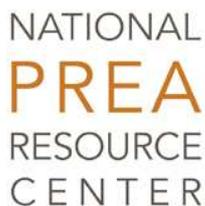


ADULT PRISONS & JAILS



<b>Auditor Information</b>			
<b>Auditor name:</b> Kevin M Maurer			
<b>Address:</b> P.O. Box 4068, Deerfield Beach, FL 33442			
<b>Email:</b> kevin.maurer@us.g4s.com			
<b>Telephone number:</b> 954-790-3735			
<b>Date of facility visit:</b> 08/31/2015			
<b>Facility Information</b>			
<b>Facility name:</b> Polk Correctional Institution			
<b>Facility physical address:</b> 1001 Veazey Road, Butner, NC 27509			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b> 919-575-3070			
<b>The facility is:</b>	<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		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Danny Safrit			
<b>Number of staff assigned to the facility in the last 12 months:</b> 513			
<b>Designed facility capacity:</b> 1012			
<b>Current population of facility:</b> 788			
<b>Facility security levels/inmate custody levels:</b> Medium			
<b>Age range of the population:</b> 18 - 25			
<b>Name of PREA Compliance Manager:</b> Tonia Rogers-Dixon		<b>Title:</b>	Asst. Supt.
<b>Email address:</b> tonia.rogers-dixon@ncdps.gov		<b>Telephone number:</b>	919-575-3070
<b>Agency Information</b>			
<b>Name of agency:</b> North Carolina Department of Public Safety			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b> 512 N Salisbury St, Raleigh, NC 27604			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> 919-825-2739			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Frank L. Perry		<b>Title:</b>	Secretary, NCDPS
<b>Email address:</b> frank.perry@ncdps.gov		<b>Telephone number:</b>	919-733-2126
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Charlotte Williams		<b>Title:</b>	PREA Director
<b>Email address:</b> charlotte.williams@ncdps.gov		<b>Telephone number:</b>	919-825-27739

## **AUDIT FINDINGS**

### **NARRATIVE**

Polk Correctional Institution was audited August 31 - September 1, 2015 by DOJ PREA Auditor Kevin Maurer. Prior to the on-site audit, a review of all pre-audit documents was completed. During the initial audit meeting, Charlotte Williams, Statewide PREA Director; Gary Martin, Adult PREA Coordinator, Tonia Rogers-Dixon, PREA Compliance Manager/Assistant Superintendent of Programs, and Irvin Ryan, PREA Compliance Manager/Assistant Superintendent of Custody were present. A facility tour was conducted, which included all buildings of the facility and the outside grounds. During the tour, it was noted that the Notice of PREA Audit and other PREA related materials were posted throughout the facility.

Interviewees were identified from a list of staff and inmates. The interviews included 12 inmates and 11 staff which included all shifts. Additionally, 14 specialized staff interviews were conducted. There had been 43 reports of alleged PREA incidents, none of which were referred for criminal investigations. All required policies, documentation, reports, logs and files were checked for compliance with PREA Standards.

It should be noted that the staff of Polk Correctional Institution and North Carolina Department of Public Safety were very well prepared and organized for the on-site audit, and all pre-audit materials were in order and well highlighted. This shows the dedication and concern for the PREA program from both a Department as well as a facility level.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Polk Correctional Institution is located in Butner, NC in a rural area of Granville County. Polk Correctional Institution, is a medium security prison for adult males.

Polk Correctional Institution officially opened November 15, 1997 when inmates were transferred to the new facility. The new prison in Butner replaced an old unit on Blue Ridge Road in Raleigh. The original Polk facility acquired its name in 1920 from Col. William Polk, a decorated officer in the Revolutionary War. It was built on the grounds of Camp Polk, a U.S. Army tank base during World War I. Initially, inmates farmed the site.

Polk CI houses inmates in both single cells and dormitories. When Polk opened in 1997, its main mission was to process newly admitted youthful offenders between the ages of 19 and 21. The prison also houses inmates that participate in job assignments and other programs. It is a close-custody prison but it is also approved to house inmates assigned to maximum control, intensive control, disciplinary segregation and safekeeping status.

Polk's high security maximum control unit (HCON) opened in October 1998. This high security concept in correctional design is intended for the state's most violent and assaultive offenders. The "Supermax" (HCON) unit in Butner was the first of its kind in North Carolina.

Due to the demand of prison space, in 2003, Polk's age criteria for inmates changed from 18-21 year olds to 19-25 year olds.

In October 2005, the facility changed its name from Polk Youth Institution to Polk Correctional Institution to reflect this older population, including the HCON unit.

## **SUMMARY OF AUDIT FINDINGS**

On August 31 - September 1, 2015, Polk Correctional Institution had its on-site PREA Audit completed. The results of the audit indicate that the facility is in full compliance with PREA Standards, and a final report is being issued.

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 4

**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.**

The Inmate Sexual Abuse and Sexual Harassment Policy mandates a zero tolerance towards all forms of sexual abuse and sexual harassment. The policy outlines how it will implement the agency’s approach. The policies include definitions, sanctions for prohibited behaviors and addresses strategies and responses.

The interview with the facility PREA Compliance Manager indicated that she spends approximately 20% - 30% of her time conducting PREA duties, and she finds the time due to the importance of the program.

**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)

**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.**

N/A - Polk Correctional Institution does not contract with other entities for the confinement of 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.**

The Sexual Abuse and Sexual Harassment Policy requires a staffing analysis and unannounced rounds by supervisory staff. A staffing plan was provided that is specific to the facility. Additionally, there was an annual review completed and documented. All deviations from the staffing plan are documented shift-by-shift on the housing unit log sheet.

The Sexual Abuse and Sexual Harassment Policy addresses unannounced rounds on a periodic basis by Supervisory staff and the Duty Officer. These rounds were documented on each housing unit's log sheet.

### 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.**

N/A - Polk Correctional Institution does not house youthful inmates.

### 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.**

The Sexual Abuse and Sexual Harassment Policy prohibits any cross-gender strip search or visual body cavity searches unless exigent circumstance or by medical practitioner. The agency does not permit cross-gender pat down searches except in exigent circumstances. Any cross-gender search is required to be documented. Staff interviews confirmed that staff receive training in how to conduct cross-gender pat-searches in a respectful and professional manner and this was verified through training records. The policy identifies how transgender or intersex inmates will be identified for searches. The facility provides privacy for inmates while showering, changing clothing and performing bodily functions. This was verified during the facility tour. The agency also prohibits searching transgender and intersex inmates strictly to identify genital status. There are policies requiring the announcement of opposite gender staff when they begin their shift. Policy also directs that information is made available in units to advise inmates that both male and females staff routinely work and visit inmate housing areas.

### 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.**

The Sexual Abuse and Sexual Harassment Policy outlines the PREA education plan, and details how inmates with disabilities are made aware of how to report PREA incidents. The use of a language line interpreter service is available if there are no appropriate bi-lingual staff present. Some PREA documents are available in Spanish, including PREA reporting posters throughout the facility. The policy also prohibits the use of inmates for interpretation except in situations where information is immediately needed to protect the safety and security of the inmates and the facility.

### 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)

**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 Sexual Abuse and Sexual Harassment Policy and Administrative Memorandum 10-2013 addresses the hiring or promoting of any person who has engaged in sexual abuse or attempted to engage in sexual abuse within an institution or in the community and considers incidents of sexual harassment. All employees and contractors undergo a criminal background check prior to hire/contract. The policy addresses 5-year criminal background checks for staff. A facility policy memo addresses 5-year criminal background checks for contractors, as well as addresses that material omissions regarding misconduct or false information are grounds for termination. The agency does provide information to requests from institutional employers where an employee has applied to work.

### 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.**

Polk Correctional Institution has not had recent upgrades to the facility to enhance monitoring of inmates. Potential upgrades are discussed during facility and agency meetings. This is verified by interviews with staff.

**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)

**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 agency is responsible for administrative and criminal investigations are conducted by local law enforcement. Uniform Evidence Protocols are noted in policies and address all areas required for the facility. The agency employs mental health staff who have received training in Rape Crisis and Sexual Assault Services, who are available to assist victims after an allegation. The medical staff are responsible for providing assistance if the victim requests. The medical staff stated that a SANE nurse is available at the hospital. The facility utilizes Duke Regional Hospital for forensic medical examinations.

**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.**

The agency and facility is committed to ensuring that all allegations of sexual abuse or sexual harassment are investigated and are identified in the Sexual Abuse and Sexual Harassment Policy as major incidents, which require investigation. Any sexual assault allegations are referred to the sexual assault investigator, and shall be referred to local law enforcement if criminal in nature.

### 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.**

The Inmate Sexual Abuse and Sexual Harassment Policy addresses all areas outlined in the standard for training staff. The training includes Gender-Responsive Training. All staff are required to take PREA training annually. Interviews with staff indicated that they were aware of the required elements of PREA training.

### 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)

**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.**

Polk Correctional Institution provides training for all volunteers and contractors based upon their contact with inmates. This training includes zero-tolerance, how to protect the victim, and who to notify in the event of a reported incident.

### 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.**

All inmates receive information regarding the Zero Tolerance Policy and how to report a PREA incident upon intake at Polk Correctional Institution. Full PREA education is provided to all inmates within 15 days of intake. The PREA information is provided through inmate brochures and posters, in both English and Spanish. PREA Posters were seen throughout the facility during the tour.

### 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.**

The Inmate Sexual Abuse and Sexual Harassment Policy requires specialized training for Investigators. The agency has provided documentation of investigators completing 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)

**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 Inmate Sexual Abuse and Sexual Harassment Policy requires medical and mental health staff are to receive standard staff training as well as specialized training. A review of documents indicates that this is complete. Interviews with medical and mental health staff confirm this as well.

### **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.**

All inmates arriving at Polk Correctional Institution receive a screening for sexual victimization or sexual aggressiveness at the Reception Center. An objective tool is used for this purpose. The Sexual Abuse and Sexual Harassment Policy requires the risk screening to be completed within 72 hours of arrival and reviewed 30 days after intake, as well as when new information is obtained. The policy also prohibits the discipline of an inmate for refusal to answer questions from the screening, and the facility has created a system in which only identified staff can access the completed screening tool.

### 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.**

Information from the PREA High Risk Abuse Report is used to assist with housing decisions. Each housing decision is also based on other factors. The Sexual Abuse and Sexual Harassment Policy requires a bi-annual review of all transgender and intersex inmates housing and programming. All inmates are given the right to shower separately from all other inmates.

### 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.**

The Inmate Sexual Abuse and Sexual Harassment Policy prohibits the use of involuntary segregated housing unless there is no other option for keeping an inmate who is vulnerable to victimization separate from aggressive inmates. Any placement of an inmate in involuntary segregated housing is documented. Participation in programs, privileges, education and work opportunities may be restricted due to security issues; however all efforts are made to provide certain programming within the segregated housing. All restrictions are documented. The policy requires a review every 30 days for continued restriction/placement.

### 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.**

The agency allows for the reporting of any knowledge, suspicion or information through internal and external sources. Externally, inmates can mail a letter to Families Living Violence Free, and the NC Prisoner Legal Services, which are not a part of the NC Dept. of Public Safety. Internally, inmates are provided several methods to report sexual abuse or sexual harassment: They may send a letter directly to the State-wide PREA Director, or they may notify any staff member. This information is contained within the Inmate PREA Brochure, as well as posted throughout the facility. Staff may report any knowledge, suspicion or information regarding sexual abuse or sexual harassment by following the chain of command, Fraud, Waste & Abuse Hotline or e-mail/writing to the Statewide PREA Coordinator. Staff are provided methods to report privately and anonymously as well.

### 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.**

The Administrative Remedy Procedure Policy states if a grievance complains about sexual abuse or harassment of an inmate(s), immediate notification shall be made to the Department of Public Safety's PREA Office. No inmate grievance alleging sexual abuse or harassment shall be rejected.

### **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.**

Polk Correctional Institution provides inmates with access to qualified victim advocates through the use of PREA Support Persons for emotional support services related to sexual abuse. PREA Support Persons are facility staff and have had the proper training for victim advocacy. Additional outside support services are provided by Families Living Violence Free.

### **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 NC Dept. of Public Safety website provides for two separate reporting options for the receipt of third-party reports of sexual abuse or sexual harassment. They may write to the State-wide PREA Director, or send an e-mail through the link provided. Both methods report the information directly to the State-wide PREA Coordinator, who will inform the Superintendent. Any reports made directly to the facility will be investigated. This was confirmed through staff interviews.

### 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.**

Staff are prohibited by policy from sharing information regarding an allegation of sexual abuse or sexual harassment with individuals who are not identified as a part of the investigative team. All medical and mental health staff are mandatory reporters of sexual abuse in the facility. Inmates are made aware of this during their initial medical and mental health screenings. The sexual abuse investigators are responsible for all investigations of sexual abuse and sexual harassment.

### 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.**

All allegations of imminent sexual abuse is taken seriously and steps are taken immediately to protect the alleged victim. Notification is immediately made to the sexual abuse investigators who will investigate. Interviews with staff confirm their knowledge regarding their duty to protect inmates.

### 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.**

Any allegations of sexual abuse that are received that have occurred in another institution are required by Sexual Abuse and Sexual Harassment Policy to be reported to the Warden of that facility. This information is documented. The policy also requires that any receipt of such allegations from another institution shall be investigated similar to if the allegation was made while the inmate was housed at Polk Correctional Institution. There were 2 PREA allegations received from other institutions, which were 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.**

The Inmate Sexual Abuse and Sexual Harassment Policy addresses all components of Standard 115.64. First responders are required to protect the victim, address the preservation of evidence and to preserve the crime scene. All non-security staff are trained to provide the victim with protection and to make an appropriate report to the Superintendent. Staff interviews confirm their understanding of their first responder duties.

**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.**

Polk Correctional Institution has a Coordinated Response Checklist that address all requirements of the PREA standards in response to allegations. The Coordinated Response Checklist is specific to the facility, and includes all contact names and phone numbers.

**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.**

N/A - Polk 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.**

Inmate Sexual Abuse and Sexual Harassment Policy addresses practices to protect both staff and inmates who report sexual abuse or sexual harassment from retaliation. Various protection methods are identified, including housing changes, transfers for both inmates and staff, as well as emotional support services. Retaliation is monitored for a minimum of 90 days, with periodic status checks. A facility policy memo addresses the protection of individuals who assist in the investigation.

### 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.**

The Inmate Sexual Abuse and Sexual Harassment Policy meets all requirements of PREA Standard 115.43. Additionally, any inmate who has suffered sexual abuse and is placed in Administrative Segregation (Protective Custody) is seen every seven days by a counselor who documents their status. Additionally, the classification team reviews all placements in Administrative Segregation.

### **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.**

The NC Dept. of Public Safety conducts its’ own administrative investigations. Criminal Investigations are conducted by local law enforcement. All investigators have received specialized training as required pursuant to PREA standard 115.34. All evidence available is gathered and preserved. Prior reports involving the same perpetrator or victim were reviewed. Credibility of any person identified during the investigation is individually based and no polygraph examination or other truth-telling device is offered as a condition of continuing the investigation. Sexual assault investigators are responsible for conducting an initial investigation and the administrative investigation. Administrative investigations include addressing staff actions, credibility and investigative facts and findings. Any investigations where there appears to be criminal activity is referred for prosecution, and no interviews are conducted without consulting the Office of Special Investigations and Compliance. Both administrative and criminal investigations are documented and include narrative of the evidence collected.

### **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.**

The Inmate Sexual Abuse and Sexual Harassment Policy imposes no standard higher than a preponderance of the evidence in determining whether allegations are substantiated.

### 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.**

The Inmate Sexual Abuse and Sexual Harassment Policy requires, and investigative files indicate, that reporting inmates are advised of the outcome of PREA investigations by the PREA Support Persons at the conclusion of the investigation. Additionally, the policy requires information on the progress of the case. This notification is documented.

### 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.**

Inmate Sexual Abuse and Sexual Harassment Policy requires disciplinary sanctions, up to and including termination, for staff who violate agency policy regarding sexual abuse and sexual harassment. All disciplinary actions are reviewed based upon the nature and circumstances of the allegation and disciplinary action on prior comparable offenses. Any staff terminations for violation of the agency zero-tolerance policy are reported to the state licensing body. In the past 12 months, there were 7 staff who violated the agency sexual abuse policy. All were terminated or resigned. 2 of these staff were reported to law enforcement and licensing boards following their termination.

### 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.**

Inmate Sexual Abuse and Sexual Harassment Policy requires that any contractor or volunteer who violates the zero-tolerance policy are prohibited from any contact with inmates. If applicable, the actions of the contractor or volunteer will be reported to the licensing body (if applicable). There were no incidents of sexual abuse or sexual harassment by a contractor or volunteer.

### 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.**

All inmates shall be subjected to appropriate disciplinary actions as per the PREA standards. Sanctions are commensurate with the nature and circumstances of the incident, the inmate's history and similar sanctions imposed for comparable offenses. An inmate's mental health is considered in the determination of sanctions. No inmate is sanctioned for contact with a staff member who consented to the contact. No inmate is sanctioned for good faith reporting. This agency prohibits all sexual activity between inmates. There was 1 administrative finding of inmate on inmate sexual abuse that occurred at the facility.

**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.**

The Inmate Sexual Abuse and Sexual Harassment Policy requires immediate services of medical and mental health services upon notification of sexual abuse or sexual harassment. Confidential information of prior sexual abuse is shared only upon the consent of the inmate. Follow-up counseling is conducted within three days and as necessary thereafter.

**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.**

Inmates who report sexual abuse shall be immediately taken to medical. Those who report recent victimization will then be transported to Duke Regional Hospital for SANE examination. Mental health services will begin immediately and followed up within three days. Additional counseling services are available as necessary thereafter as well as requested by the victim. Agency policy states that pregnancy related and STD related information will be provided. All treatment is offered at no cost to the victim, regardless if they identify the alleged perpetrator or not.

### **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.**

Inmate Sexual Abuse and Sexual Harassment Policy provides for ongoing medical and mental health care for victims of sexual abuse, whether the incident occurred within an institution or in the community. All care is consistent with the community level of care. Follow-up care is provided within two (2) weeks and as requested by the victim. Agency policy states that pregnancy tests are provided if appropriate, and pregnancy information and timely services will be available. STD testing and treatment is provided. There are no costs to an inmate for services as a result of sexual victimization.

### **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.**

The NC Dept. of Public Safety requires an incident review for all allegations of sexual abuse where the findings were substantiated or unsubstantiated. Polk Correctional Institution conducts an incident review for all sexual abuse and sexual harassment incidents. The Incident Review Report is provided to the PREA Director and Superintendent that details the review and includes any recommended corrective action.

### 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.**

The NC Dept. of Public Safety maintains records and data on all allegations of sexual abuse and sexual harassment that captures information as identified by the DOJ-SSV. This information is aggregated annually and included in their 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.**

The NC Dept. of Public Safety reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility. These reports includes a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of The NC Dept. of Public Safety's progress in addressing sexual abuse.

**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.**

The agency has publicized the 2013 and 2014 PREA data on the website. The 2015 data is pending. The reports contain no personal identifiers. A facility policy memo identifies that PREA related documents be maintained for at least 10 years of the initial report or as long as the abuser is incarcerated or employed by the agency, plus 5 years, whichever is longer.

**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.

Kevin M. Maurer

09/29/2015

\_\_\_\_\_  
Auditor Signature

\_\_\_\_\_  
Date