

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: February 8, 2017

Auditor Information			
Auditor name: Bobbi Pohlman-Rodgers			
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Telephone number: 954-818-5131			
Date of facility visit: September 26-27, 2016			
Facility Information			
Facility name: Randolph Correctional Center			
Facility physical address: 2760 US Highway 220 Business, Asheboro, NC 27205			
Facility mailing address: <i>(if different from above)</i> PO Box 4128, Asheboro, NC 27204			
Facility telephone number: 336-625-2578			
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 Chandra Ransom			
Number of staff assigned to the facility in the last 12 months: 122			
Designed facility capacity: 226			
Current population of facility: 224			
Facility security levels/inmate custody levels: Minimum Custody			
Age range of the population: 18 and over			
Name of PREA Compliance Manager: John Davis		Title: Assistant Superintendent	
Email address: john.davis@ncdps.gov		Telephone number: 336-625-2578	
Agency Information			
Name of agency: North Carolina Department of Public Safety			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 512 N Salisbury Street, Raleigh, NC 27604			
Mailing address: <i>(if different from above)</i> 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

The Randolph Correctional Center received a PREA Audit beginning August 15, 2016. PREA Notices were sent to the facility for display to all inmates and staff and were posted by the appropriate date. The facility provided a flash drive with all documentation required and requested to the auditor by August 29, 2016. After a review of the documents, the on-site audit began on September 26, 2016 and was completed on September 27, 2016.

The on-site PREA Audit was conducted by DOJ Certified PREA Auditor Bobbi Pohlman-Rogers. Prior to the on-site, the auditor reviewed all documentation submitted by the facility, including the PREA Pre-Audit Questionnaire. The auditor made contact with the facility prior to the audit to review the on-site process, time-frames, and to request additional information be made available on the first day of the audit. These documents included a current inmate roster and staff assignment/posts.

On September 26, 2016, the auditor met with Superintendent Chandra Ransom, Assistant Superintendent/PREA Compliance Manager John Davis, Program Supervision Daniel Crowley III, Nurse Supervisor Wanda Kendrick RN, Lead Nurse Ralph Pane RN/BSN, Case Manager Branson and Correctional Sergeant Michael Moyer. This brief entrance meeting focused on the audit process, the interim/final report, Corrective Action Plan periods, and additional documentation that would be needed. This meeting was followed by a tour of the facility.

The tour included 13 buildings and all outside areas. The auditor noted that PREA Audit notices, Zero Tolerance posters, and reporting methods were located in areas throughout the facility where both inmates and staff had access to view. Other facility specific information was present in inmate housing areas. Phones were available in each housing unit. A correctional officer was queried during the tour regarding supervision of inmates, and it was reported that all staff conduct 30 minute rounds to provide for ensuring the safety of inmates.

Interviewees were selected through the use of the inmate rosters and staff assignment/posts. There were a total of 12 inmates interviewed, and this include two disabled inmates and one LGBTI inmate. There were ten random staff interviewed – a selection from both shifts, and there were fifteen specialized interviews conducted. The Agency head and Agency PREA Coordinator were interviewed prior to this audit by DOJ Certified Auditor Pete Zeegers, and the information was provided to this auditor.

Staffing includes two 12-hour shifts, as well as 8-5 staff. There are 44 Correctional Officer I positions, 1 Lead Correctional Officer, and 8 Correctional Sergeant I positions at this facility. These counts include transportation, support services, operations, medical area, and supervisory staff. There are four trained PREA Investigators and 64 volunteers/individual contractors who may have contact with inmates. There is no electronic camera system at this facility.

In the past twelve months, there were 2 allegations of sexual harassment. One was received from another North Carolina Department of Public Safety prison. Both received administrative investigations; one received a criminal investigation. None received were reported through the grievance system.

Medical services are available at Randolph Correctional Center. This facility houses Long Term Medical Care Inmates. Medical staff is present 24 hours per day/7 days per week. Mental Health services are available through a staff Psychologist that is located off-site and services multiple facilities. Randolph Memorial Hospital is the local hospital where services are provided that cannot be handled at the facility, including forensic examinations required for sexual abuse investigations.

This facility has a PREA Support Person (PSP) who has received training to assist victims through all steps of an investigation, including providing assistance in obtaining outside support services from the Family Crisis Center. There is an MOU with the Family Crisis Center.

DESCRIPTION OF FACILITY CHARACTERISTICS

Randolph Correctional Center is a minimum security prison for 226 adult male inmates 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 Asheboro and within the Randolph County boundaries, Randolph Correctional Center was one of the 51 county prisons for which the state assumed responsibility with the passage of the Conner bill in 1931. It was one of the 61 field unit prisons renovated or built during the late 1930's to house inmates who worked on building roads. The original dormitory is still in use to house inmates, and in 1986 a recreation building was erected by inmates under the supervision of correctional engineers. In 1988, a second dormitory was built as a part of the \$28.5 million Emergency Prison Facilities Development program authorized in 1987.

Randolph Correctional Center has 6 open-bay housing units. The original dormitory contains both A and B unit. The newer building contains Units C, D, E, and F, which were constructed with ADA requirements. The Randolph Correctional Center is also home to a large health services program. This facility houses a 100-bed Long Term Care medical unit that provides for inmates who are not ready to be housed in the general population due to medical problems. Inmate Orderly Assistance are used to assist inmates in this unit. The five segregation cells have been converted to storage and are no longer in use. Additionally, this prison has a dental clinic that services the Piedmont Region inmates. All housing provides inmate privacy from cross gender viewing through the use of curtains or doors in the shower and toilet areas.

The remaining eleven buildings on the property house Administration, Education, Vocational training, Laundry, Personal Property Room, Barber shop, Canteen, Case Manager offices, Library, Kitchen/Dining Hall, Bio-Hazard secure storage, chemical room, Sgt. office, Control Center, inside gymnasium, general storage, kitchen storage, transportation, maintenance, mail room, and indoor recreation area. Outside areas include recreation (basketball, weights, shuffleboard, horse shoes, corn hole) and a visitation area.

Randolph Community College provides inmates with classes for Adult Basic Education and preparation for the HSE (High School Equivalency) test. Additionally, the college provides Human Resources Development (HRD) courses that address pre-employment skill training, self-esteem and motivation, communication and interpersonal skills, problem-solving skills, career and educational goals, and job-seeking and job-keeping skills. All classrooms have a panic button and teachers are issued radios for communication.

The Randolph Correctional Center has some unique services. The Barber shop is run by three inmates who have completed a 12-month Barbering Certificate Program at the Harnett Correctional Institution. This program is designed to provide inmates with competency-based knowledge, scientific and artistic principles and hands-on fundamentals associated with the Barber industry. The New Leash on Life (NLOL) Program is both a work and community service program that provides an opportunity for prison facilities to partner with local government and non-profit agencies to give inmates an opportunity to perform community service work while incarcerated. Inmate spend eight weeks teaching the dogs that are provided from local animal shelters or animal rescue agencies basic obedience, house training, and socialization skills to prepare them for adoption. Currently there are three dogs and six inmate trainers.

The Chaplaincy Re-Entry program is a 36-hour program which gives inmates an overview of issues and problems they will face on re-entry into the community. These classes help them focus on a variety of areas, look at them realistically, and formulate some goals and plans for addressing their issues and problems. Topics covered include: How to Find a Job; Filling out an Application; Writing a Resume and Cover Letter; Budgeting and the wise use of credit; Automobile Insurance, Driver's Licenses, and Taxes. Speakers from the community are utilized in a number of these classes helping the participants learn about these topics. The Re-Entry Life Plan instructor is a trained Community Volunteer, who also organizes a family seminar session which allows family members to participate and learn from the students. A Graduation meal with sponsored by the Community Resource Council, with the assistance of other volunteer helpers.

The Rehabilitation Activity Therapy Program is designed to provide a series of Activity Therapy for physically ill inmates who are classified as Chronic, Long-Term Care, Geriatric, and/or who have a Physical Disability. These activities provide for wellness management and rehabilitation, and address specific challenges that will prepare an inmate for transition planning

PREA Audit Report

prior to release.

A Community Volunteer Leave program is currently in place. This allows approved inmates temporary leave from the facility, with a volunteer, for the specific purpose of skill development, the development of more responsible behavior, and to prepare the inmate for successful re-entry into the community.

Inmates are provided opportunities within the facility for employment. Jobs available to inmates include maintenance, librarian, recreation clerk, barber, canteen operator, clothes house/laundry, and food preparation and serving. Vocational opportunities include wood shop and Arts & Crafts.

Visitation at Randolph Correctional Center is held each weekend for 2 hours and rotates every quarter. All visitors must have completed a visitation application and be approved prior to visiting. There is a large area with multiple picnic tables that is provided for visitation on nice days.

SUMMARY OF AUDIT FINDINGS

The Randolph Correctional Center was prepared for their PREA Audit and provided all documents prior to or upon request during the audit. There were a few windows that were observed covered with paper/cardboard which obstructed sight supervision of inmates in the area. The administration immediately addressed these and they were found resolved by the auditor prior to the exit. There were minor issues with orientation materials being provided (both verbal and written) which were immediately addressed. Outside support services were available, and the PREA Support Person (PSP) is aware of these; however inmates were not clear on what services are provided by the Family Crisis Center.

The facility has a Sexual Assault Response Team (SART) and PREA Support Person (PSP). The SART is activated when there is an allegation of sexual assault. The PSP plays an important role in assisting the victim through the various activities associated with an allegations (investigation, medical exam, interviews, and support services). There is one (1) PREA Support Person identified.

The facility staff were helpful, very professional, and well versed in PREA activities at the facility level. It was a pleasure to work with them and their goals towards inmate safety.

This facility will go into the Correction Action plan phase. This allows 180 days for the facility to resolve the issues noted in the report. Final documentation is required from the facility by April 25, 2017.

During the Corrective Action Period, the facility addressed standards 115.15, 115.16, 115.31, 115.53, 115.65, and 115.86. Documents were forwarded to the auditor that showed training material, training acknowledgments, MOU's and other samples of the actions taken by the facility were received and reviewed. At this time the facility is compliant with all applicable PREA Standards.

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.

Policy F.3400, Policy A.2000, SOP .3405, SOP .0202, SOP .0116, Form OPA-A16, NCDPS Organizational Chart, NC General Statute 14-27.7, and NCDPS Memo dated 10/27/15, that identified the PREA Manager 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/Assistant Superintendent has recently come into the position and is still learning all roles/duties. He reports that activities require him to stay late 2 x per week, but he feels that things are progressing appropriately. He 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 is through weekly MDT meetings, screenings, watching admission, running the High Risk lists weekly, and ensuring that both inmates and staff have completed required training regarding PREA. When issues are identified, communication and a plan of action are most important to working towards compliance.

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)

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 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, Policy F.1601, Staffing Plan Report dated January 2015, Approved Facility Posting Chart/Staffing Plan approved 06/09/15, Shift Narratives noting 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 6/09/15. Deviations from the staffing plan are documented on the Shift Narrative. The Superintendent confirms that the facility utilizes a pulled 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 documentation includes the date and time of the round. Interviews with the PREA Compliance Manager and the Superintendent confirmed that upper level management conduct unannounced rounds weekly and the Office-in-Charge conducts multiple rounds during their shift.

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 standards 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, 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, which 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. However, interviews will staff indicate there is not a clear understanding of the staff gender who will search transgender or intersex inmates. Agency policy and facility SOP require the announcement of cross-gender staff entering the housing units. While announcements were seen during the tour, interviews with inmates and staff indicate that the announcement is made only at the beginning of a shift

During the corrective action period, the facility addressed concerns regarding staff understanding of the searching of transgender or intersex inmates and the announcement of cross-gender staff entering housing units. The facility provided the training material utilized to retrain staff and also provided signed staff acknowledgement forms. Additionally, they have updated the search log in order to better document any cross-gender searches.

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, and 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. Case managers would arrange for education in formats for those inmates identified as disabled. 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. There is PREA material in both English and Spanish available at the facility.

One inmate interviewed who suffers from eye problems reported that he has not received any information verbally, only written information. All other interviewees were provided information appropriate to their needs. Staff interviewed were not aware of the new contract for interpreter services, did not have a copy, and did not have contact information for requesting services. While the agency has provided each facility with a narrative that is to be read to all inmates to ensure their understanding of the PREA information, it appears that it was not used in this inmate’s orientation to the facility.

During the corrective action period, the facility has implemented a system for orientation that allows for the provision of orientation material being read to the inmate, and all inmates will sign the Orientation Acknowledgement Form that certifies they have been provided information in a manner that they understand. The facility also obtained a copy of the interpreter services contract, conducted numerous shift briefings and monthly management meetings to ensure that staff are aware of interpreter services and how to access services if needed.

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.

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 copies were provided to the auditor for review. All staff are documented as having completed this step of their training. 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. Proof of background checks conducted within the last 5 years was reviewed for all staff interviewed. Of the 22 files reviewed, all had received a background screening within the past 5 years. It was noted that employee background screenings every 5 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. There is one camera at the facility and this is focused on the basketball court.

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.

Policy F.3400, Policy CP18, 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, Clinical Practice Guidelines, Correspondence between facility and the Family Crisis Center, and NCCASA documentation were reviewed. Interviews also provided information in the determination of compliance.

The agency conducts only administrative investigations. Randolph County Sheriff's Office would complete criminal investigations, and no criminal investigations were conducted in the past twelve months. The Clinical Practice Guidelines cover appropriate evidence collection. The Agency has three PREA Support Person (PSP) who are trained for victim advocacy services, and acts as the link to assist victims with the investigative process, professional resources, community based advocates, and mental health professionals. 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.

The agency does have an MOU with the Family Crisis Center. The MOU addresses the agreement to provide crisis intervention and emotional support to victims of sexual abuse, providing referral information to inmates upon release or transfer, and to provide at the inmate's request accompaniment during investigatory interviews. The PREA Support Person (PSP) will assist the victim in contacting the Family Crisis Center if requested.

Forensic examinations are conducted at Randolph Hospital. Randolph Hospital policy requires that no action be taken until a Sexual Assault Nurse Examiners (SANE) or trained ER nurse will conduct the forensic examination.

The agency has sent a letter to all law enforcement agencies in the state on March 16, 2016 requesting their compliance with PREA standards in the event a criminal investigation is conducted.

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 F.3400 and PREA investigations log were 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 (Randolph 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 F.3400, 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, with the exception of elder abuse laws. Training documentation is kept in LMS (Learning Management System). Employee training documentation found that all staff had completed their annual training. Of the 22 staff files reviewed, only three had not yet completed their annual training for the year.

During the corrective action period, the facility conducted refresher training for all staff on elder abuse laws and reporting at the facility level. The facility provided the training material and signed rosters indicating that all staff have received this 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.

Policy F.3400, Policy F0604; 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, with minor deviations. There is also a Volunteer Brochure specifically for volunteers to receive PREA information. This facility reports 64 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. The files reviewed contained a signed Acknowledgement form. The community funded Chaplain was interviewed. He is present at the facility 6 days per week. It is this position that ensures all volunteers received NCDPS PREA training. He confirmed that they conduct annual training for all volunteers.

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 F.3400, Diagnostic Procedural Manual Section 201 & 417, PREA Inmate Brochure (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.

Randolph Correctional Center receives inmates from a reception and diagnostic center, or through a transfer. Agency policy requires all inmates entering into the system to receive intake and comprehensive training at the reception and diagnostic center. Randolph CC 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. Interviews with inmates confirmed the receipt of facility specific information at intake and transfer. The facility conducts inmate Orientation every Friday for inmates who have arrived on Tuesday or Thursday. Informational posters were observed around the facility on the PREA boards in the dorms. Staff interviews also confirm Orientation material is appropriate to inmates needs and clear copies of all written material is provided to inmates. Of the 13 inmates files reviewed, all have received PREA education upon intake and within 72 hours.

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 F.3400, 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 four (4) 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 Randolph 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)

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, 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. A prior interaction with the mental health provider confirms his specialized training. The medical staff also provided the Nursing Protocol for sexual abuse victims. Forensic examinations are not conducted at this facility and therefore no training was provided. All forensic examinations are conducted at Randolph Hospital.

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 F.3400, 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, and Asst. Superintendent. It is the responsibility of the Assistant Superintendent/PREA Compliance Manager to run these lists weekly to review for appropriate placement. This was confirmed during the interview. A review of 13 files found that all had been screened on the day of intake.

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 F.3400, Policy TX-I-13, Policy C.0100, Screening tool, Learning Management System (LMS) Material, and the Instructions to access the High Risk Abuse Report were reviewed. Interviews were conducted.

The policies address 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 inmate's own perception of risk at the facility. The Classification Committee is a formal process at an inmate's 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. Interviews confirmed that the Programs Supervisor assists with housing determinations and the Assistant Superintendent/PREA Compliance Manager review the High Risk lists each week.

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 F.3400 was 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. Policy dictates documentation of the use of protective custody when necessary and 30 day reviews of such placement. It is noted that interviews confirm that this facility does not provide protective custody or restrictive housing for inmates. Those requiring such housing would be transferred to another, more appropriate facility.

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 F.3400, Policy D.0300, 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) and a phone number to the Family Crisis Center. Mail boxes are available for inmate mail. 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. The posters in the facility provided the address for PLS, and inmate brochures detailed this as a method of reporting sexual abuse or sexual harassment. Interviews confirmed that staff at the program are aware that they

may report privately through the Fraud, Waste, Abuse and Misconduct Hotline or through e-mail to the PREA Coordinator if they do not wish to report through the Chain of Command.

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 F.0300, Policy G.0300, 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 0 grievances in the past 12 months.

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.

Written correspondence with Family Crisis Center, 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 the Family Crisis Center in Randolph County. The facility does have an MOU with them to provide support to victims of sexual abuse. The MOU identifies the responsibilities of both parties. The PREA Support Persons (PSP) are aware of the services available and are expected to assist victims in contacting them. 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. While the name and contact information for the Family Crisis Center was made available to inmates on the PREA boards, there were no details as to the services that they would provide or the limits of confidentiality.

During the corrective action period, the facility obtained new posters from the Family Crisis Center and ensured that these were posted throughout the facility for inmate viewing. All case managers were retrained on services available at the Family Crisis Center.

Additionally, the facility updated their orientation material and provided a copy to each inmate.

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 F.3400, Coordinated Response Plan, 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. The Coordinated Response Plan details the notification to the state agency regarding vulnerable adults. Interviews with staff confirmed their knowledge of how to report internally (chain of command, other administrative staff, or to agency PREA Coordinator) and externally (Fraud, Waste, Abuse and Misconduct 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 F.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 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 F.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 were no incidents that required reporting to another facility. One allegation being investigated was received from another facility. A review of the file indicates that they have followed agency protocol and PREA standards.

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 F.3400, Coordinated Response Plan, 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. Contractors and volunteers are required to protect the victim and report the information to a security staff. There was one instance in this facility where the staff followed the Coordinated Response Plan.

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.

Coordinated Response Plan and Coordinated Response Overview 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 plan reviewed was facility specific and included specific tasks for each member. The facility was updating contact information within the plan due to changes. Additionally, there is a flowchart that helps staff to comply with the plan. During the interviews, it was discovered that not all Officers-in-Charge knew where to find the Coordinated Response Plan.

During the corrective action period, the facility provided all staff with the location of the Coordinated Response Plan, which is located in the Asst. Superintendent’s office and the Sergeant’s office. A copy of the plan was provided that included facility specific information.

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 Randolph Correctional Center 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)

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, Form OPA-I22 and Form OPA-I24 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. There is a form that is used to document the retaliation monitoring at the 90 day mark. The form also prompts and allows for the documentation of periodic status checks. There were no instances where retaliation monitoring was required due to an allegation of sexual abuse, as the one instance the victim was no longer in the facility. The PREA Support Person monitors inmates and the PREA Compliance Manager will monitor staff. Staff interviews confirm that measures used to keep inmates safe may include the alleged perpetrator be transferred, or inmate transfers, if requested.

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 F.3400 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. Once requested, an inmate would be transferred to another facility as this facility does not provide any protective or restricted custody. There were no instances of the use of protective custody as a result of a sexual abuse allegation in the past 12 months.

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 F.3400 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. 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 staff interviews are conducted by the Office of Special Investigations and Compliance. Both criminal and administrative investigations are documented. There was one allegation that is currently under criminal 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 F.3400 was 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, Form OPA I30, Form OPA-I30A, Coordinated Response Overview 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. These forms were found in the 1 file reviewed that was closed.

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, 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 F.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 F.3400, Policy B.0200, and the Inmate Rule and Policies Booklet were reviewed. Staff interviews confirmed findings.
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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 inmate-on-inmate sexual abuse incidents that were reported in the program in the past 12 months. The agency does prohibit all sexual activity between inmates.

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 F.3400, Policy CP-18, Diagnostic Manual 305, Memos dated 10/09/13 and 11/14/12, 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. As mental health staff are not located on site, the mental health referral would be forwarded to the staff who moves between multiple facilities. An interview with mental health staff confirm that he receives referrals and responds within the required time frame. Interviews confirmed informed consent is obtained before information is shared regarding a victimization that may have occurred prior to incarceration.

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, North Carolina Authorization for Release of Information, Mental Health Screening Referral system, Nursing Protocol – Sexual Abuse, 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. Mental Health professionals are notified by the medical staff. Mental Health staff confirm notification and his response to the facility. Additional counseling services are available as identified and as requested by the victim through the PSP (PREA Support Person) and the Family Crisis Center. 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. The Nursing Protocol for sexual abuse includes follow-up care and physician orders for STD testing and treatment.

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 F.3400, Policy CP-18, 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. Again, all services are provided to the victim without financial compensation. The agency also offers evaluations to sexual aggressive inmates when information is present, and services are available at Harnett Correctional Institution through the SOAR program.

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.

Policy F.3400, Form OPA-I10, Coordinated Response Overview, and one investigation files were reviewed. Interviews confirmed findings.

The agency requires a Post Incident Review (PIR) at the conclusion of any investigations of sexual abuse where the allegation was determined to be substantiated or unsubstantiated. 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. Medical or Mental Health is not included in the facility team. There were no allegations of sexual abuse that were substantiated or unsubstantiated, and therefore there were no PIR’s to review. Incident Review actions could include the need for further protection, policy change, and/or staffing plan review.

During the corrective action plan, the facility implemented a Sexual Abuse Incident Review that includes both medical and mental health staff as a part of the process. A copy of the review was provided to the auditor that reflects the participation of both medical and mental health staff.

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 F.3400, 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 F.3400, 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 F.3400 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

February 8, 2017

Auditor Signature

Date