

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: May 2, 2016

Auditor Information			
Auditor name: Bobbi Pohlman-Rodgers			
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Telephone number: 954-818-5131			
Date of facility visit: April 4-5, 2016			
Facility Information			
Facility name: Greene Correctional Institution			
Facility physical address: 2699 Highway 903N, Maury, NC 28554			
Facility mailing address: (if different from above) PO Box 39, Maury, NC 28554			
Facility telephone number: 910-592-2151			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Superintendent IV Thomas Asbell II			
Number of staff assigned to the facility in the last 12 months: 203			
Designed facility capacity: 656			
Current population of facility: 643			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 20 and over			
Name of PREA Compliance Manager: Harris Enzor		Title: Correctional Captain	
Email address: harris.enzor@ncdps.gov		Telephone number: 252-747-3676 x 242	
Agency Information			
Name of agency: North Carolina Department of Public Safety			
Governing authority or parent agency: (if applicable) Click here to enter text.			
Physical address: 512 N Salisbury Street, Raleigh, NC 27604			
Mailing address: (if different from above) 4201 Mail Service Center, Raleigh, NC 27699-4201			
Telephone number: 919-825-2739			
Agency Chief Executive Officer			
Name: Frank L. Perry		Title: Secretary, NCDPS	
Email address: frank.perry@ncdps.gov		Telephone number: 919-733-2126	
Agency-Wide PREA Coordinator			
Name: Charlotte Williams		Title: PREA Director	
Email address: charlotte.williams@ncdps.gov		Telephone number: 919-825-2754	

AUDIT FINDINGS

NARRATIVE

Greene Correctional Institution received an on-site PREA audit on April 4-5, 2016 by DOJ Certified PREA Auditor Bobbi Pohlman-Rodgers. Prior to the on-site visit, the facility provided a completed PREA Pre-audit Questionnaire and a flash drive with the required and requirement documents. The auditor reviewed the same documents prior to the on-site visit. The auditor made contact with the facility approximately one week prior to the audit to review the on-site process, time lines, and to request additional information be made available on the first day of the audit. These documents included current inmate rosters and staff assignments.

On April 4, 2016, the auditor met with Superintendent Thomas Asbell II, Captain/PREA Compliance Manager Harris Enzor, Back-up PREA Compliance Manager Jason Phillips, Assistant Superintendent of Programs Paula Page, and Training staff Thomas Carter. Prior to the meeting, the facility had the auditor complete a PREA Acknowledgement that included how to report any information regarding sexual abuse or sexual harassment. The meeting discussion covered the audit process, the two day plan for the audit, the interim/final report, Corrective Action Plan periods, and additional documents that were discovered to have not been sent on the flash drive. A review of the requested rosters was made and both inmates and staff were randomly identified for interview.

Following the meeting, a tour was conducted of the facility by DOJ Auditor Bobbi Pohlman-Rodgers and facility staff. The tour included all buildings in the secure area of the facility, including 12 dormitories. Pre-audit notices were seen posted in the majority of areas where both staff and inmates had access. Limited sexual abuse and sexual harassment information was posted in the dorms; no information was posted about outside services. The notices were updated and posted prior to the auditor leaving the facility. Grievance boxes and phones were available in each dormitory.

Staffing at this facility includes two-twelve hour shifts, as well as 8-5 staff. There are 112 Correctional Officers, 1 Lead Correctional Officer, 17 Correctional Sergeants, 5 Correctional Lieutenants, and 3 Correctional Captains. Supervision is provided through required thirty-minute custody rounds and formal counts. There is one camera at this facility and mirrors are readily available to provide additional sight supervision in blind areas.

Interviewees were randomly selected using the inmate rosters and staff assignments. There were a total of 13 inmates selected for interview; but due to one being transferred on the morning of the interviews, 12 were completed. There were no inmates who were identified by the facility as LGBTI, disabled, limited English proficient or who reported a prior victimization by the facility. Interviews found one limited English proficient inmate who did have some understanding of English. One inmate interviewed stated he had a experienced prior victimization; however this information was not known to the facility by his choice. One letter was received by the auditor prior to the audit; however this inmate was no longer at the facility during the on-site audit for interview purposes. There were 10 random staff interviewed from all shifts. There were 16 specialized interviews completed. The Agency head and Agency PREA Coordinator were interviewed prior to this audit by DOJ Certified Kevin Maurer, and the information was provided to this auditor.

In the past twelve months, there were 13 allegations of sexual abuse or sexual harassment. All received an administrative investigation and three (3) were reviewed. One included a criminal investigation and one was reported by the inmate at another facility. Criminal investigations are conducted through an agreement with Greene County Sheriff's Office. Of the 13 allegations, two were grievances alleging sexual harassment that were resolved within 90 days.

Both medical and mental health services are available at Greene Correctional Institution. Medical staff 24 hours a day/7 days a week. Mental health staff are on-site and available daily, and as needed.

Greene Correctional Institution has three identified PREA Support Persons (PSP). Each has received training to assist a victim through all steps of an investigation, including providing assistance in obtaining outside support services. Forensic examinations are conducted at Vident Medical Center in Greenville, NC. Outside support services are available through SAFE in Lenoir County (Domestic Violence/Sexual Assault Services). Interpreter services are provided through a contract with Linguistica International, Inc.

DESCRIPTION OF FACILITY CHARACTERISTICS

Greene Correctional Institution is a minimum custody secure prison for adult males run under the North Carolina Department of Public Safety (NCDPS). The NCDPS mission is to promote the elimination of undue familiarity and sexual abuse amongst the offender population.

Located in the city of Maury in the county of Greene, Greene Correctional Institution provides minimum custody inmate housing that also contains a medical support unit and restricted housing unit. This facility was one of 51 county prisons for which the state assumed responsibility with the passage of the Conner Bill in 1931. It was also one of 61 field unit prisons renovated or built during the late 1930's to house inmates who worked building roads. From 1972 through the early 1980's, Greene Correctional Institution was the Eastern Area Reception Center. In 1977, a modular dormitory was added to help alleviate overcrowding. As a result of Small v. Martin settlement agreement, triple bunking was eliminated and the population was significantly reduced. While the original dormitories are still in use, the General Assembly provided \$4.5 million to add 400 beds to the facility between 1991 and 1992 and another 50 beds were added in 1993 through the \$87.5 million prison construction program.

Greene's primary mission is to provide inmate labor for the following quotas: Up to 91 inmates from Greene Correctional Institution work on Department of Transportation (DOT) road squads in Greene, Lenoir, Pitt and Beaufort counties, Up to 61 inmates work on long-term labor contracts with local city, county, and state government agencies, Up to 3 positions are available for work release jobs with private businesses, Up to 25 inmates work on the Inmate Construction Program and 82 work at Chase Enterprise Laundry, Up to 18 inmates perform janitorial and maintenance duties at Eastern Correctional Institution and Maury Correctional Institution, Up to 5 inmates provide janitorial services at the Eastern Regional Office, Up to 19 inmates are assigned to assist Eastern Region Maintenance staff for prison maintenance work, and 19 orderly positions are available to support chronic care patients.

There are 12 housing units. Alpha building houses A-D dormitories as well as 2 classrooms, barber shop, library, recreation storage, case manager/Captain office, program offices, canteen and the central Sgt. office. Brave building houses E-H dormitories as well as the grievance officer/Captain office, storage rooms, satellite clothes house, temp officer and case manager offices. Delta building houses J and K dormitories and also storage rooms and the drug lab. Charlie building/I dorm is used as a positive adjustment dormitory. Restricted housing is the final dormitory that holds 40 inmates. There were no noted concerns with cross-gender viewing of inmates while toileting, showering or changing clothing. The main building holds administrative offices, Multi-Purpose room/vocational, education, medical, mental health, kitchen/dining, clothes house, admin annex, operations center, canteen officer, ADA Counselor and social worker. Outside recreation includes basketball courts, and a weight area.

Rehabilitative Programs are offered to the inmate population and include Yokefellow Ministry, Narcotics Anonymous, Alcohol Anonymous, Think Smart, Community Volunteer, Tri-County Transition Program, Strive Transition Program, Home Leaves, Community Volunteer Leaves, Work Release, Independent Studies, Napoleon Hill Character Education, and Cognitive Behavior Intervention. There are more than 100 volunteers that offer rehabilitative or religious services. Educational opportunities include Adult Basic Education (ABE) and full-time and part-time High School Equivalency preparation and testing. Vocational opportunities include Heating, Ventilation, and Air Conditioning (HVAC), Electrical Wiring, Computer Applications with CRC and Keytrain, and English as a Second Language.

SUMMARY OF AUDIT FINDINGS

Greene Correctional Institution provided all documents prior to the audit and as requested during the audit. They were well prepared in regards to documentation. Outside support services and law enforcement support through agreements with outside agencies. The PREA Support Persons (PSP) and SART are in place to respond immediately when activated due to an allegation. The facility staff were knowledgeable about prevention, responding, and reporting. A Sexual Assault Response Team (SART) is also in place at the facility.

It was a pleasure to work with the Superintendent and his staff during the two-days. They are very committed to providing a safe place for inmates during their stay.

Number of standards exceeded: 1

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 3

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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.

Policy F3400, Policy A2000, SOP .1100, SOP 8.17, Form OPA-A16, NCDPS Organizational Chart, and NC General Statute 14-27.7 were reviewed. The Superintendent and PREA Compliance Manager were interviewed. The Agency Head and Agency PREA Coordinator were interviewed at an earlier time.

The agency has a policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The policy, along with additional policies and standard operating procedures, outlines the prevention, detecting, reporting, and response to sexual abuse and sexual harassment allegations. Definitions that mirror the PREA Standards are included in the policy, as well as sanctions for those who violate policy. All interviewed shared their knowledge of the strategies and responses towards PREA allegations.

The PREA Compliance Manager/Correctional Captain reported sufficient time to attend to PREA duties. This person reports directly to the Superintendent, and indirectly to the Agency PREA Coordinator. Additionally, the facility has named a secondary PREA Compliance Manager. The interview noted that efforts to coordinate compliance with PREA standards is through regular contact with the Superintendent and agency PREA Coordinator.

The agency has a Agency PREA Coordinator, Charlotte Jordan-Williams, who reports to general counsel, and who has reported sufficient time to attend to PREA duties. She currently has 140 PREA managers that indirectly report to her. She is very knowledgeable regarding PREA standards and agency policies and practices.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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The standard is Not Applicable as the agency does not contract for the housing of its’ inmates.

Standard 115.13 Supervision and monitoring

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

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.

Policy F.1600, SOP 8.17, Staffing Plan Report dated January 2015, Facility Head Checklist, Approved Facility Posting Chart/Staffing Plan approved 03/2/2014, Shift Narratives noting both cross-gender announcements and unannounced rounds, and North Carolina General Statute 143B-709 were reviewed. Additionally, interviews were conducted to further determine compliance.

While North Carolina General Statute requires a staffing analysis every 3 years, the agency policy requires an annual review of the staffing plan, including a review of all required components of the standard, which was completed in January 2015. The Post Chart for all staff was last reviewed on 03/02/2014, but was reviewed in January 2015. The Superintendent confirms that the facility utilizes a pull post system with hold over or call in when needed. Unannounced rounds are documented in the Shift Narrative. These are conducted by the Sergeants and Lieutenants and documentation includes the date and time of the round. The Facility Head Checklist documents rounds conducted by the Superintendent and Assistant Superintendent and shows not only the dates of their unannounced rounds, but a check of lighting, inmate security alerts, review of random grievances, observation of formal counts, emergency equipment checks, and log inspection for rounds.

Standard 115.14 Youthful inmates

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

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.

This standard is Not Applicable as this facility does not house any inmates under 18 years of age.

Standard 115.15 Limits to cross-gender viewing and searches

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

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.

Policy F.1600, Policy F.0100, Policy TX I-13, SOP 8.9 and 8.15, Form OPA-T30, Safe Search Practices Training, NCDPS New Employee Orientation (revised 1/1/15), Cross Gender Announcement & Acknowledgement for staff, Staff Training Log, and Cross Gender Bulletin Board Poster Memo (dated 4/22/13) were reviewed. Interviews were also conducted to assist with the determination of compliance.

Training on safe search practices, that include cross gender searches, was confirmed. Policy requires documentation of any cross gender

searches. There were no reported cross gender searches conducted. Training documents reviewed indicated that staff have completed appropriate training. Staff interviewed confirmed training on searching transgender and intersex inmates. Cross gender staff entering the housing areas are required by policy to announce their presence was observed during the tour. Agency policy and facility SOP require the announcement of cross-gender staff entering the housing units. Both inmates and staff report that these announcements are being made as required. All areas toured did not identify any cross-gender viewing issues in the facility.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

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

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.

Policy E.1800, Policy E.2600, SOP 8.17, and World-Wide Interpreters Telephonic Interpreter Services Contract were reviewed. A copy of the memo regarding a new Interpreter Service was provided by the Agency PREA Coordinator. Facility PREA documents in English were observed at the facility and Spanish documents are available as needed.

The agency has established policy to provide for educational services for inmates with disabilities to be provided information at intake and assistance on PREA allegations, including reporting. The social worker would arrange for education in formats for those inmates identified as disabled. The social worker interview confirmed her practice of the identification and assistance provided at the facility level for inmates were disabled or limited English proficient. Agency policy also addresses the provision of interpreters to those inmates with a non-English primary language. There is a contract that went into effect on March 1, 2016 with Linguistica International, Inc for the provision of interpreter services by telephone and covered 250 different languages. This contract expires on March 4, 2017 with options for three additional one year renewal periods. Policy prohibits the use of inmate interpreters except in emergent circumstances. This facility provides English as a Second Language through Lenoir Community College to inmates as needed. At the time of the audit, there were no inmates identified as limited English proficient by the facility; however, the auditor interviewed one inmate who reportedly spoke and understood English but stated he had some difficulty reading English. It was recommended that Spanish information be available at orientation/intake and that Spanish material be posted on the PREA bulletin boards for such cases that go undetected.

Standard 115.17 Hiring and promotion decisions

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

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Form HR005, Form HR0008, Form HR013, Memo regarding PREA Hiring and Promotions (dated October 2013), Addendum to the Memorandum, List of Disqualifying Factors, 2013 Employee Statement, sample of employee background screenings, and PREA Employee Statement were reviewed. Interviews were conducted to assist with determining compliance.

The agency policy prohibits the hiring or promotion of individuals who have engaged in sexual abuse, or attempting to engage in sexual abuse in a detention facility or in the community, or who have been civilly or administratively adjudicated for the same. The agency requires all staff to annually sign a statement that they have not engaged in the aforementioned activities (PREA Hiring & Promotion Prohibitions and HR005). This information was reviewed through the LMS (Learning Management System) and a printout from the LMS system was obtained by the auditor for eleven random staff. The agency also requires all employees to self report any such misconduct. Criminal background check are required for contractors and employees, and material omissions regarding misconduct or false information are grounds for termination. The agency does respond to requests from other institutions where a former employee has applied to work. The agency conducts background checks at hiring. There were twelve background checks noted in the past twelve months (Pre-audit Questionnaire). Proof of background screenings for all staff interviewed was reviewed during the auditors on-site visit. It is noted that employee background screenings every five years is a new process in place for all North Carolina facilities.

Standard 115.18 Upgrades to facilities and technologies

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

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.

This standard is N/A as reported during the Superintendent’s interview that there were no changes to the facility or electronic monitoring.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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Policy F3400, Policy CP18, SOP 8.17, Form OPA-A18, Form OPA – I20, OPA-I21, Form OPA-I30, PREA Support Person (PSP) Training Lesson Plan, Chain of Custody Form, Incident Scene Tracking Log, PREA Support Person Roles and Responsibilities, Vidant Medical Protocol, Vidant Letter of Agreement, Interagency Agreement with SAFE in Lenoir County, and NCCASA documentation were reviewed. Interviews also provided information in the determination of compliance.

The agency conducts only administrative investigations. Greene County Sheriff’s Office would complete criminal investigations as per an agreement with the law enforcement agency and the facility. The Clinical Practice Guidelines and Vidant Medical Protocol cover appropriate evidence collection. The facility has three PREA Support Person (PSP) who are trained for victim advocacy services, and act as the link to assist victims with the investigative process, professional resources, community based advocates, and mental health professionals. Interview with an inmate confirmed that the PSP is very responsive to requests for services. Forensic examinations are

conducted at Vidant Medical facility and they have SANE services, as well as nurses trained in evidence collection. There is an Incident Scene Tracking Log for documenting persons who may enter a possible crime scene before investigators are on-site, as well as a Chain of Custody form for documenting any evidence. The agency is currently working with the North Carolina Coalition Against Sexual Assault (NCCASA) to create a state-wide system for community based services and documents were provided.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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.

Policy F3400 and SOP 8.17 was reviewed. Interviews were conducted.

All allegations of sexual abuse or sexual harassment are classified as a major incident. Policy requires that all major incidents receive an investigation. Policy requires that allegations be referred to an inhouse trained investigator for the administrative portion and to the local law enforcement (Greene County Sheriff’s Office) for criminal investigations. Policies are available through the NCDPS website.

Standard 115.31 Employee training

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

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.

Policy F3400, SOP 8.17, Training Curriculum’s SAH 101 2015, Staff and Offender Relations Training, New Employee Orientation, On Boarding Checklist, Form OPA-T10, Employee Training Files, brochures, handbooks, bulletin board documents, red flag posters, and other documents were reviewed. Interviews with staff were also conducted.

The agency policy requires annual training for all staff in topics identified within the standard, including the zero-tolerance policy, staff responsibilities, inmate’s rights, retaliation, dynamics, common reactions of victims, detection and response to allegations, inappropriate staff relationships, identifying inappropriate staff relationships, communication and mandatory reporting laws. Interviews with staff confirmed they complete annual training and understand the material presented. Training documentation is kept in LMS (Learning Management System). Eleven random names were pulled and all eleven have completed the agency training on PREA: Sexual Abuse and Sexual Harassment 101.

Standard 115.32 Volunteer and contractor training

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

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Policy F3400, SOP 8.17, Training Curriculum’s SAH 101 2015, Staff and Offender Relations Training, New Employee Orientation, Form OPA-T10, “Ways to Report” Poster, Volunteer Brochure, and other documents were reviewed.

The agency requires all volunteers to complete the same PREA training as a staff. There is also a Volunteer Brochure specifically for volunteers to receive PREA information. This facility reports more than 100 volunteers that provide services to inmates. There is also a “Ways to Report” poster to remind volunteers and contractors of the various ways to report. Three volunteers were interviewed. None had reported having been made the first person aware of any sexual misconduct since beginning their services. Sample files were reviewed and all contained signed Acknowledgement forms. Additionally, all volunteers completed the PREA:Sexual Abuse and Sexual Harassment 101 class.

Standard 115.33 Inmate education

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

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.

Policy F3400, Diagnostic Procedural Manual Section 201 & 417, PREA Inmate Brocher (English/Spanish), Offender PREA Education Acknowledgement Form T100, Facilitator Talking Points (Education upon Transfer), Education Upon Transfer E-mail, Interpreter Services DOC150623, PREA OPUS (Offender Population Unified System) Training Roster, and assorted posters were reviewed. Inmate interviews were conducted.

Greene Correctional Institution receives inmates from a reception and diagnostic center. Agency policy requires all inmates entering into the system to receive intake and comprehensive training at the reception and diagnostic center. Greene inmates arrive at the facility having already received comprehensive education, and therefore receive facility specific information. The comprehensive education was reviewed at Craven Correctional Center and meets the criteria of the standard regarding content. Inmate education is maintained in OPUS (Offender Population Unified System) and copies were provided to the auditor for review. While inmates interviewed stated that they receive information while at the reception and diagnostic center, many reported not remembering information regarding sexual abuse and sexual harassment provided by this facility. Additionally, interviews with inmates found that they can report by telling a staff. They did not have information about other internal ways to report, or the external ways to report. Interviews with staff found that many are not utilizing the state’s Talking Points for transferred inmates, which clearly requires the facility to provide verbal instruction along with written information. Files review showed inmates signature of orientation, which includes PREA information.

On April 18, 2016, the facility provided the auditor with the steps that they had taken to come into compliance with this standard. Steps includes ensuring that orientation staff are utilizing the “Talking Points” during inmate orientation. The practice was confirmed by the

Assistant Superintendent of Programs on 4/14/16. Additionally, the facility updated the orientation materials to include the new NCDPS Inmate Brochure on Sexual Abuse and have added the SAFE in Lenoir County brochure to the orientation materials. All existing inmates were provided both brochures for which they signed and a copy of the signed form is in their field jacket. Samples were provided to the auditor that show completion on 4/15/16.

Standard 115.34 Specialized training: Investigations

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

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.

Policy F3400, Training Curriculums: Investigator, PPT and Mock Interview; Investigator Understanding Sexual Violence & PPT; and Incident Reporting, OPUS (Offender Population Unified System) Incident Reporting Pamphlet, and the Investigator PREA training file was reviewed. Investigator Interview was also conducted.

The facility has 8 designated investigators who have completed specialized training for this purpose. The training meets the requirements of the standard. Interview with an investigator found that they were well versed in administrative investigations. Only those who have completed this training have access to the electronic incident report system to allow for the review of investigations and updating the system with new information. The agency only completes administrative investigations. All criminal investigations are conducted by Greene County Sheriff's Office. The auditor reviewed training documentation of identified investigators, as well as the training provided by the agency to the investigators. Investigators have also completed the annual PREA training.

Standard 115.35 Specialized training: Medical and mental health care

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

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Policy F3400, and Training Curriculum: PPT, CE Nursing and OSDT Roster were reviewed. Training files for medical staff and mental health staff were reviewed. Interviews were completed.

The agency policy requires that all medical and mental health staff receive PREA 101 and specialized medical and mental health training. The specialized training meets all requirements of the standard. Both medical and mental health staff have completed the training. Interviews with medical staff confirmed knowledge of specialized training. Interviews with both medical staff and mental health staff found that they have completed the training as required, and could clearly articulate the activities that would occur as a result of an allegation of sexual abuse. They are aware of SANE staff at Vidant Hospital, where there are trained SANE providers. Informed consent is obtained if they receive information regarding a sexual victimization that did not occur in the institutional setting. Access to medical services is available 24 hour per day and include followup from hospital physician orders, as well as their own physician and inmate requests. Requests

for mental health services are made through the medical department or case manager.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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.

Policy F3400, Policy 8.17, Diagnostic Procedural Manual 305, and memo dated 08/14/15 were reviewed. A selection of inmate files were also reviewed. Interviews were conducted.

The agency conducts a risk assessment at the reception and diagnostic center upon the initial intake of inmates into the state system. This is completed within 72 hours of arrival. The risk assessment contains all elements of the standard. The agency recently changed their processes to ensure that both inmates at risk of victimization or being aggressive are appropriately identified. This system went into effect March 2016. The agency PREA Coordinator provided to this auditor documentation that the agency now produces a High Risk for Victimization List (HRV) that is reviewed alongside the High Risk for Abusive List (HRA) to ensure that all housing, work, and programming services are assigned with the protection of the inmates as a key factor. Upon intake at a reception center, the inmate and staff complete the Mental Health Screening Inventory. This tool identifies all required components of the standard. From this document, two lists are produced – the HRV and HRA (see above). These lists are protected from viewing by staff who do not have an immediate need to know and access is only provided to the Facility Head, PREA Compliance Manager, Asst. Superintendent for Custody and Operations, Asst. Superintendent for Programs, and the Inmate Assignment Coordinators, or IAC. It is the responsibility for the designated staff to run these lists weekly to review for appropriate placement. This facility was then required, and has completed as of March 29, 2016, a review of all inmates on the HRV and HRA list as well as changes made to ensure the safety of inmates. There have been inmate housing changes as a result of this review. A review of files showed that the majority of the screenings conducted here at intake were completed within 72 hours. Two of the inmates had never received a screening due to being in the institution prior to the implementation of the screening form. NOTE: One of the inmates who had not been previously screened had been released on April 14, 2016. The facility conducted a paper screening on the remaining inmate and provided a copy to this auditor showing that it was completed on April 15, 2016.

Standard 115.42 Use of screening information

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

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.

Policy F3400, Policy TX-I-13, Policy C.0100, SOP 8.17., Screening tool, Learning Management System (LMS) Material, and the Instructions to access the High Risk Abuse Report were reviewed. Interviews were conducted.

The policies addresses clear guidelines, including limits, for housing and work assignments based on the safety of all inmates, a bi-annual review of housing for transgender and intersex inmates, allowing transgender and intersex inmates to shower separately from all other inmates, and assessments for an inmates own perception of risk at the facility. The Classification Committee is a formal process at an inmates initial intake into the NCDPS system, and whenever identified thereafter, whereby all relevant information, screenings, evaluations, criminal behavior history is used to assist in the determination of appropriate housing assignments. Inmates are interviewed for their ideas, opinions, attitudes, preferences and other factors before a final decision is made on housing locations. Bed and work assignments are made at the facility level.

In March 2016, the agency updated their current system to include a review of the High Risk Victimization (HRV) and the High Risk of Aggressive (HRA) list at the facility on a weekly basis, or more often if needed, to ensure that inmates are placed in educational, vocational, and housing that ensures their safety. Inmates who are identified as HRV are now placed in closer proximity to the staff in the housing units. This information was provided to the auditor to show that prior to March 29, 2016, the facility conducted a review of the HRV and HRA lists to ensure the safety of inmates. The log that is being maintained to show compliance with the standard and to note any changes as a result of the review indicates that there were housing changes based on the risk information.

Standard 115.43 Protective custody

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

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.

Policy F3400 and SOP 8.17 have been reviewed. Interviews were conducted.

There have been no instances where protective custody for an inmate requiring protection due to a sexual misconduct has been used at this facility in the past 12 months. Agency policy prohibits the involuntary placement of inmates in restricted housing unless there are no available alternatives. Policy and interviews confirm that services for an inmate who may be placed in protective custody are continued as normal unless there is a specific documented reason for restriction. This includes access to canteen, telephone, mail, visitation, and property. Policy dictates documentation of the use of protective custody when necessary and 30 day reviews of such placement. One inmate interviewed who was currently housed in restrictive housing and who has made an allegation reported that he was in restricted housing for reasons other than his allegation. All inmates in restricted housing are seen within 7 days of placement and monthly thereafter. Case managers will also see their clients weekly.

Standard 115.51 Inmate reporting

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

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.

Policy F3400, Policy D0300, SOP 8.17, SOP 15.1, Form OPA-T10, Fraud, Waste, Abuse & Misconduct reporting website page, PREA Internal & External webpage for reporting, Staff Brochure, Offender acknowledgement Form (English/Spanish), Inmate Rule Book, were reviewed and a tour of the facility was completed. Interviews were also conducted.

The agency has numerous ways for an inmate to internally report sexual abuse or sexual harassment. Methods of reporting include telling a staff, writing a grievance or letter to the PREA Coordinator and third-party reporting. Externally, the agency provides the address of the North Carolina Prison Legal Services (PLS). Grievances can be placed in the grievance box or handed to staff. Inmates can deposit mail in the mail box. It was confirmed through conversation with the administration that mail sent to the PLS or the PREA Coordinator is treated as legal correspondence and is not opened at the facility level. Interviews confirmed that staff at the program are aware that they may report privately to the PREA Coordinator to Fraud, Waste and Abuse. Inmates however reported only being aware that they could report to the staff. There was little information in some common areas of the ways to report. However, the facility posted the "How to Report" poster on all inmate PREA bulletin boards during the audit. Prior to April 18, 2016, the facility provided all inmates with the updated Inmate PREA Brochure, as well as the SAFE in Lenoir County brochure. Inmates signed an acknowledgement form that they have received these two items and samples were sent to the auditor. Additionally, the facility has implemented laminated cards for all inmates with the various ways (internally and externally) to report allegations of sexual abuse or sexual harassment. This will be provided to all inmates as well as be incorporated into the orientation training.

Standard 115.52 Exhaustion of administrative remedies

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

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.

Policy F0300, Policy G0300, SOP 8.17, SOP 13.1, and the Inmate Rule Book were reviewed. Interviews were also conducted.

The agency policy confirms that grievances of sexual abuse or sexual harassment require an immediate notification to the North Carolina Department of Public Safety PREA office preventing a response from the subject of the complaint. Inmates can hand their grievance directly to security staff or to any administrator. There is no disciplinary action if the report is made in good faith. A final response is due within 90 days, as well as notification to the inmate that it has been accepted within 5 days. Grievances are allowed to be prepared by the victim or other third party person who assists the victim. Emergency grievances, those defined as matters that present a substantial risk of physical injury or irreparable harm may be presented directly to the Officer in Charge, are forwarded immediately to the appropriate person, and require an initial response from the facility within 48 hours and a final determination within 5 days. There were 2 grievances in the past 12 months. Investigators and the agency PREA Coordinator were immediately notified of the grievance and all were resolved within 90 days.

Standard 115.53 Inmate access to outside confidential support services

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

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.

SOP 8.17, Agreement with SAFE in Lenoir County, and PREA – The North Carolina Approach were reviewed. Inmate interviews confirmed findings.

The Agency is in the process of working with the North Carolina CASA for the provision of services under this standard. While this is in progress, the facility has reached out to SAFE in Lenoir County. There is a written agreement to provide services to inmates, dated January 17, 2014. Services available include emotional support, court advocacy, support groups, victim assistance information and referral information. All services are free. The PREA Support Person is aware of the services available through SAFE in Lenoir County. Inmates are provided identification of the PREA Support Services through Form OPA-I30, which documents the PREA Support Persons role during the investigation and thereafter to assist in providing support services to the victim. Inmate interviews confirmed that they have not received any information regarding available services and none were seen on the PREA bulletin boards. The facility posted appropriate Ways to Report on 4/4/16. Prior to 4/18/16, the facility provided all inmates with a brochure from SAFE in Lenoir County that details the services are provided. This brochure will now be included in the orientation process so inmates are aware of the agency and available services. Additionally, the facility is working on a laminated card that includes the name of the outside support service agency and a contact phone number.

Standard 115.54 Third-party reporting

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

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.

The NCDPS website and posters were reviewed. Interviews were conducted.

The North Carolina Department of Public Safety (NCDPS) offers opportunities for third party reporting and accepts third party reports. Information on how to report to the NCDPS is provided on their agency website. Those concerned will find two separate methods of reporting to the agency. They may write to the agency PREA Coordinator or send an e-mail through the link provided. Both options will result in the agency PREA Coordinator receiving the complaint. The agency PREA Coordinator will then generate an incident report and inform the Superintendent. This information is also available at the facility for visitors.

Standard 115.61 Staff and agency reporting duties

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

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.

Policy F3400, SOP 8.17, and PREA 101 Staff Training were reviewed. Staff interviews confirmed findings.

The agency policy requires all staff, volunteers and contractors to immediately report any knowledge, information or suspicion of sexual abuse or sexual harassment, and any violation or neglect of responsibility, to administration. Contractor contracts include a requirement for reporting any information regarding sexual misconduct. Policy and interviews confirmed that staff are not allowed to share information with anyone who does not have a need to know. All allegations are reported to both the facility investigators and the agency PREA Coordinator. Agency staff training details the notification to the state agency regarding vulnerable adults. Interviews with staff confirmed their knowledge of how to report internally (chain of command, or to agency PREA Coordinator) and externally (Fraud, Waste and Abuse Hotline).

Standard 115.62 Agency protection duties

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

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.

Policy 3400 was reviewed. Interviews confirmed findings.

The agency requires immediate action to protect inmates who report sexual abuse. All staff, contractors and volunteers are required to report any information to the facility investigators who will assist with taking appropriate steps utilizing the Coordinated Response Plan. Staff and volunteers were able to articulate this requirement during the interviews. There were no allegations of this type in the past 12 months.

Standard 115.63 Reporting to other confinement facilities

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

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.

Policy 3400 was reviewed. Staff interviews confirmed findings.

The agency policy requires that any receipt of sexual abuse or sexual harassment that occurred at another facility be immediately reported to the appropriate Superintendent. This notification must be documented. An incident report is also generated, which flags investigators and the agency PREA Coordinator. Allegations made by an inmate at another facility are treated the same as a new allegation, and facility investigators are notified and begin their review of information. There was one allegation that came from another institution that was immediately reported to the Investigators and the PREA Coordinator and was appropriately investigated.

Standard 115.64 Staff first responder duties

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

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.

Policy F3400, SOP 8.17, and PREA training curriculum were reviewed. Staff interviews confirmed findings.

The agency requires all staff to separate, protect physical evidence and the crime scene, and to report to administration when an allegation of sexual abuse is received. All staff interviewed could clearly articulate these steps. It is noted that staff PREA training identifies all staff as first responders. Staff interviewed carried cards that detailed these four steps clearly. Contractors and volunteers are required to protect the victim and report the information to a security staff. There were thirteen allegations of sexual abuse in the past twelve months. A review of three of these found that none were reported within a time frame to collect viable evidence. In order to provide appropriate protections, two of the allegations required the reassignment of staff until the investigation was completed.

Standard 115.65 Coordinated response

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

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.

SOP 8.17, Coordinated Response Overview, Coordinated Response Plan, and Sexual Abuse Response and Investigation Checklist were reviewed. Interviews were conducted and confirm findings.

The NCDPS has created a template that includes all PREA related requirements for a proper Coordinated Response Plan. Each facility is provided this draft template, which directs that their facility specific information be included in the plan and thereafter published to facility staff. This plan addresses first responder duties, leadership duties, investigator duties, PREA manager duties, PREA Support Persons duties, SART (Sexual Assault Response Team) duties, Mental Health and aftercare duties, and retaliation duties. The facility specific plan is very complete and identifies all steps to be taken including positions, names, and contact information. There is a Sexual Abuse Response and Investigation Checklist for allegations that include contacting the agency PREA Coordinator and local law enforcement, as well as the collection of any possible evidence.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

This standard is Not Applicable as Greene Correctional Institution does not enter into collective bargaining agreements.

Standard 115.67 Agency protection against retaliation

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

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.

Policy F3400, SOP 8.17, Form OPA-122 and Form OPA-124 were reviewed. Interviews confirmed findings.

The agency policy addresses practices to protect both staff and inmates from retaliation as a result of reporting sexual abuse or sexual harassment information. Various protection methods for inmates are identified in policy. Form OPA-122 is used to document the retaliation monitoring of staff and the OPA-124 is used to monitor retaliation of an inmate. The forms provide guidance for things to look at, as well as documenting periodic status checks. Of the investigation files reviewed, all contained the appropriate retaliation monitoring form completed. It was noted and shared with the facility that the agency has updated form OPA-122 to allow one place for documenting the periodic status checks and has recommended that they update their current paper files with the new form.

Standard 115.68 Post-allegation protective custody

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

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.

Policy F3400 was reviewed. Staff interviews confirm findings.

The agency policy addresses the use of protective custody only if no other alternative means of protection is available, or if inmates request this level of protection. Inmates requesting this level of protection may completed the Request for Protective Custody and must document the reasons for the request. There were no instances where protective custody or restrictive housing were used at this facility. Voluntary or involuntary restrictive housing requires weekly reviews by the case manager.

Standard 115.71 Criminal and administrative agency investigations

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

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.

Policy F3400, SOP 8.17, and the Coordinated Response Overview were reviewed. Investigation files were reviewed. Staff interviews confirmed findings.

The agency policy requires that criminal investigations are conducted by outside law enforcement, therefore the facility investigators only conduct an initial investigation to determine if outside law enforcement is to be notified and administrative investigations. All investigators identified at the facility have received appropriate investigator specialized training. All evidence is gathered, documented and preserved. Prior allegations involving the same perpetrator or victim are reviewed, and this was seen in one file. The credibility of the victim or alleged abuser is determined on an individual bases. The agency does not use polygraph examinations in order to continue an investigation. Administrative investigations address staff actions, credibility and a review of fact and findings of the criminal investigation (if applicable). All interviews are conducted as approved by the Office of Special Investigations and Compliance. Both criminal and administrative investigations are well documented and maintained in the files. Files reviewed included a copy of the law enforcement report, if they conducted a criminal investigation, statements of victim, alleged abuser (if identified) and witnesses, and statements by the PSP and Investigator as to the steps they took during the investigation.

Standard 115.72 Evidentiary standard for administrative investigations

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

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.

Policy F3400 and SOP 8.17 were reviewed. Interview confirmed the findings.

The agency policy imposes no standard greater than a preponderance of the evidence in determining the outcome of an investigation.

Standard 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

Policy 3400, SOP 8.17, Form OPA I30, Form OPA-I30A, Coordinated Response Plan and sample forms were reviewed. Investigation files were reviewed. Interviews confirm findings.

The agency utilizes Form OPA-I30 to document notification to the victim of the outcome of the investigation, and Form OPA-I30A is used to document the status of the alleged offender. The facility is notifying inmates of the outcome of investigations through a standard form. All files reviewed contained the appropriate forms completed with the status of the closed investigation and any changes to the status of the staff (if applicable).

Standard 115.76 Disciplinary sanctions for staff

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

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.

Policy F.3400, Policy A.0200, SOP 8.17, New Employee Orientation, Investigation File, and NCDPS internal webpage were reviewed. Interviews confirmed findings.

The agency policy provides for disciplinary action towards staff who violate the zero-tolerance policy, up to and including termination. All disciplinary actions are reviewed individually based on the nature and circumstances of the allegation. Comparable offenses by other staff are also considered in a final determination of disciplinary action. All staff terminations are required to be reported to the state licensing body. There were no instances where a staff violated agency sexual abuse or sexual harassment policies.

Standard 115.77 Corrective action for contractors and volunteers

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

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.

Policy 3400, Policy F.0604, and Form OPA-T10 were reviewed. Interviews confirmed findings.

The agency policy confirms that any contractor or volunteer who violate the zero-tolerance policy will be prohibited from contact with

inmates. Outcome of an investigation that is substantiated and involves a licensed contractor or volunteer is reported to the appropriate licensing body, as identified. There were no allegations where a contractor or volunteer was referred to local law enforcement for a violation of the agency zero-tolerance policy.

Standard 115.78 Disciplinary sanctions for inmates

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

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.

Policy F3400, Policy A0200, SOP 8.17, and the Inmate Rule and Policies Booklet were reviewed. Staff interviews confirmed findings.

The agency policy dictates disciplinary actions for inmates who violate the zero-tolerance policy. The Inmate Rule and Policies Booklet clearly outline the disciplinary action as a result of sexual abuse and sexual harassment (Class A Offenses). Services for abusers is available and include counseling and possible transfer for additional interventions. Inmates are not disciplined for behaviors in which staff consent. There is no disciplinary action for inmates who make a report in good faith. There were no inmates disciplined due to a finding of inmate-on-inmate sexual abuse in the past 12 months.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

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

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.

Policy F3400, Policy CP-18, SOP 8.17, Diagnostic Manual 305, Memos dated 10/09/13 and 11/14/12, Clinical Practice Guidelines, North Carolina Authorization for Release of Information, Mental Health Screening Referral system, and Learning Management System (LMS) were reviewed. Interviews confirmed findings.

The agency policy requires immediate referral to medical and mental health services after information of prior sexual victimization or sexual aggressive behaviors is discovered during the screening process. Services are provided within 14 days by facility medical and mental health staff. Information is considered confidential and is only shared with those who have a need to know. Interviews confirmed informed consent is obtained before information is shared regarding a victimization that may have occurred prior to incarceration. Inmates requesting mental health services would initiate their request through medical or through the assigned PREA Support Person (PSP).

Standard 115.82 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Policy CP-18, SOP 12.2, SOP 8.17, North Carolina Authorization for Release of Information, Mental Health Screening Referral system, and the Coordinated Response Overview were reviewed. Interviews confirm findings.

The agency requires that all inmates who report sexual abuse shall be immediately taken for medical services. Emergency medical services are available at this facility 24 hours per day/7 days per week. Mental Health professionals are notified by the medical staff. Mental Health staff confirm notification and response. Additional counseling services are available as identified and as requested by the victim through the PSP (PREA Support Person) and SAFE in Lenoir County. Provisions for STD testing and treatment are provided at the facility level based on physician orders and/or victim request. All treatment related to sexual abuse is offered without financial cost to the victim regardless if they name the perpetrator or not. All medical services provided follow the physician authorized nursing protocols.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

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

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.

Policy F3400, SOP 12.19, SOP 8.17, Policy CC-8, and the Coordinated Response Overview were reviewed. Interviews confirm findings.

The agency provides on-going medical and mental health services for victims of sexual abuse, whether the incident occurred within an institution or in the community. All care is provided at the facility and is consistent with the community level of care. Follow-up care is provided in one week and as directed by the physician or by inmate request. STD testing and treatment is offered. All services are provided to the victim without financial compensation. The agency also offers evaluations to sexually aggressive inmates when information is present and a referral would be made to mental health. All on-going care is documented in a plan and referrals are made as needed when an inmate is being released.

Standard 115.86 Sexual abuse incident reviews

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

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.

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy F3400, SOP 8.17, Form OPA-I10, Coordinated Response Overview, and three investigation files were reviewed. Interviews confirmed findings.

The agency requires a Post Incident Review (PIR) at the conclusion of any investigations of sexual abuse. Form OPA-I10 is completed. This is a standardized form that contains all elements of the standard. Participants include PREA Manager and SART members, who are comprised of upper level management and input from other staffing positions, including medical staff. There were no allegations of sexual abuse in which the investigation was completed or had a finding other than unfounded. All three files reviewed were unfounded and therefore no PIR is required.

Standard 115.87 Data collection

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

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.

Policy F3400, Incident Reporting – OPUS (Offender Population Unified System), and PREA Incident Reports were reviewed. Interviews confirmed findings.

The agency maintains records and data on all allegations of sexual abuse and sexual harassment from all facilities that captures information as identified by the DOJ-SSV. Aggregated annually, this information is included in the annual report.

Standard 115.88 Data review for corrective action

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

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.

Policy F3400, Form OPA-I10, 2015 Sexual Abuse Annual Report, and Coordinated Repsonse Overview were reviewed. Interviews confirmed findings.

The agency utilizes information gathered from investigative reports and completed Post Incident Review forms (OPA-I10) to assess and improve the effectiveness of its zero-tolerance efforts towards prevention, detection and response of sexual abuse incidents. The information gathered assists with identifying problem areas, policy updates, and system updates. The annual report is completed and identifies facility specific issues and resolutions, as well as those specific issues that are agency wide. The annual report is approved by the Agency Head and made public through the NCDPS website.

Standard 115.89 Data storage, publication, and destruction

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

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.

Policy F3400 and the 2015 Sexual Abuse Annual Report were reviewed. Interviews confirmed findings.

The agency publishes the annual report on its website. The report contains no personal identifiers. Agency policy requires the maintenance of records that meets the PREA standard.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Bobbi Pohlman-Rodgers

May 20, 2016

Auditor Signature

Date