have not used segregation of any victims of a sexual assault in the past year. The facility Director stated, given the size of the facility and the various housing options, there would be no reason to isolate the youth given other supportive measures that could be put in place. The Facility Director confirmed the practice is to ensure limited impact on the victim and movement restrictions would occur preferably in the management of the aggressor. Since there was no use of special management, the Auditor could not interview a resident or staff person who had supervised them. The standard is determined to be compliant based on policy, the documentation provided, and interviews completed.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Juvenile Justice Facilities Detention Services Policy and Procedure</p> <p>NCDPS Coordinated Response flowchart</p> <p>Training Records Sexual Assault Investigations</p> <p>Memos from NCDPS Director on Investigations</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the Agency Head</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Interview with PREA Compliance Manger</p> <p>Interview with Facility Director</p> <p>Interview with YDC Investigative Staff</p> <p>Summary Determination</p> <p>Indicator (a) North Carolina Department of Public Safety in PREA policy on pages 16 to 19 set forth the responsibilities of the facility and the agency investigator including the need for a prompt thorough investigation of the facts, a complete report outlining the processes undertook, and the reasoning behind the findings. The policy and the coordinated response plan define duties, and agency policy requires investigation of all allegations, including those from a third party or anonymous sources. Random staff interviewed supported they must report all claims no matter the source or if they believe the incident to have occurred. The Department of Public Safety further supports the objective investigatory process through its Office of Special Investigations if the allegation involves a staff member. This office will complete an investigation of any staff related complaints instead of having the investigative team associated with the facility lead the investigation. The facility investigator will work with the local law enforcement agency to ensure the administrative investigation does not impinge on the criminal investigation.</p> <p>Indicator (b) As noted in 115.334, the North Carolina DPS Juvenile Justice has several staff who have completed a course on administrative investigations of sexual assaults in a correctional institution. CYDC does not currently have a trained investigator onsite but there are two staff at a near by juvenile facility that can reportedly respond to allegations at CYDC. Criminal investigations will be completed by the Siler City Police Department. The DPS trained investigator and the Facility Director spoke with the Auditor on the coordination of investigations and communication with the local police to ensure all required notifications would occur.</p> <p>Indicator (c) In the DPS Investigator interview he described the steps to preserve evidence but that the local police investigators would complete actual evidence collection at the crime scene. The CYDC staff knew how to ensure the preservation of evidence including DNA including closing off the crime scene and asking the individuals to not do anything to destroy evidence on their persons. The Investigator spoke on how evidence collected by the SAFE/SANE at the local hospital would become part of the criminal investigative file. The facility staff all were able to explain how to protect evidence until the law enforcement authorities arrive. Agency policy addresses the retention of evidence; "When a video is available that is associated with an alleged sexual abuse or harassment incident, a copy of the video will be maintained with the full investigative package in accordance with DPS retention policy." The Policy further states, "In order to preserve the integrity of the investigation and if law enforcement is not involved, then one person or a specific team shall be designated to investigate an incident, and only that person (or team) shall be involved in the collection of evidence and interviewing of potential witnesses. A thorough investigation is necessary to ensure the potential for prosecution/legal action. "In the event of a</p>

criminal investigation, DPS staff are directed to not move forward on administrative investigation steps, including interviews, until approved by the criminal investigator.

Indicator (d) The DPS-trained investigator confirms they will not terminate an investigation if a resident recants their allegation. Agency PREA policy (page 18) states, "The Department of Public Safety shall not terminate an investigation solely because the source of the allegation recants the allegation."

Indicator (e) The determination on compelled interviews would be made by the criminal investigator and the local prosecutor. NCDPS investigators would not be completing compelled interviews.

Indicator (f) The Investigator interviewed confirmed that there is no requirement of a victim to undergo any polygraph or other truth-telling process to proceed with an investigation. The Investigator confirmed in the discussions with the Auditor what the policy requires (PREA policy -page 18). "A resident that alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation." The Investigating Officer will assess the credibility of everyone involved in the case without biasness toward their position as a staff or resident.

Indicator (g). All criminal investigations potentially can include a referral to the NCDPS Office of Special Investigations if the evidence supports that a staff persons actions or inactions led to a resident on resident sexual assault. Administrative investigations into sexual harassment claims or other staff actions in sexual misconduct investigations can result in discipline outside of termination. All administrative investigations that are completed are required to have a related investigation file which includes written or oral statements, video or other physical evidence, and the reasoning behind the conclusions reached. There were no files to review of criminal or administrative investigations.

Indicator (h). All criminal investigations would be completed by the Siler City Police. Since there is no prior investigations there is no documentation to review.

Indicator (i) The Auditor was unable to review investigative files from incidents in the last 12 months. Agency policy requires all criminal acts to be referred for criminal prosecution and interviews with facility leadership support they would encourage prosecution in the event of a sexual assault incident. The Auditor confirmed with NCDPS investigator and the facility leadership that they would stay informed about any of the required steps toward prosecution that require resident notification.

Indicator (j). The North Carolina Department of Public Safety requires record retention for a period of 5 years beyond the resident's involvement with CYDC. Policy language covers the standard indicator. The Auditor reviewed other agency documentation on the website supporting this and addressed the issue with the trained investigator.

Indicator (k) Agency policy mirrors the standard language and the Investigators interviewed confirmed individual's departure from the institution would not result in the case being closed. The departure of the alleged aggressor or victim from the employment or control of the Department of Public Safety shall not provide a basis for terminating an investigation.

Indicator (l) Auditor is not required to audit this provision.

Indicator (m) As noted in above indicators, both facility leadership and the investigator interviewed confirm they would remain informed on criminal investigations completed by the Siler City Police Department.

Compliance Determination

The North Carolina Department of Public Safety has policy language that supports this standard. In determining compliance, the Auditor took into consideration many factors. The North Carolina Department of Public Safety has sufficient and appropriately trained individuals who can complete sexual assault administrative investigations and have developed relationships with local law enforcement agencies to complete criminal investigations. North Carolina DPS Juvenile Justice investigates all potential sexual-related incidents as possible PREA events even if the residents report the actions were consensual. In doing so they ensure all incidents are investigated, and evidence is collected, which provides an opportunity for a reluctant victim to come forward later. To ensure issues are handled impartially, the NCDPS central office's Special Investigations Unit would lead the administrative investigation if the incident involved a staff member.

In the Auditor's interview, the trained investigator was able to identify the steps taken to gather evidence, how the credibility of the various persons involved is determined on an individual basis, and a polygraph exam would not be required for the initiation of an investigation. Consistent with policy, it was stated that investigative reports will be completed on all administrative and criminal investigations. The facility will remain informed on all criminal cases handled through the local law enforcement agency. Absent a PREA allegation the auditor relied on policy and information obtained in formal interviews and informal conversations.

115.372	<p>Evidentiary standard for administrative investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Juvenile Justice Facilities Detention Services Policy and Procedure</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with CYDC Investigator</p> <p>Summary Determination</p> <p>Indicator (a) North Carolina DPS Juvenile Justice Policy states, "Juvenile Facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." The policy defines preponderance of evidence as follows: "The standard of proof used in most civil cases that requires the party bearing the burden of proof to present evidence that is more credible and convincing than the evidence presented by the other party. This standard is satisfied if the evidence shows that it is more probable than not that an event occurred. Preponderance of the evidence is a lesser standard of proof than "beyond a reasonable doubt," which is required to convict in a criminal trial."</p> <p>Compliance Determination</p> <p>Compliance was based on the policy language and the interview with the trained investigator.</p>
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115.373	Reporting to residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 845 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 331 579 358">Chatham Pre-Audit questionnaire</p> <p data-bbox="240 389 1046 416">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="240 448 914 474">Juvenile Justice Facilities Detention Services Policy and Procedure</p> <p data-bbox="240 506 722 533">PREA Notification forms (OPA-130, OPA-130A)</p> <p data-bbox="240 618 716 645">Individuals interviewed/ observations made.</p> <p data-bbox="240 676 600 703">Interview with an Investigative Staff</p> <p data-bbox="240 734 528 761">PREA Compliance Manager</p> <p data-bbox="240 792 480 819">PREA Support Persons</p> <p data-bbox="240 904 505 931">Summary Determination</p> <p data-bbox="240 963 1489 1357">Indicator (a) North Carolina DPS Juvenile Justice provides notification to all residents on the outcome of their investigations into sexual misconduct. The agency policy requires the notification to resident s if the allegation was substantiated, unsubstantiated or determined to be unfounded. Policy states, "Following an allegation that a resident has been sexually abused by a staff member (unless unfounded), the alleged victim shall be informed by the PSP whenever (1) the staff member is no longer posted in the resident's unit, (2) the staff member is no longer employed at the center, (3) the agency learns the staff member has been indicted on a charge related to sexual abuse within the center, or (4) the agency learns the staff member has been convicted of a charge related to sexual abuse within the center. Following an allegation that a resident has been sexually abuse by another resident, the alleged victim shall be informed by the PSP whenever: (1) the agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the center, or (2) the alleged abuser has been convicted on a charge of sexual abuse within the center. The obligation to provide the results of the investigation is terminated if the resident is released from the agency's custody." The notifications of the outcome of the investigation is to be documented on a department approved form and kept as part of the investigative file.</p> <p data-bbox="240 1442 1489 1505">Indicator (b) As noted in the previous indicator the NHRJDC administration and administrative Investigator would ensure they are kept abreast of the criminal case so they can update the victim as required.</p> <p data-bbox="240 1590 1489 1854">Indicator (c & d). The NCDPS policy requires notification by the PREA Support Person to the victim if the accused perpetrator is a staff person, contractor, or volunteer. As noted in indicator (a) the policy states the various points in which notifications are to be made. The PSP will also notify the victim when the individual has been removed from areas where they would come in contact or if they have been removed from access to the facility. "The alleged victim shall be provided a completed OPA-I30 (PREA Support Services form) by the PSP with the results of the investigation." The policy also requires notifications be made to any resident regarding any indictment or conviction of a perpetrator if the victim is still in custody. The agency notification form uses language directly from the standard as part of the notification process. A resident who had alleged a sexual abuse incident did confirm he was notified of the outcome.</p> <p data-bbox="240 1939 1393 2002">Indicator (e) NCDPS has form OPA-130 that is used to document notifications. The PSP will complete the form and document the notifications which will become part of the full investigation file.</p> <p data-bbox="240 2087 855 2114">Indicator (f) The Auditor is not required to audit this provision.</p>

Compliance Determination

Absent a PREA incident the Auditor determined compliance based on policy and interviews with various staff members who would be involved in ensuring proper notifications occurred including the facility Director, the PREA Compliance Manager and a PREA Support Person.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Juvenile Justice Facilities Detention Services Policy and Procedure</p> <p>NCDPS New Employee Orientation Manual.</p> <p>Employee PREA acknowledgment form (OPA-T10)</p> <p>PREA Training Materials</p> <p>NCDPS Coordinated Response Overview</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with an Investigative Officer</p> <p>Interview with Human Resources representative</p> <p>Interview with Director</p> <p>Interview with the Agency Head Representative</p> <p>PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator (a) North Carolina DPS Juvenile Justice provides notification to all employees in two policies, employee handbooks, and trainings on the obligation to report any sexual abuse or sexual harassment of a resident at CYDC. The Policy states, "Staff shall be subject to disciplinary action up to and including termination for violation of Department of Public Safety sexual abuse or sexual harassment policies. Consequences will be commensurate with the nature and circumstances of the sexual abuse or harassment committed." The New Employee Orientation Manual sets forth the obligation to report all activities which are violations of the law. It states. "If the violation is that a Department employee engaged in, attempted, threatened, or requested an act constituting sexual misconduct, termination of the employment of the employee shall be the presumptive disciplinary sanction." All new employees including individuals who do not work in institutional settings, are educated about PREA and the NCDPS Zero tolerance as part of new employee orientation.</p> <p>Indicator (b) The NCDPS policy requires that staff who engage in sexual misconduct be referred for prosecution. The Agency policy and training notify employees that those staff who engage in sexual misconduct have violated the North Carolina laws at a felony level. Staff interviewed understood that termination is the expected outcome for those who engage in sexual misconduct with youth at the YDC. This was confirmed by the facility Director and the agency PREA Coordinator. The Agency Head representative also confirmed the fact that termination is the presumptive discipline for sexual abuse.</p> <p>Indicator (c) North Carolina Department of Public Safety policy allows for other sanctions to occur besides termination if the incident is of a non-criminal act. Discipline can occur for other behaviors related to PREA, such as inappropriate comments/language. In these cases, the DPS policy dictates it would review the individual's history and make suitable sanctions consistent with laws. There have been zero cases of staff discipline at any level in the past 12 months for a concern related to sexual misconduct.</p> <p>Indicator (d) The Auditor was able to confirm, with the North Carolina DPS Juvenile Justice's PREA Investigator, that any termination or resignation would not stop the case from being referred for prosecution. They confirmed the termination of employment for a violation of a departmental sexual misconduct policy or the resignation by a Department employee who would have been terminated if not for his or her resignation, shall be reported to the appropriate criminal prosecuting authority, i.e., the Attorney General's office or a District Attorney's office, unless the activity was clearly not criminal, and to any relevant licensing bodies. There have been zero cases in the past 12 months.</p>

Compliance Determination

The North Carolina Department of Public Safety policies address the standard's expectation toward the discipline of staff persons who sexually assault or harass an individual in custody. The NCDPS has created an Office of Special Investigations to ensure transparency of the investigative process. Though there has been no discipline of staff at Chatham Youth Development Center in this past year, the agency has provided documentation and education of employees to support compliance. Disciplinary actions of staff include a variety of sanctions, including termination, which will be presumed for a substantiated finding of sexual abuse. The policies also require, consistent with the standard, criminal acts are referred for prosecution and sexual misconduct to be reported to appropriate licensing bodies. Compliance is based on policy, interviews, and mechanisms in place to hold staff accountable.

115.377	Corrective action for contractors and volunteers
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 845 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 331 579 358">Chatham Pre-Audit questionnaire</p> <p data-bbox="240 389 1046 416">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="240 448 914 474">Juvenile Justice Facilities Detention Services Policy and Procedure</p> <p data-bbox="240 560 716 586">Individuals interviewed/ observations made.</p> <p data-bbox="240 618 617 645">Interview with an Investigative Officer</p> <p data-bbox="240 676 592 703">Human Resources representatives</p> <p data-bbox="240 734 703 761">Interviews with Contracted staff and Volunteer</p> <p data-bbox="240 792 542 819">Interview with Superintendent</p> <p data-bbox="240 851 572 878">Interview with PREA Coordinator</p> <p data-bbox="240 909 505 936">Summary Determination</p> <p data-bbox="240 967 1469 1290">Indicator (a) North Carolina DPS Juvenile Justice provides notification to all contractors and volunteers about the agency's zero tolerance for sexual misconduct with residents. This is done through an orientation program for volunteers and contractors. Any violation of agency policies can lead to an immediate cessation of privileges. This is covered in the PREA Policy as well as in the orientation training for all new volunteers. Contracted employees who provide direct service receive the full training on PREA that the CYDC staff receive. Both contracted staff and volunteers sign acknowledgment forms stating they understand an act of sexual misconduct or failure to report such actions could result in termination of access to the facility and, when appropriate criminal charges being filed. If the investigative process reveals that the actions were criminal in nature, the case would be referred for prosecution. In the case of contracted nursing staff, the appropriate state licensing body would be informed. CYDC has limited contracted medical staff and currently has no volunteers due to the COVID-19 pandemic.</p> <p data-bbox="240 1321 1398 1384">Indicator (b) Interviews support that violations other than actual sexual assault by a contractor or volunteer would be reviewed to determine if it were appropriate to continue services.</p> <p data-bbox="240 1415 531 1442">Compliance Determination</p> <p data-bbox="240 1473 1489 1765">The Chatham Youth Development Center has contractors and volunteers sign an acknowledgment form that notifies them that any sexual misconduct can result in termination of privileges and that they may be subjected to civil or criminal prosecution. PREA policy allows CYDC to bar entry to any contractor or volunteer to prevent contact with potential victims in sexual abuse or harassment incidents. The policy requires the agency to refer incidents involving these individuals for investigation by law enforcement agencies. There were no incidents requiring the removal of a contractor or volunteer for sexual assault or sexual harassment, according to the Director and the PREA Compliance Manager. Contracted staff were aware that they could be barred for violation of DOC rules related to PREA. The Auditor was able to speak to a volunteer and contractors to confirm their training and understanding of PREA. Compliance is based on policy, supporting documentation and interviews and the review of the allegation tracker.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Juvenile Justice Facilities Detention Services Policy and Procedure</p> <p>Resident Handbook</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Detective</p> <p>Interview with Resident</p> <p>Interview with Superintendent</p> <p>Interview with PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator (a) Residents at Chatham Youth Development Center who have been found to have engaged in a criminal offense, including sexual assault, are not only subjected to criminal prosecution they are also held accountable through the facility's treatment program. Residents are aware they can be placed on special conditions that limit movement and contact with peers and a potential loss of their current treatment status. The latter, may also impact their discharge planning. There were no substantiated cases of resident-on-resident sexual assault in the past 12 months.</p> <p>Indicator (b) Residents can be sanctioned for engaging in sexual misconduct even if it is consensual. The discipline code defined in the resident handbook shows different levels of sanctions that could be imposed as part of the behavioral system at the facility. Page 29 of the resident handbook outlines the definitions of and the ranges of consequences for both major and minor misconduct. Through this process, consistent application of discipline appears to be supported. The resident will continue to receive education, programming, and treatment services even on the Special Conditions status.</p> <p>Indicator (c) The facility Director confirmed that they would assess the resident's mental health state and cognitive abilities before determining the youth restorative action plan in considering any disciplinary conditions. NCDPS provides juveniles with comprehensive mental health services and a youth's treatment progress is an important aspect of all programming decisions.</p> <p>Indicator (e) The investigative staff and facility PREA Compliance Manager confirmed that residents who engage in sexual misconduct with staff will not be disciplined unless it is proven the staff did not consent. The facility has not had any such cases in the last three years.</p> <p>Indicator (f) Residents Interviewed supported they cannot get in trouble for making a PREA complaint unless they have been proven to have purposefully lied.</p> <p>Indicator (g) Residents who engage in consensual sexual misconduct can be subjected to discipline as defined in the handbook. Sexual activity not by force or under duress is considered sexual misconduct even if it is not a criminal violation. There have been no cases of discipline of juveniles at CYDC for sexual misconduct.</p> <p>Compliance Determination</p> <p>North Carolina DPS Juvenile Justice addresses the requirements of this standard. Policy and resident handbooks addresses the requirements of indicators. The documents cover the disciplinary process, the consideration of the mental health of the resident in determining consequences, the requirement of ongoing treatment and that sanctions in the facility will be</p>

proportional to the offense. The North Carolina Department of Public Safety prohibits consensual relationships between residents and between residents and staff, which is also stated in the resident handbook.

Residents who engage in sexual misconduct with staff cannot be disciplined unless it is determined the staff did not consent to the act. Residents can be disciplined for making an intentional false report related to PREA. Compliance was based on policy reviews, interviews with staff and residents and documentation provided in investigative files. There were no cases for Auditor to review in which residents were disciplined for engaging in sexual misconduct.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Juvenile Justice Facilities Detention Services Policy and Procedure</p> <p>Resident intakes screening showing referral to Mental health</p> <p>Resident records</p> <p>Memo on Intake process</p> <p>Medical Assessment tools</p> <p>Mental Health Assessment Tools</p> <p>MAYSI</p> <p>Individuals interviewed/ observations made.</p> <p>Interviews with Medical Staff</p> <p>Interviews with Mental Health Staff</p> <p>Interview with residents</p> <p>Interview with PREA Coordinator</p> <p>Observation of Electronic Records system</p> <p>Summary Determination</p> <p>Indicator (a) The North Carolina Department of Public Safety has implemented several tools specifically designed to identify individuals with traumatic histories, including sexual assault. During both the medical and mental health intakes, which occur in the first hours after admission, resident are asked several questions which could identify prior sexual abuse history. Residents who are identified through the screening process or who admit a history of sexual trauma can be referred to either Mental Health Services or to the local rape crisis agency. The Auditor confirmed this practice through the review of documented cases in client files and through interviews with residents and mental health, and medical staff. Juvenile Justice Facilities Detention Services Policy and Procedure (page 10) states, "If this screening indicates that a resident has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with an LMHC within 14 calendar days of the screening."</p> <p>The Medical and Mental Health Records are separate from custody files to protect information from general staff access. The YDC has 24 hours nursing coverage and on-call mental health services. The facility operates as a treatment environment with residents having a treatment plan, identified goals, and regular clinical interventions. The YDC has a regular multidisciplinary meeting on each juvenile in the facility, allowing for regular communication on juveniles, including any noticeable changes in behaviors.</p> <p>Indicator (b) Residents who engage in sexual assault or have a history of sexual offenses are automatically referred to mental health for an assessment. The facility has licensed clinical staff who can treat individuals with sexual aggressive histories. The policy requires all residents are seen by mental health within 14 days of admission or after an incident of sexual aggression in the facility.</p>

Indicator (c) Information disclosed by a resident about prior abuse history other than in screening tool information is part of the medical and mental health chart. Only information pertinent to the resident's treatment is disclosed to ensure safe placement in housing, education, programming, treatment, and work assignment. The Auditor confirmed through interviews with intake staff, case management staff, medical staff, Mental health Staff, facility leadership, and the PREA Coordinator that sensitive information is protected. Residents interviewed supported that information given to counseling staff is kept confidential. The Auditor was able to see special needs plans on the housing unit that may aid staff in understanding the resident's triggers. The information does not provide any specifics about an individual that can be used to manipulate the resident. Agency administration ensures residents who are identified as a risk to be victimized are not on the same unit as those with perpetuating behaviors. The Director explained that youth only go to school with the residents of their unit.

Indicator (d). All residents sign with medical and mental health staff, an understanding of the limits of confidentiality related to criminal behaviors. Residents interviewed confirmed they had signed acknowledgment forms and verbally understood why a medical or mental health staff must disclose actual sexual abuse or imminent risk situations. Mental health staff were able to explain the circumstance in which a resident who discloses prior abuse must be reported to the state child welfare agency and how it might vary if the resident is over 18.

Compliance Determination

All residents are screened when they arrive at the Chatham Youth Development Center. Residents are screened by mental health and medical staff. Residents with sexual assault histories and sexual victimization histories are offered treatment in a meeting with a mental health professional within 14 days of admission. Medical staff have several intake questions that are PREA related, this allows residents who did not disclose concerns at admission a second opportunity to disclose in a medical environment. Mental Health staff also have a series of screening tools they use that also helps to inform the PREA screening tool and resident's treatment planning. The Auditor confirmed medical and mental health records are not accessible to the custody staff. Electronic Medical Records (EMR) limits access to the most vulnerable information protecting the residents from having information exploited. Supporting documentation provided to the Auditor showed how Medical informs Mental Health who follows up on any disclosure of sexual abuse. Compliance was based on policies noted. The documentation provided showed referrals for treatment follow up, the security of records, interviews and information provided on tours by the Medical and Mental Health staff.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Juvenile Justice Facilities Detention Services Policy and Procedure</p> <p>NCDPS Response flowchart</p> <p>Medical forms for documenting incidents</p> <p>Resident records</p> <p>Website on NC Rape Victims Assistance Fund</p> <p>Individuals interviewed/ observations made.</p> <p>Interviews with Medical Staff</p> <p>Interviews with Mental Health Staff</p> <p>Interview with Residents</p> <p>Interview with PREA Coordinator</p> <p>Observation of the medical unit</p> <p>Summary Determination</p> <p>Indicator (a) The Chatham Youth Development Center has a full-service medical clinic that operates around the clock. Registered Nurses are always available, and there is after-hours availability of on call medical and mental health practitioners. The services are diverse and consistent with community health clinics. Residents report access to these services if they are in crisis. Medical staff report having medical autonomy if the resident must go out of the building for emergency services to facilitate that trip. The medical staff state the facility administration is supportive of the work they do, and they work to resolve issues when they arise. Client files support quick access to health services in response to PREA allegations, including, when appropriate, the referral to a local hospital for SANE services. PREA Policy ensures that alleged victims of sexual misconduct receive immediate, unimpeded access to medical and mental health services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Medical staff confirmed their autonomy in making sure resident's needs are addressed.</p> <p>Indicator (b) Medical services are available 24 hours per day at the Chatham Youth Development Center. Random staff knew as part of their first responder duties that immediate notification to medical was required. This is also stated in the facility's Sexual Assault Response plan. A resident who is in need of a forensic exam will be sent to the UNC Hospital in Chapel Hill.</p> <p>Indicator (c) Discussions with hospital staff and facility medical staff confirm that sexual assault victims would be offered STD and pregnancy testing, emergency contraception, and prophylaxis medications. The Auditor confirmed the same medications would be offered to the resident again upon return from a forensic exam even if they initially denied it. Medical staff confirmed they would educate the resident on the importance of such medications for continued health. There were no instances requiring emergency contraception. Medical staff at the hospital confirmed that emergency contraception is available to victims.</p> <p>Indicator (d) The Auditor confirmed that medical services related to sexual assault victims are provided without cost in North Carolina. Payment for the medical forensic examination is done through the Rape Victim Assistance Program (RVAP), a state of NC-funded entity through the NC Dept of Public Safety. "Payment is made directly to the medical facility or medical professional. An itemized copy of the bill must specify the categories of expenses under which the services fall and be submitted with the RVAP Form-2019." The Auditor also confirmed that victims of sexual assault are provided initial and follow up services at a local hospital through funding from the state. This is done to encourage all victims to come forward for help.</p>

The Medical team at CYDC would function in the same way by providing follow up care.

Compliance Determination

CYDC can quickly respond to and provide emergency care and referral to a local hospital for forensic services. The agency response plan for PREA incidents outlines the steps taken to ensure access to care. Chatham Youth Development Center has on site medical nursing staff 24 hours per day. The facility also has on call providers that can help to facilitate the referral to an outside medical hospital. The Auditor reviewed state websites and spoke to a representative of the local hospital. Compliance is based on policy, staff understanding of expectations, the availability of onsite medical and mental health resources, and access to SANE nursing services at local hospitals.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>Medical Notes</p> <p>Coordinated Response Plan</p> <p>Medical and Mental Health Assessments</p> <p>Mental Health Services Information</p> <p>Screening tools (MAYSI, Suicide)</p> <p>NCDPS – Website Rape Victims Assistance Program</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Medical Staff</p> <p>Interview with Resident</p> <p>Interview with CCSO</p> <p>Interview with PREA Coordinator</p> <p>Observation of the medical unit</p> <p>Summary Determination</p> <p>Indicator (a) The Chatham Youth Development Center ensures that all residents are provided with the appropriate level of medical and mental health services for any issues of sexual abuse. Medical staff will provide the appropriate level of care depending on how long ago the abuse occurred. If the incident has occurred recently the resident will be offered a forensic exam at a local hospital. If the incident is a prior life event that occurred in another institution or in the community the medical and mental health teams will complete a health assessment and mental health referral for services. If the resident is more comfortable discussing the abuse with a rape crisis agency staff person that would be arranged by the MHC or the PSP. Medical staff confirmed juveniles in crisis can be moved within minutes to outside hospitals for critical care and that there is no conflict with custody staff on this process.</p> <p>Indicator (b) Residents who are victims of sexual assault in a NCDPS Juvenile Justice facility are immediately referred to mental health services as well as medical services. If the services are provided initially in a hospital setting, as would occur in the forensic exam, CYDC medical services can provide the appropriate follow up services. The CYDC Medical and Mental Health staff spoken to confirmed, as did the CCSO Victims Services representative, that they would make referrals to ensure continuity of care if the resident was released home or transferred to another facility. Medical staff confirmed that if a resident has been transported to the hospital, the facility medical staff will thoroughly review the discharge instructions, carry out orders as appropriate, and develop treatment plans for alleged victims upon returning to the facility. Facility medical staff report the steps will all be documented in the resident's electronic health care record.</p> <p>Indicator (c) NCDPS offers residents of CYDC a full array of medical and mental health services, including dental and vision. The medical clinic addresses the needs associated with the adolescent male and female population. The medical team can address any issue related to post sexual assault, including prophylactic treatments for STD and pregnancy testing and counseling. Mental Health services include counseling, medication management and, when needed the extra support. Residents of Chatham Youth Development Center confirmed with the Auditor that they have free access to Mental Health Services and Medical Services.</p> <p>Indicator (d) As a co-correctional facility, the victims of sexual assault can be offered pregnancy testing. Since there has not</p>

been an assault of a female resident, there was no documentation to review

Indicator (e) As noted in Indicator (d), client victims are provided pregnancy-related services at CYDC. Residents who become pregnant because of a sexual assault would receive counseling from a medical provider at the facility. Residents can also receive specialized services through local hospitals.

Indicator (f) The Auditor confirmed with both the medical staff at CYDC and the representative of UNC Hospital that victims of sexual assault are offered testing for sexually transmitted diseases. This testing is provided free of charge, consistent with agency policy and state law.

Indicator (g) Treatment services are provided without cost to the resident, including if the resident must go out for a forensic exam.

Indicator (h) All individuals involved in a sexual assault, both the victim and perpetrator, are referred for mental health assessments. NCDPS has another entity within its umbrella that oversees the services provided to victims. The Rape Crisis Assistance Program is responsible to ensure hospitals are paid for the treatment of victims of sexual abuse. This ensures that victims are not hesitant to come forward due to a lack of finances. The Auditor was able to confirm with mental health staff that they can complete a full array of services for both the victim and perpetrator of sexual abuse.

Compliance Determination

The NCDPS Juvenile Justice services ensure residents have ongoing access to services that address the healthcare needs of resident victims of sexual abuse. The Auditor confirmed the capacity to support victims of sexual violence. The CYDC health services staff would provide follow up medical and mental health services for victims of sexual assault or perpetrators of sexual offenses. Healthcare staff would ensure that all medical needs and follow up treatment were provided after an initial referral to the local hospital for a forensic exam. Medical staff confirms that they could educate residents about the importance of pregnancy testing, STD testing, and prophylactic treatments if they initially refused these treatments at the hospital. Compliance is based on the resources available on site and community-based services, the interviews with medical and mental health staff, and interviews with representatives of CCSO. There were no incidents of staff having to respond to sexual abuse of a juvenile at CYDC.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 845 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 327 579 353">Chatham Pre-Audit questionnaire</p> <p data-bbox="240 383 1046 409">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="240 439 606 465">Post Incident review form (OPA-I10)</p> <p data-bbox="240 555 716 582">Individuals interviewed/ observations made.</p> <p data-bbox="240 611 544 638">Interview with Facility Director</p> <p data-bbox="240 667 572 694">Interview with PREA Coordinator</p> <p data-bbox="240 723 670 750">Interview with PREA Compliance Manager</p> <p data-bbox="240 840 505 866">Summary Determination</p> <p data-bbox="240 896 1174 922">Indicator (a) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="240 952 1465 1149">(page 9) sets forth the requirement of an incident review on all cases of sexual abuse unless the investigation has determined the allegation was unfounded. Policy states, "the PCM will conduct a Post Incident Review (PIR) after every sexual abuse investigation unless "unfounded." The PIR (OPA-I10) will occur within 30 days of the conclusion of the investigation, and a copy of the final PIR will be submitted to the PREA Office within 30 days of completion. The PCM will include a review team of management, supervisors, investigators, and medical/mental health providers to conduct the PIR. The review team will:</p> <ol data-bbox="240 1178 1484 1592" style="list-style-type: none"> <li data-bbox="240 1178 869 1205">1. Consider if there is a need to change policy or practice; <li data-bbox="240 1234 1484 1296">2. Consider if the incident was motivated by race, ethnicity, gender identity, LGBTI identification, status, gang affiliation, or was motivated by group dynamics at the center; <li data-bbox="240 1326 742 1352">3. Assess if physical barriers enabled abuse; <li data-bbox="240 1382 708 1408">4. Assess the adequacy of staffing levels; <li data-bbox="240 1438 1062 1464">5. Assess if monitoring technology should be deployed or supplemented; and <li data-bbox="240 1494 1484 1592">6. Prepare a report of findings, determinations, and improvement recommendations. If the center does not implement recommendations, reasons must be documented." The Auditor was provided with examples of the review form that would be used if CYDC had an incident of sexual abuse. <p data-bbox="240 1621 1465 1751">Indicator (b) The policy states the review should occur within 30 days of the investigation conclusion. Interviews with the facility Director and the PREA Compliance Manager both supported knowledge of the importance and timeliness of the reviews. Absent an actual incident of sexual abuse, the only other documentation that was reviewed was part of the mock Audit.</p> <p data-bbox="240 1780 1477 2009">Indicator (c) As noted in indicator (a) the policy language addresses the multi-discipline nature of the team. In a review of documentation provided and various staff interviewed, the multi-disciplinary nature of the team was confirmed. The mock audit was completed by a multi-disciplinary team (2nd facility only) The review team in the incident provided included the facility head, the PCM, line Supervisor, and a PREA Support Person. Medical and mental health staff, confirmed they would be a part of the review process. Information requires that all reviews be forwarded to the NCDPS PREA Office and the Regional Director for further review. The agency PREA Coordinator confirmed their review would also look at systemwide complaints to further identify consistencies that may need to be addressed through policy or training needs.</p> <p data-bbox="240 2038 1465 2136">Indicator (d) The elements described in this indicator are all covered in policy as noted in indicator (a) The agency Post-Incident Review form (OPA-I10) uses an agency approved form to document the review panel's considerations include the required information. The PIR form considers if the policy needs to be reviewed, the underlying motivation for the incident,</p>

including if the victim was targeted due to their perceived membership of a particular group. It goes on to look at staffing, physical plant issues and surveillance needs.

Indicator (e) The Post Incident Review form used in all NCDPS Juvenile Justice facilities documents the findings to the questions asked in this standard indicator. It provides the reader with information if the team has determined the cause of the abuse related to the six sub-indicators described in (d) and any recommended actions. In the form reviewed by the Auditor, there were immediate recommendations on staff training on, and the report documented ongoing steps, including retaliation monitoring. Interviews with agency and facility leadership support critical incident reviews are part of the agency's ongoing culture to ensure resident safety no matter the type of issue.

Compliance Determination

The North Carolina Department of Public Safety policy requires the completion of the steps outlined in this standard. The interviews support knowledge of aspect of a critical incident review in a PREA sexual assault cases. The policy requires what information needs to be part of the incident review. The language comes directly from standard. Absent an actual incident, compliance was determined based on policy language, the documentation provided, incident review member's understanding of the requirements and the incident review form.

115.387	Data collection
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 845 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 579 358">Chatham Pre-Audit questionnaire</p> <p data-bbox="242 387 1046 416">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="242 445 461 474">Agency annual report</p> <p data-bbox="242 557 716 586">Individuals interviewed/ observations made.</p> <p data-bbox="242 616 523 645">Interview with Agency Head</p> <p data-bbox="242 674 572 703">Interview with PREA Coordinator</p> <p data-bbox="242 786 505 815">Summary Determination</p> <p data-bbox="242 844 1477 972">Indicator (a) The agency collects data consistent with the policy definitions which were developed to be consistent with the standard. The PREA Coordinator states each facility's PREA Compliance Manager will collect incident-based sexual misconduct data and forward that data to the Department's PREA Coordinator. All information is also forwarded in TORI the NCDPS incident report site that allows for administrative review by agency leadership.</p> <p data-bbox="242 1001 1461 1128">Indicator (b) The agency completes an annual report with aggregate data from the Chatham Youth Development Center. There were no incidents to review but the agency PREA Coordinator was familiar with the various elements of required for the SSV and the agency's annual report. The Auditor also reviewed the agency's annual report which did not include any identifiers.</p> <p data-bbox="242 1158 1458 1285">Indicator (c) The Auditor was able to confirm the various elements of the Survey of Sexual Violence are maintained and could be used to complete the report if requested by the Department of Justice. There has not been a request by the Department of Justice for a Survey of Sexual Violence report for the Chatham Youth Development Center. Interviews with both the Facility PREA Compliance Manager and the state PREA Coordinator confirmed the elements would be tracked.</p> <p data-bbox="242 1375 1447 1469">Indicator (d) The agency has rules on the retention of records at all NCDPS facilities. Copies of criminal files involving resident-on-resident contact will be retained locally with a copy to the agency PREA Coordinator. The PREA Coordinator would receive all incident outcomes and ensure data accuracy.</p> <p data-bbox="242 1559 1021 1588">Indicator (e) The NCDPS does not contract for beds for its juvenile population.</p> <p data-bbox="242 1677 1445 1733">Indicator (f) The Department of Justice has not requested PREA related information from the NCDPS in the past year for CYDC.</p> <p data-bbox="242 1823 531 1852">Compliance Determination</p> <p data-bbox="242 1881 1493 2074">The Auditor has found the standard to be compliant. The NCDPS has a system in place for collecting uniform data that could be used to complete the Survey of Sexual Violence. The 2019 North Carolina Department of Public Safety Prison Rape Elimination Act (PREA) Sexual Abuse Annual Report 2019 outlines the efforts, including data for each of NCDPS's adult and juvenile facilities. The 2020 report will be finalized in late spring. The agency has not been required to complete the Survey of Sexual Violence for this year. The State PREA Coordinator reports she has all the information available to complete the report and provided the previous year's report to further support their compliance.</p>

115.388	Data review for corrective action
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 845 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 579 358">Chatham Pre-Audit questionnaire</p> <p data-bbox="242 387 1046 416">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="242 445 391 474">Annual Report</p> <p data-bbox="242 557 716 586">Individuals interviewed/ observations made.</p> <p data-bbox="242 616 600 645">Interview with the Regional Director</p> <p data-bbox="242 674 718 703">Interview with the Agency Head Representative</p> <p data-bbox="242 732 580 761">Interview with the Facility Director</p> <p data-bbox="242 790 655 819">Interview with Agency PREA Coordinator</p> <p data-bbox="242 902 505 931">Summary Determination</p> <p data-bbox="242 960 1476 1155">Indicator (a) The North Carolina Department of Public Safety utilizes both data related to PREA incidents and data related to other critical safety incidents to determine program improvements. The department's central office staff and the facility's administrative team review critical incidents with an eye toward improving safety. Interviews with the Facility Director, the Agency PREA Coordinator, and the Regional Director who was on site during the audit support critical analysis occurs not only at the facility level but also at a system level. Both the Director and the PREA Coordinator also confirmed trends are used to further guide policy/ procedural practices or the disbursement of resources.</p> <p data-bbox="242 1184 1465 1281">Indicator (b) The NCDPS annual report has a comparison by each facility on the number of sexual assault and sexual harassment claims. Each facility's data compares the current year to the prior year's data. The report shows if the accused was a staff or a resident and provided the outcome determination.</p> <p data-bbox="242 1310 1485 1370">Indicator (c) The Agency Head representative confirms the Secretary of the Department of Public Safety approves the PREA report developed by the agency PREA Coordinator before being placed on the agency's website.</p> <p data-bbox="242 1400 1444 1460">Indicator (d) The DPS removes all identifiers from summary reports. The Auditor was able to review several documented reports on PREA that show cumulative data without utilizing identifiers.</p> <p data-bbox="242 1547 531 1576">Compliance Determination</p> <p data-bbox="242 1606 1493 1935">North Carolina Department of Public Safety meets the requirements of this standard. The data elements are required to be reviewed by the agency PREA Coordinator to ensure consistent data. Interviews with the Agency Head representative, Regional Director, PREA Coordinator, and the facility Director at CYDC supported they utilize data to make informed decisions on programmatic and policy needs. This is consistent with the standard expectation to do a critical review of data to identify problem areas and enact corrective actions. Since the PREA Coordinator works in the Standards Division of the North Carolina Department of Public Safety, trends can be reviewed, and changes supported either from the facility level; such as supporting the need for additional staff or electronic surveillance equipment; or from a central administrative level such as policy/procedural modifications. The agency also showed compliance with PREA standards through the annual report that combines data, graphs, and narrative information on NCDPS's efforts since 2015 to develop PREA safe facilities. The report highlights each facility and tracks trends of incidents without identifying information.</p>

115.389	Data storage, publication, and destruction
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 845 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 579 358">Chatham Pre-Audit questionnaire</p> <p data-bbox="242 387 1046 416">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="242 501 716 530">Individuals interviewed/ observations made.</p> <p data-bbox="242 560 655 589">Interview with Agency PREA Coordinator</p> <p data-bbox="242 618 442 647">Intake staff persons</p> <p data-bbox="242 676 558 705">Medical and Mental health staff</p> <p data-bbox="242 734 367 763">File security</p> <p data-bbox="242 848 505 878">Summary Determination</p> <p data-bbox="242 907 1485 999">Indicator (a) The North Carolina Department of Public Safety has policies that protect the security of information. The Auditor spoke with facility leadership and medical and mental health staff on confidentiality of records. In discussions with the PREA Coordinator and medical and mental health staff, they described the layers of controls to ensure no unnecessary disclosure.</p> <p data-bbox="242 1028 1466 1155">Indicator (b) The North Carolina Department of Public Safety ensures the information related to PREA incidents and the agency's efforts to support a zero-tolerance culture are published in an annual report available on the agency website. The Website provides information on the department's efforts to create and maintain environments free of sexual abuse and sexual harassment.</p> <p data-bbox="242 1184 1169 1214">Indicator (c) The annual report located on the state's website does not include any identifiers.</p> <p data-bbox="242 1243 1465 1335">Indicator (d) Agency policy states the Juvenile record will be destroyed 5 years after the juvenile's involvement with the agency ends. The agency's PREA Coordinator is aware that all PREA related data should be maintained for a period of no less than 10 years.</p> <p data-bbox="242 1366 531 1395">Compliance Determination</p> <p data-bbox="242 1424 1465 1552">The standard is compliant. North Carolina Department of Public Safety policies ensures that records are maintained in a secure manner. Since much of the documentation lies within the TORI information system, it is secure and only accessible by approved individuals. Aggregate data for all DPS juvenile facilities are available annually. The Auditor reviewed the agency website to ensure the report was posted without any identifying information.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Chatham Pre-Audit questionnaire</p> <p>Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p>North Carolina Department of Public Safety website</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator (a) The North Carolina Department of Public Safety website shows all its current and former facilities have been audited for PREA Compliance starting in 2014. The website supports that the audits are ongoing every three years since the initial audits. The Chatham Youth Development Center was previously audited in the 2nd cycle of the previous audit cycle.</p> <p>Indicator (b) The NCDPS has no less than one Juvenile facility audited in a year. The number of overall DPS facilities audited per year has been impacted by the COVID -19 pandemic, which put a temporary delay in audits on both the adult and juvenile facilities.</p> <p>Indicator (h) The Auditor did have open access to all parts of the facility. The Auditor was able to move freely about the housing units on tour to be able to speak informally with juveniles to ensure they were aware of the Audit, the agency's efforts to educate juveniles, and how to seek assistance if the need arises. Because of COVID -19, residents were spoken to within proper social distancing guidelines during the tour and in the interview spaces. All parties were required to wear masks.</p> <p>Indicator (i) The North Carolina Department of Public Safety provided required access to information. The Auditor had to speak with the Medical and Mental on the security of the documentation in the OAS. The Auditor was also able to get copies of other documentation as requested on site or during the post audit period.</p> <p>Indicator (m) The Auditor was able to interview juveniles throughout the facility in private spaces. The space provided was appropriate to allow the Auditor and the juvenile to speak freely without others being able to hear our conversations.</p> <p>Indicator (n) The Auditor did not receive confidential correspondence from the posting of the Audit notice. The Auditor's information was posted and electronically verified in advance of the site visit and during the tour and resident interviews. During the audit, the facility PREA Compliance Manager was informed the posting should remain up until the final report is issued.</p> <p>Compliance Determination</p> <p>The North Carolina Department of Public Safety has had PREA audits of each of its facilities since 2014-15. The NCDPS has spread its facility audits over the three-year PREA cycle. The Auditor was given full access to the site and was not prohibited from returning to areas of the facility if requested. The Auditor was provided ample space and privacy to conduct confidential interviews with staff and residents. The facility did post the audit notice, it was visible on the tour and residents were aware of the posting and the audit. Compliance is based on the above-mentioned facts which supports a culture in which PREA is</p>

monitored daily.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Policies and written/electronic documentation reviewed.</p> <p data-bbox="229 318 1509 380">Chatham Pre-Audit questionnaire</p> <p data-bbox="229 380 1509 443">Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Procedures</p> <p data-bbox="229 443 1509 506">North Carolina Department of Public Safety website</p> <p data-bbox="229 506 1509 568">Individuals interviewed/ observations made.</p> <p data-bbox="229 568 1509 631">Interview with Agency PREA Coordinator</p> <p data-bbox="229 631 1509 694">Summary Determination</p> <p data-bbox="229 694 1509 757">Indicator: (f) The North Carolina Department of Public Safety website has all the previous PREA Audits posted. This was determined through a review of the state's NCDPS website.</p> <p data-bbox="229 757 1509 819">Compliance Determination</p> <p data-bbox="229 819 1509 1077">The North Carolina Department of Public Safety website has all previous facility PREA Audits posted under its PREA information link. The Auditor was able to see timely posting of other audits that occurred during this audit cycle. The Auditor also took into consideration that the Agency PREA Coordinator was also aware of the timing requirement for the posting of the audit report.</p>

Appendix: Provision Findings		
115.311 (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
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (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
115.312 (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 OR the response to 115.312(a)-1 is "NO".)	na

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

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

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na
115.315 (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 a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (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

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

115.316 (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 §115.364, or the investigation of the resident's allegations?	yes
115.317 (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 bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (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: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (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
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	no

115.317 (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
115.317 (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
115.317 (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
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect 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
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (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

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (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
115.321 (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
115.321 (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 entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na

115.322 (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
115.322 (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
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (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 juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (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
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (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
115.332 (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
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (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
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	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
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	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
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

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

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

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	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
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	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
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	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
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (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: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (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
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (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
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (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.	yes
115.352 (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 an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (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
115.352 (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 of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (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, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (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
115.352 (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
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	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
115.353 (c)	Resident access to outside confidential support services and legal representation	
	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

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

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	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
115.362 (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
115.363 (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
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (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
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (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

115.364 (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
115.364 (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
115.365 (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
115.366 (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
115.367 (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
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (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: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (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
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (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 does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (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 involving juvenile victims as required by 115.334?	yes
115.371 (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
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	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
115.371 (f)	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
115.371 (g)	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
115.371 (h)	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
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	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

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (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
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (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
115.373 (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
115.373 (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
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (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
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (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
115.376 (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
115.377 (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
115.377 (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
115.378 (a)	Interventions and 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, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and 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
115.378 (d)	Interventions and 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 offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and 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
115.378 (f)	Interventions and 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
115.378 (g)	Interventions and 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
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (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
115.382 (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 staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (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
115.382 (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
115.383 (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
115.383 (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
115.383 (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
115.383 (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.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

115.383 (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
115.383 (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
115.383 (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
115.386 (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
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (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
115.386 (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 §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (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
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (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
115.387 (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
115.387 (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
115.387 (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
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (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
115.388 (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
115.388 (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
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (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

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	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 inmates, residents, and detainees?	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