

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report August 26, 2018

Auditor Information

Name: Bobbi Pohlman-Rodgers Email: bobbi.pohlman@truecorebehavioral.com

Company Name: TrueCore Behavioral Solutions, LLC

Mailing Address: PO Box 4068 City, State, Zip: Deerfield Beach, FL 33442-4068

Telephone: (954) 818-5131 Date of Facility Visit: February 14-15, 2018

Agency Information

Name of Agency: Governing Authority or Parent Agency (If Applicable):

North Carolina Department of Public Safety [Click or tap here to enter text.](#)

Physical Address: 512 N. Salisbury Street City, State, Zip: Raleigh, NC 27604

Mailing Address: 4201 Mail Service Center City, State, Zip: Raleigh, NC 27699-4201

Telephone: (919) 825-2754 Is Agency accredited by any organization? Yes No

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency mission: The overall mission of the North Carolina Department of Public Safety is to improve the quality of life for North Carolinians by reducing crime and enhancing public safety. The NCDPS Division of Adult Corrections mission is to promote public safety by the administration of a fair and humane system which provides reasonable opportunities for adjudicated offenders to develop progressively responsible behavior.

Agency Website with PREA Information: <https://www.ncdps.gov/adult-corrections/prison-rape-elimination-act>

Agency Chief Executive Officer

Name: Erik A Hooks Title: Secretary, NCDPS

Email: erik.hooks@ncdps.gov Telephone: (919) 733-2126

Agency-Wide PREA Coordinator

Name: Charlotte Jordan-Williams	Title: PREA Director
Email: charlotte.williams@ncdps.gov	Telephone: (919) 825-2754
PREA Coordinator Reports to: Jane Ammons Gilchrist, General Counsel, NCDPS	Number of Compliance Managers who report to the PREA Coordinator 138

Facility Information

Name of Facility: Harnett Correctional Institution			
Physical Address: 1210 East McNeill Street, Lillington, NC 27546			
Mailing Address (if different than above): PO Box 1569, Lillington, NC 27546			
Telephone Number: (910) 983-2751			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: To promote public safety by the administration of a fair and humane system which provides reasonable opportunities for adjudicated offenders to develop progressively responsible behavior.			
Facility Website with PREA Information: https://www.ncdps.gov/adult-corrections/prison-rape-elimination-act			

Warden/Superintendent

Name: Cynthia Thornton	Title: Administrator I
Email: cynthia.thornton@ncdps.gov	Telephone: (910) 893-2751 ext 201

Facility PREA Compliance Manager

Name: George Blackmon	Title: Correctional Captain II
Email: George.blackmon@ncdps.gov	Telephone: (910) 893-2751 ext 220

Facility Health Service Administrator

Name: Tammy Black	Title: Nursing Supervisor
Email: tammy.black@ncdps.gov	Telephone: (910) 893-2751 ext 275

Facility Characteristics

Designated Facility Capacity: 988		Current Population of Facility: 980	
Number of inmates admitted to facility during the past 12 months			1292
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			949
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			1292
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			68
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 20 years of age and older	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:			0
Average length of stay or time under supervision:			N/A
Facility security level/inmate custody levels:			Medium
Number of staff currently employed by the facility who may have contact with inmates:			361
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			66
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			0
Physical Plant			
Number of Buildings: 19		Number of Single Cell Housing Units: 2	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		28	
Number of Segregation Cells (Administrative and Disciplinary):		34	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): Fence perimeter, ABCD Dayrooms, Kitchen, Meat Plan, Restricted Housing Units			
Medical			
Type of Medical Facility:		Clinic: Open 24 hours/7 days per week	
Forensic sexual assault medical exams are conducted at:		Central Harnett Hospital	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			121
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			6

Audit Findings

Audit Narrative

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

The North Carolina Department of Public Safety contracted with TrueCore Behavioral Solutions, LLC for PREA auditing services in October 2017. This particular facility's on-site audit was scheduled for February 14-15, 2018 thus the audit process was to begin on January 4, 2018, six weeks prior to the on-site audit date.

On December 27, 2017 the PREA auditor made contact with the NCDPS PREA Director regarding the upcoming PREA audit. The communication contained the facility name, date of the audit, name of the auditor, and specific dates for the submission of information. The auditor then sent to the NCDPS PREA Director (Agency PREA Coordinator) the Pre-Audit Questionnaire, the Checklist of Documentation, and brief Bio of the auditor.

The auditor also provided the PREA Audit Notice that was required to post in the facility on or before January 4, 2018 and remain posted until after the audit. The PREA Audit Notice was provided in both English and Spanish, to accommodate all inmates in the facility. The PREA Audit Notice provides for the date of the on-site audit, confidentiality of the audit process, written communication from inmates shall be treated as legal mail, verbal communication between the auditor and facility staff and inmates shall be kept confidential with exceptions, and an address for inmates and staff to write to the auditor prior to the audit. The facility advised that PREA Audit Notice was posted on January 4, 2018.

The PREA flash drive was received by January 18, 2018, which is four weeks from the on-site audit date. The auditor reviewed the information provided and began the completion of the Auditor Compliance Tool. The auditor also reviewed the last PREA audit report dated April 14, 2016. The auditor contacted the facility on February 1, 2018 in regards to additional information that would be needed at the beginning of the on-site audit, logistics of the audit including the need for interview rooms that provided privacy but sight supervision of staff, clarified some information already provided, and provided the facility with a list of items to have prepared for review on the first day of the audit. The auditor reached out to Central Harnett Hospital and SAFE of Harnett County.

The Harnett Correctional Institution PREA on-site audit began on February 14, 2018 with an entrance meeting. The meeting was attended by the PREA auditor, Administrator Cynthia Thornton, Assistant Superintendent of Programs II Melanie Shelton, PREA Support Person Craig S. Johnson, PREA Investigator Thomas Tart, and Alternate PREA Compliance Manager Jim Dorman. The facility's PREA Compliance Manager was out of the facility on medical leave at the time of the on-site audit.

Following the entrance meeting, the auditor was provided a newly printed list of inmates for selection of interviews. Due to the current population of nine hundred and eighty (980) inmates, the auditor was required to conduct a minimum of thirty (30) interviews, which includes fifteen (15) targeted interviews. The auditor first selected interviewees for the targeted interviews that are required, and selected the remaining from the

general population list. One (1) inmate letter was received prior to the audit. Ten (10) targeted inmates were identified. A total of thirty-two (32) inmates were interviewed. Four (4) inmates originally selected to be interviewed refused to be interviewed, and the auditor selected four (4) additional inmates to interview.

Inmates who Communicated to the Auditor prior to the Audit– 1

Youthful Inmates – 0

Inmates with a Physical Disability – 1

Inmates who are Blind, Deaf, or Hard of Hearing – 1

Inmates who are LEP – 1

Inmates with a Cognitive Disability – 1

Inmates who Identify as Lesbian, Gay or Bisexual – 1

Inmates who Identify as Transgender or Intersex – 2

Inmates in Segregated Housing for High Risk of Sexual Victimization – 0 (none currently placed)

Inmates who Reported Sexual Abuse – 1 (only 1 was still present at the facility)

Inmates who Reported Sexual Victimization during Risk Screening – 2

Random Selection

The auditor was provided a newly printed post staffing for the two-day audit and for both shifts. The auditor selected twelve (12) staff from both shifts and differing positions to be interviewed. Three (3) of the staff originally selected to be interviewed either went home during their shift or called out, and the auditor selected an additional (3) staff to be interviewed.

There were eighteen (18) specialized position interviews that were completed including two (2) interviews that had been conducted prior to the audit and three (3) that were conducted after the on-site audit.

Specialized positions interviewed: Agency Head, Agency PREA Coordinator, Superintendent, Facility PREA Compliance Manager, Upper Level Management, Medical staff, Mental Health Staff, Human Resources Staff, Volunteer/Contractor, Investigator, Intake Staff/Intake Education, Risk Screening Staff, Segregation Staff, Incident Review Staff, Grievance Officer, Retaliation Monitor, PREA Support Person, and First Responder Staff.

Following the selection of interviewees, the auditor was led on a tour of the facility. The tour included the Administration, Education/Academic, Vocational building, Medical, Kitchen, Chapel, Visitation, Maintenance, Indoor Gymnasium, Operations, Canteen, Dental Clinic, Library, Main Canteen, Clothes House, Barber, Old Boiler Building, Meat Plant, and thirty (30) housing units. The auditor randomly spoke with staff and inmates during the tour. Additionally, the auditor utilized the phone system to verify contact with the outside support services agency.

The auditor completed inmate, staff and specialized interviews during the two (2) days at the facility. Interviews with inmates were provided in an area where supervising staff could provide sight supervision but did not have sound contact with the inmate or the interviewer which allowed for the privacy of communication. Inmate interviews included a small printed paper that provided how to access mental health services after the interview if needed. It also contained a reminder that retaliation for speaking to the auditor is not allowed, and the mailing address was made available in the event that they wished to report retaliation. This was shown to the Superintendent prior to interviews.

Prior to the exit meeting, the auditor reviewed additional information that had been requested and maintained copies of these documents. A list was compiled of some of the challenges at this facility in meeting compliance with PREA standards. The Interim Report reflects all challenges.

The exit meeting was held in the evening of February 15, 2018. Present were the auditor, Administrator Cynthia Thornton, and Alternate PREA Compliance Manager Jim Dorman. The auditor extended acknowledgement of the open process of the audit and discussed the challenges identified by the auditor at

this facility. The facility administration was provided a list of items that would need to be addressed in order to find the facility in compliance with all PREA Standards. The facility was informed that any information provided within three weeks would be reviewed prior to the initial writing of this PREA Audit Report.

The methodology of the audit process to find compliance included:

- Review of the pre-audit questionnaire
- Review of agency policies
- Review of facility policies and practices
- Review of sample documents
- Review of completed documents
- Interviews with inmates
- Interviews with specialized staff
- Interviews with random staff
- Interviews with off-site providers
- Tour of the facility
- Identification of PREA information in areas for both staff and inmates
- Identification of blind areas through both internal and external viewing of the buildings
- Inmate confidential letters, if received by the auditor
- Review of the agency's website
- Test call to the external reporting agency(s) through inmate phone
- Observations of staff interaction with inmates
- Clarification discussions with administration
- Review of documents provided post on-site audit
- Further contact with the facility PREA Compliance Manager or the agency PREA Coordinator

Bobbi Pohlman-Rodgers, US DOJ certified PREA Auditor, was responsible for determining whether this facility operated in compliance with the Prison Rape Elimination Act (PREA) standards. As a part of this audit, Ms. Pohlman-Rodgers toured the facility, reviewed State policy & procedure, reviewed state laws and rules, conducted interviews with inmates and staff, observed facility practices, examined confidential documents, and made a determination for each standard.

Facility Characteristics

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

Harnett Correctional Institution is a medium level secure facility for 988 adult male inmates run under the North Carolina Department of Public Safety (NCDPS). The facility is located in Lillington, NC, in Harnett County.

Harnett Correctional Institution has grown from a one-dormitory prison built when the State Highway Department ran the state prisons to a medium security prison for 988 adult males. The 30-acre prison compound sits on a 198-acre site. Harnett has eight housing units divided into 29 separate dormitories. There are 34 single cells used for administrative and disciplinary segregation of inmates. The prison also

has a dining hall, recreation building, education building, two vocational buildings, a chapel, six modular buildings and a medical building for dental and nursing staff.

Harnett was one of 51 county prisons the state assumed responsibility for with the passage of the Conner Bill in 1931. It was one of 61 field unit prisons renovated or built during the late 1930's to house inmates who worked building roads.

In the 1950s, a new dining hall was built. In 1965, construction increased the prison's capacity to 450. Soon afterward, the prison was designated to house minimum and medium custody male youth under the age of 21. In 1985, Harnett was converted into a medium security institution for adult males. In 1988, lawmakers provided a 208-bed dormitory addition as part of a \$17.4 million prison construction program. The next year, another 208-bed dormitory was provided as part of a \$55 million prison construction program. Then, in 1993, a dining hall and another dormitory was added as part of the \$87.5 million prison construction program. Both 208-bed dormitories had been opened by 1992, pushing the prison's capacity to 716. With the opening of the last dormitory, the prison's population reached its current level of 988.

The facility is enclosed within a secure perimeter. Recently the administration building was moved into the secure area. There are numerous buildings and walkways that are supervised by staff assigned to various outside posts during times of movement. There are two hundred and thirty-one (231) Correctional Officer II positions, thirty-three (33) Correctional Sergeants II positions, nine (9) Correctional Lieutenant II positions, and five (5) Correctional Captain II positions at the facility. This is in addition to administrative and clerical positions. The facility runs on two (2) twelve-hour shifts.

Inmate visitation at Harnett Correctional Institution is by appointment only. Visitation is held Sunday through Thursdays, with the exception of holidays. There are five 1-hour visiting sessions on Sundays, with the first one beginning at 8:30 a.m. and the last one ending at 4 p.m. On Mondays, Tuesdays, and Thursdays, there are three 90-minute visiting sessions each day, with the first one starting at 9:30 a.m. and the last one ending at 5 p.m. Wednesdays are reserved for legal and clergy beginning at 9:30 a.m. and ending at 4:00 p.m. Visitors who live outside a 150-mile radius from this institution are eligible for special visitation if they are unable to attend regular visitation, for a total of three hours, two 1-1/2 hour sessions on weekdays, or three 1 hour session on Sundays. The visitation area contains both contact and no-contact visitation. The area is open for ease in supervision and a staff is posted in the room during visitation.

The Enterprises meat processing plant was moved from Dunn to Harnett in 1994. Seventeen (17) employees run that facilities that ships 1.5 million pounds of product per month. Thirty-six (36) products are processed here and are mostly in patty form which are sent to all the state prisons and twelve (12) county jails. The plant has the capacity to store 2 million pounds of product. The freezers store at an average of 10 degrees with two (2) blast freezers that store at minus 25 degrees. The Meat Plant has cameras to cover all areas along with staff assigned to the plant. The inmate bathrooms allow for privacy from cross gender staff viewing.

Other inmates may be assigned to work on Department of Transportation road squads, prison maintenance and in the kitchen helping with food preparation.

In January 1991, the Prisons Mental Health Services began the Sex Offender Accountability and Responsibility (SOAR) Program at Harnett. The mental health program provides treatment for up to 46 inmates for each 20-week program cycle. SOAR provides treatment of incarcerated men who have committed sexual offenses. The SOAR Program is an intensive cognitive-behavioral program teaching inmates to take responsibility for their behavior. They identify high risk situations that could lead to re-offending, and learn new skills to effectively cope with them. SOAR is based on the belief that (1) deviant sexual behavior is learned, (2) the treatment of men who have committed sexual offenses involves learning

appropriate, healthy, and responsible behavior to substitute for the inappropriate, harmful, and irresponsible behavior which led to the offense, and (3) persons who have committed a sexual offense can significantly reduce their risk of reoffending by participating in appropriate treatment. Through psycho-educational modules, behavior techniques, and empathy training, SOAR participants learn that sexually abusive behavior is something they can control and manage.

The Alcohol and Chemical Dependency Program (ACDP) treats chemical dependency as a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestation. Open dialogue in group settings is encouraged in this program. Clinical staff who conduct this program are registered or credentialed through the NC Substance Abuse Professional Practice Board. Counselors embrace the twelve (12) core functions of substance abuse counseling: screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, client education, referral, reports and recordkeeping, and consultation with other professionals.

Harnett CI provides rehabilitation and treatment programs such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Cognitive Behavioral Intervention: Thinking for a Change.

English as a Second Language (ESL) is offered at Harnett CI. This program assists adult inmates with limited or no English language skills. The curriculum is designed to develop the basic language skills of reading, writing, speaking and listening.

There is one (1) building with eight (8) classrooms for education/academics. Each room has windows to allow for inmate supervision. There is one (1) vocational building that allows for numerous vocational training. Blind areas are addressed by staff posted in the buildings. Access to keys to these areas are limited to ensure the safety of inmates.

Central Carolina Community College (CCCC) works with the prison to provide vocational programs such as Barbering, Carpentry, Electrical Wiring, Food Services, Masonry, Welding, and Facility Maintenance. Classes in basic adult education and for preparing to take the HI-SET tests are also available. Inmates may also seek four year degrees through UNC Chapel Hill Correspondence Courses. The CCC Foundation, a 501© (3) charitable organization is affiliated with the college, receives donations of money and equipment on behalf of CCCC and uses them to promote the educational mission of the college and assists students through scholarships and grants. Each year, students in the carpentry and welding class at Harnett CI create hand-crafted wood and metal work pieces during as a part of their instruction that are then auctioned off at an annual auction held by CCCC. Proceeds from the auction are put into a scholarship endowment for students of the college who live in Harnett County. The proceeds also pay for materials used to produce the auction items.

The Barbering Program at Harnett CI consists of three (3) phases. Phase I is a yearlong curriculum with stringent criteria for admission and an agreement by the inmate to forego minimum custody promotion for two (2) years. Inmates must also apply to the NC Barber Board of Barber Examiners for student permits. This phase includes 1,528 hours of classroom and practicum instruction over three (3) semesters, as provided by Central Carolina Community College. Upon completion, inmates take the Practical and Theory Apprentice Examination, where they are awarded a Provisional Apprentice License if they pass. Phase II is a one (1) year apprentice position in the barber shop at Harnett CI, working under the guidance and supervision of a licensed barber. At the completion of one (1) year and upon successful passing of the practical examination, the inmates receives a Provisional Registered Barber's License, which is only valid within the NC Prison System. Phase III finds the inmate assigned to another correctional unit where he will work in a licensed barber shop as a facility barber until parole or release. During this time, the inmate is eligible to receive custody promotions and an incentive wage. Upon parole or release, the inmate may then apply to the NC Board of Barber Examiners to have his provisional license converted to an unrestricted

license in order to practice barbering throughout North Carolina. The Barber Shop and adjoining classroom contain windows that provide for sight supervision.

The Carpentry Program is designed to prepare individuals to apply technical knowledge and skills to the fields of construction, construction management, and other associated professions. Course work includes instruction in sustainable building and design, print reading, building codes, estimating construction materials and methods, and other topics related to design and construction occupations.

The Electrical Wiring Program is designed to provide training for persons interested in the installation and maintenance of electrical systems found in residential, commercial, and industrial facilities. Coursework will include such topics as AC/DC theory, basic wiring practices, programmable logic controllers, industrial motor controls, applications of the National Electric Code, and other subjects as local needs require.

The Food Service Technology Program is designed to introduce inmates to the food service industry and prepare them for entry level positions in industrial, institutional, or commercial production food service operations. Courses include sanitation, basic and intermediate food service production skills, baking menus, purchasing and basic cost control.

The Masonry Program prepares inmates to apply technical knowledge and skills in the laying and/or setting of exterior brick, concrete block, and related materials using trowels, levels, hammers, chisels, and other hand tools. Coursework includes instruction in print reading, structural masonry, decorative masonry, foundations, reinforcement, mortar preparation, cutting and finishing, and applicable codes and standards.

The Welding Technology Program provides inmates with a sound understanding of the science, technology, and applications essential for successful employment in the welding and metal working industry. Instruction includes consumable and non-consumable electrode welding and cutting processes. Courses may include math, print reading, metallurgy, welding inspection, and both destructive and non-destructive testing providing inmates with industry-standard skills develop through classroom training and practical application.

The Medical Department is open 24 hours/7 days per week. The medical team consists of a Doctor, Physician Assistant, nurses, medical technicians, and medical record keepers. Holding several medical clinics each week to include sick call and chronic diseases, with a focus on medication, blood pressure and insulin treatments. Services are provided in four (4) examination rooms with windows and custody staff is required to be present when inmates are in the clinic.

The Dental Department includes a full-time Dentist, hygienist, and dental assistant. With the ability to treat two inmates at a time, inmates are also brought from Sampson CI weekly for dental care.

The kitchen is designed to allow for sight supervision. There are seven (7) cameras and additional mirrors installed to address blind areas. The dry storage room is pending two (2) mirrors that are to be installed the week of the audit and the facility provided photos of the installed mirrors to the auditor. The dining hall has one (1) camera and three (3) custody staff during operations.

The chapel provides windows for supervision.

The Maintenance area has been set up to provide for sight supervision. There are eight (8) cameras.

The indoor gymnasium is open and allows for sight supervision.

Operations contains the offices of the Assistant Superintendent of Programs and Custody, Records, Switch Board, and OIC Office. There are windows in each door to allow for supervision.

The Main canteen and smaller canteen are set up to allow only one (1) person in the area. These are jobs that are coveted in the facility and inmates report that “no one” is allowed in the area with them or they would lose their job. Windows provide for supervision.

The library is in the education building. Staff are present during library hours.

The Clothes House is an open floor plan to allow for sight supervision.

The old Boiler Building is locked and keys are accessible only by maintenance staff.

Housing Units A, B, C and D are open bay housing with general bathrooms and showers. Privacy from cross gender viewing is provided for through walls – stall size and full size. There are four (4) phones in the hallway for inmate use. PREA bulletin boards provided the PREA Notice of Audit, How to Report – internal and external, and Outside Support Services. The auditor observed staff making the cross-gender announcement in each unit.

Housing Units G, H, I and J are open bay housing with general bathrooms and showers. Privacy from cross gender viewing is provided for through the use of walls, and doors. There is one (1) phone in each dorm for inmate use. PREA bulletin boards provided the PREA Notice of Audit, How to Report – internal and external, and Outside Support Services. The auditor observed staff making the cross-gender announcement in each unit.

Housing Units K1, K2, K3 and K4 are open bay housing with general bathrooms and showers. Privacy from cross gender viewing is provided for through the use of walls and doors. There is one (1) phone in each dorm for inmate use. PREA bulletin boards provided the PREA Notice of Audit, How to Report – internal and external, and Outside Support Services. The auditor observed staff making the cross-gender announcement in each unit.

Housing Units L1, L2, L3 and L4 are open bay housing with general bathrooms and showers. Privacy from cross gender viewing is provided for through the use of walls and doors. There is one (1) phone in each dorm for inmate use. PREA bulletin boards provided the PREA Notice of Audit, How to Report – internal and external, and Outside Support Services. The auditor observed staff making the cross-gender announcement in each unit.

Housing Units M1, M2, M3 and M4 are open bay housing with general bathrooms and showers. Privacy from cross gender viewing is provided for through the use of walls and doors. There are four (4) phones in the hallway for inmate use. PREA bulletin boards provided the PREA Notice of Audit, How to Report – internal and external, and Outside Support Services. The auditor observed staff making the cross-gender announcement in each unit.

Housing Units N1, N2, N3 and N4 are open bay housing with general bathrooms and showers. Privacy from cross gender viewing is provided for through the use of walls and doors. There are four (4) phones in the hallway for inmate use. PREA bulletin boards provided the PREA Notice of Audit, How to Report – internal and external, and Outside Support Services. The auditor observed staff making the cross-gender announcement in each unit.

Housing Units O1, O2, O3 and O4 are open bay housing with general bathrooms and showers. Privacy from cross gender viewing is provided for through the use of walls and doors. There are four (4) phones in

the hallway for inmate use. PREA bulletin boards provided the PREA Notice of Audit, How to Report – internal and external, and Outside Support Services. The auditor observed staff making the cross-gender announcement in each unit.

SCS is a housing unit with individual single wet-cell housing. Privacy on the showers is offered through scored Plexiglas. This unit has gender specific posts. Medical, mental health, OIC and Sergeant’s make daily rounds of this unit. Inmates do not have access to phones in this unit, but are able to request assistance through the grievance system, staff or an Investigator. A PREA Bulletin Board was present and provided information such as the PREA Notice of Audit, How to Report – internal and external, and the availability of Outside Support Services. The auditor observed staff making the cross gender announcement in this unit.

Restricted Housing is a housing unit with individual single wet-cell housing. Privacy on the showers is offered through a wall with a center board. This unit has gender specific posts. Inmates do not have access to phones in this unit, but are able to request assistance through the grievance system, staff or an Investigator. The Sergeant’s Office is in this area and has information posted regarding How to Report – internal and external, the availability of Outside Support Services, and the PREA Notice of Audit.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of Standards Exceeded: 0

Number of Standards Met: 45

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

115.15

The facility shall retrain female staff on the requirement to announce their presence each time they enter a housing unit where inmates are changing clothes, showering, or toileting. The facility shall provide the auditor with the curriculum and proof of staff training through staff signature.

The facility conducted refresher training for all staff beginning March 5, 2018 and provided the auditor with proof of the training and the training material.

115.16

The facility shall retrain staff of the availability of an interpreter through the most recent contract. The facility shall provide the auditor with the curriculum and proof of staff training through staff signature.

On June 11, 2018, the facility provided refresher training for all staff on the availability and contact information for the interpreter services. The facility provided the training material and proof of training for all staff.

115.31

The facility shall retrain staff on the North Carolina abuse laws and the availability of outside emotional support services for inmates. The facility shall provide the auditor with the curriculum and proof of staff training through staff signature.

On March 5, 2018, the facility conducted staff refresher training on the definition of North Carolina abuse laws and inmate access for external reporting and emotional support services. The facility provided proof of training and the training material.

115.33

The facility shall provide inmate education on external reporting and the availability of emotional support services. The facility shall provide the auditor with the curriculum/material and proof of inmate training through inmate signature. The facility shall retrain appropriate staff on ensuring PREA education is completed at intake, identification of challenges to ensure inmates receive PREA education in a manner that they can comprehend, and shall utilize the agency "Talking Points" during intake. The facility shall provide the auditor with the curriculum and proof of staff training through staff signature.

Beginning March 20, 2018, the facility provided training to all inmates regarding the availability of reporting externally to Forgiven Ministries. The facility provided proof of training and the training material. Additionally, the staff supervisor has provided training to the intake staff in regards to the use of the "Talking Points" for inmate education.

115.41

The facility shall retrain appropriate staff to ensure that inmate screening at intake is completed within three (3) business days. The facility shall provide the auditor with the curriculum and proof of staff training through staff signature. The facility shall provide a screen prints of OPUS showing the inmate intake date and the screening date for three (3) months of intakes following the training.

The facility conducted training for inmate staff and provided OPUS screen prints showing the inmate intake date and the screening date.

115.42

The facility shall train appropriate staff on the updating of the risk screening.

The facility has updated the system of housing of vulnerable and sexually aggressive inmates in order to ensure the safety of all inmates. This system ensures that the facility provides for appropriate housing and a system to prevent movement without permission of one of the PREA Compliance Managers. Information on the new system was provided to the auditor to show the ability to update all areas that may change during an inmate's incarceration.

115.51

The facility shall provide education to inmates on the new external reporting system. The facility shall provide the auditor with the curriculum/materials used and proof of inmate education through inmate signatures.

Beginning March 20, 2018, the facility provided training to all inmates regarding the availability of reporting externally to Forgiven Ministries. The facility provided proof of training and the training material.

115.81

The facility shall retrain the medical staff on the requirements for reporting sexual abuse that did not occur in a correctional setting. The facility shall provide the auditor with the curriculum and proof of staff training through staff signature.

On June 11, 2018, the facility provided refresher training for all medical and mental health staff regarding the reporting of sexual abuse that did not occur in a correctional setting. The facility provided the training material and proof of training.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 5900, Form OPA-A16, NCDPS Organizational Chart, NC General Statute 14, and Facility Organizational chart were reviewed. The Superintendent and Alternate PREA Compliance Manager were interviewed. The Agency Head and Agency PREA Director 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. Additionally, sanctions for inappropriate behavior between staff and inmates is detailed in the Conduct of Employees policy. All interviewed were able to articulate the strategies and responses towards PREA allegations that policy mandates.

The facility has a PREA Compliance Manager who holds the position of Correctional Captain II. This position reports to the Assistant Superintendent of Custody and Operations. However, due to personal reasons, the Captain was not present during the on-site audit. A secondary PREA Compliance Manager was identified on January 8, 2018. Lieutenant Jim Dorman is the secondary PREA Compliance Manager. Lt. Dorman has worked for the NCDPS for twenty (20) years, all of which were at Harnett CI. While he was thrust into the position approximately five (5) weeks prior to the on-site audit, he reports that he has worked long hours but has been able to meet the needs of both his positions. He has reported that less time would be needed for PREA activities based on the systems he has established during this five (5) weeks. He reports that he coordinates the facility's efforts at compliance through follow-up, policy review for compliance with standards, staff training and frequent walk-through's of the facility to ensure compliance. He reports that he utilizes training, consultation with supervisors, and changes to blind areas are some of the actions he takes when compliance issues are identified. During the on-site audit, Lt. Dorman showed a clear knowledge of many of the standards and asked key questions during the tour to increase his knowledge base.

The agency has an Agency PREA Director, Charlotte Jordan-Williams, who reports to general counsel, and who has reported sufficient time to attend to PREA duties. She also has four (4) staff who assist her with PREA related duties. She currently has 138 PREA Compliance Managers that indirectly report to her. She is very knowledgeable regarding PREA standards and agency policies and practices and is receptive to the concerns of the auditors. She continually addresses concerns as identified. She makes herself available to the PREA auditor as requested. Additionally, the auditor has worked with the agency PREA staff who are knowledgeable and responsive to any concerns at the facility level.

Based on the information discovered in agency policies, observations, random contact with staff, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on the knowledge and confirmation that the agency does not contract for housing of inmates with any other agency, the auditor finds that this facility meets the requirements of the standard.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility’s staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility’s staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy F.1600, SOP 5900, PREA Report: Staffing Plan 2015, Post Chart review dated February 15, 2018, Shift Activity Report, HCI Round Logs, and North Carolina General Statute 143B-709 were reviewed. Interviews with the Superintendent, PREA Compliance Manager, PREA Coordinator, Intermediate or Higher-Level Facility Staff were conducted. A tour was conducted of the facility.

Both North Carolina General Statute and the agency policy requires a staffing analysis every 3 years and an annual review of the staffing through the automated post audit system. The facility's Prison Post Chart was created in June 2015, is conducted at the agency level, and addresses generally accepted detention/correctional practices, judicial findings of inadequacy, findings of inadequacy from federal investigative agencies/internal oversight bodies/external oversight bodies, facility physical plant, composition of inmate populations, number and placement of supervisory staff, institutional programming as per calendar, applicable state or local laws/regulations/standards, prevalence of substantiated and unsubstantiated incidents of sexual abuse, and other relevant factors.

The annual review is conducted by the Superintendent along with her administrative staff and is reviewed by the PREA Director before submission to the Region. This review typically contains both the current staffing and additional needs as identified each year, including video monitoring. The Superintendent provided a reviewed copy of the Post Chart dated February 15, 2018.

Deviations from the staffing plan are noted on the Shift Activity Report as per policy. Training, call-outs, approved leave and comp time are the main reasons for deviations of the staffing plan, however they facility utilizes a pull post system for coverage as needed, or until additional staff is able to cover a post. The Superintendent reported she reviews these daily.

Unannounced rounds are documented in the Shift Activity Report and logs. Facility procedure requires weekly unannounced rounds by the Facility Head, Assistant Superintendent for Custody/Operations II, Assistant Superintendent of Program and all Captains. Samples were provided to the auditor as well as the auditor checked a random selection of logs during the tour. Documentation includes the date and time and is documented in the location log, as well as within the Shift Activity Report. Staff are prohibited by policy from alerting other staff when rounds are conducted, and the Captain interviewed who conducts these rounds reports that he does not report he is making rounds, therefore, there is little notification to his unplanned rounds. He reports that he makes rounds in the dormitories, offices, medical and restricted housing.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on the information obtained in interviews and the review of current population, the auditor finds that the facility meets the requirements of the standard as they do not house youthful offenders at this facility.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates?
 Yes No NA

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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, SOP 2100, SOP 0400 Facility Safe Search Staff Training, Staff Training Log, Cross Gender Announcement & Acknowledgement for staff Form OPA-T30 – Cross Gender Acknowledgement, Cross Gender Bulletin Board Poster Memo (dated 4/22/13), Cross Gender Bulletin Board Poster E-mail (dated 4/22/13), and Safe Search Practices Training Curriculum were reviewed. Interviews were conducted with random staff, random inmates, and the Agency Head. The auditor selected twelve (12) random staff files for review.

Training on safe search practices that include cross gender searches was confirmed. Policy requires documentation of any cross gender searches. There were no reported cross gender searches conducted. Interviews with inmates confirm that they have not been searched by female staff. The facility provided the Employee Training Progress Summary showing 100% of staff completed Safe Search Training; and the auditor reviewed twelve (12) random files of individual staff training that also reflected 100% of the sample have completed this training. During the interviews, the majority of staff were able to clearly articulate the policy regarding the gender of the staff who would conduct searches of transgender or intersex inmates.

Each dormitory within the facility has provided for inmate privacy from cross-gender staff. No inmate reported being seen by cross-gender staff for purposes other than the normal duties of an officer. All dormitories offer either walls or doors for privacy. Two housing units contain gender specific posts.

Agency policy requires the announcement of cross-gender staff entering the housing units. Additionally, in April 2013, the Agency PREA Coordinator sent out a memo to this effect. Staff were required to sign Form OPA-T30 that clearly delineates the responsibility of announcing cross-gender presence in the housing units. Interviews with female staff found that they do announce themselves each time they enter the housing unit at the beginning of the shift. Interviews with inmates reported the majority hearing the announcements at the beginning of the shift but not each time a cross-gender staff enters the dormitory. A review of dorm logs

indicated that the announcement is made only at the beginning of the shift. During the tour, the auditor noted that the facility staff were making an announcement as they entered into each dormitory as the auditor was female.

On March 3, 2018, the facility conducted refresher training for all staff on cross-gender announcements and provided proof of training and the training material.

Based on the information discovered in agency policies, observations, documentation review, information obtained through staff and inmate interviews, the auditor finds that the facility does meet the requirements of the standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy E.1800, Policy E.2600, SOP 5900, Health Services Policy AD IV-6, Inmate Orientation Book, Curriculum for PREA-201: Sexual Abuse and Sexual Harassment Training, Curriculum for PREA-101: Sexual Abuse and Sexual Harassment Training, Employee Training Progress Summaries for 101 and 201, and Purchase Order NC10219694 – Worldwide Interpreters, Inc. were reviewed. Observation of both English and Spanish PREA information was observed at the facility. Interviews were conducted with the Agency Head, random staff, intake staff and inmates with disabilities.

The agency policy requires the identification of inmates with disabilities – physical, cognitive, intellectual, psychiatric, or those with speech, sight and hearing disabilities, or those with Limited English Proficiency - and requires that PREA information be provided in a manner that is understood by the inmate. Information on disabilities is within an inmates file when he arrives.

The facility provided a Purchase Order for interpreters through Worldwide Interpreters, and the Health Services Policy AD IV-6 identified Propio Language Services. However, this auditor is aware that the agency has entered into an agreement with Linqistica International, Inc. for the provision of telephonic interpreter services. This agreement was last updated March 2016 through March 2018 and is good for two (2) extensions of one (1) year. The agency also established a narrative that is to be read to all inmates transferring into the facility in order to ensure those with disabilities are able to verbally hear the information.

PREA educational materials are available in both English and Spanish, the two main languages at this facility. This facility provides Limited English classes for inmates who are LEP. The facility reported no instances where inmate interpreters, readers or other types of inmate assistance have been used for the purposes of an investigation of sexual abuse or sexual harassment. Interviews with staff found that they are aware of the limited use of resident interpreters except in emergency situations or the availability of telephonic interpreters through the agency contract or agency staff.

On June 11, 2018, the facility provided refresher training for all staff on the availability and contact information for the interpreter services. The facility provided the training material and proof of training for all staff.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through staff and inmate interviews, the auditor finds that the facility does meet the requirements of the standard.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? Yes No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? Yes No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Form HR005 – Applicant Verification, Form HR008 – Professional Reference Check; Form HR013 – Employment Statement, Memo regarding PREA Hiring and Promotions (dated October 2013), Addendum to the Memorandum, DCI Background Check Database; PREA Notice and Information Collection for Current Employees; List of Disqualifying Factors – Employee Statement, and PREA – Hiring and Promotion Prohibitions Employee Training Progress Summary were reviewed. Interviews with staff were also conducted. The auditor selected twenty-six (26) random files to be reviewed.

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) either electronically through the LMS or written form. 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 checks 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 policy requires background checks at hiring and every five (5) years.

The facility provided the dates of random employees selected to verify the last background date. Human Resource staff reported in an interview that there is a database to keep track of background dates and that background checks are conducted at hire and every five (5) years. A review of these background dates indicates that all twenty-six (26) files contained a background within the past five (5) years. The Pre-Audit Questionnaire reported sixty-two (62) background checks have been completed in the past twelve (12) months. The facility also provided LMS records for twenty-six (26) staff. The auditor reviewed each training file and found the annual Hiring and Promotion Prohibitions had been completed.

Human Resource staff stated that information provided to others includes title, salary, dates of employment and separation information. She reported that termination of an employee is allowed to be shared.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

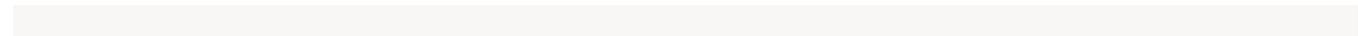
Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on the information discovered through interviews that there were no significant upgrades to the facility nor was there any updated video monitoring technology, the auditor finds that the facility does meet the requirements of the standard.



RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 – Clinical Practice Guidelines, SOP 5900, SOP 4900, Form OPA-A18 – Designation of PREA Support Person, Form OPA-I20 – Incident Scene Tracking Log, Form OPA-I21 – PREA Evidence Chain of Custody, Form OPA-I30 – PREA Support Services, PREA Support Person (PSP) Training Lesson Plan, PREA Support Person Roles and Responsibilities, PREA Coordinated Response Plan, and MOU with SAFE of Harnett County. Interviews with hospital staff, facility staff, and inmates was conducted. Contact with SAFE of Harnett County was attempted with no return call and contact was attempted with the Director of Emergency Services of Central Harnett Hospital with no return call.

The agency conducts only administrative investigations. The Lillington Police Department would complete criminal investigations. All allegations are reported to them that are criminal in nature. The agency sent a letter to all law enforcement agencies in the state on March 16, 2016 requesting their compliance with PREA standards in the event an investigation is conducted.

The Clinical Practice Guidelines cover appropriate evidence collection and require an inmate to be transported to the Emergency Room. 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.

Inmates who experience sexual assault are taken to Central Harnett Hospital. There was one (1) allegation made where an inmate was sent out for forensic examination at Central Harnett Hospital. Contact was attempted on February 1, 2018 with the Director of Emergency Services at Central Harnett Hospital; a message was left however there was no call back.

The facility currently has an MOU with SAFE of Harnett County. This MOU was signed on February 9, 2018 and provides for SAFE of Harnett County to provide support services to inmates at Harnett CI related to sexual abuse and include accompaniment and support during the forensic medical examination process, emotional support services, crisis intervention, information, referrals, and follow-up services, for each requesting victim as deemed necessary by SAFE of Harnett County personnel. A review of the prior PREA audit showed that the facility was in discussion with SAFE of Harnett County personnel in 2016. Contact with SAFE of Harnett County was attempted with no return call.

The facility has five (5) PREA Support Persons (PSP) who are trained for victim advocacy services at the facility level, and acts as the link to assist victims with the investigative process, professional resources, community-based advocates, and mental health professionals. The PREA Support Persons (PSP) have received training on supporting victims, identifying the effects of sexual abuse, strategies for working with victims, communicating with victims, actively listening techniques, purpose of a support person, responsibilities of a support person, maintaining professional boundaries with a victim, and professional resources for victims and support person. In an interview, a PSP verified he is notified within forty-eight (48) hours upon an allegation of sexual abuse and meets with the victim to go over what resources are available to the victim. The victim is provided a copy of services available and how to access the services.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff and hospital staff interviews, the auditor finds that the facility does meet the requirements of the standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 SOP 4900 was reviewed. Interviews were conducted with the agency head and investigative staff.

All allegations of sexual abuse or sexual harassment are classified as a major incident. Policy requires that all major incidents receive an investigation promptly, thoroughly, and objectively. Policy requires that allegations be referred to an in-house trained investigator for the administrative portion and to the local law enforcement for criminal investigations. Policies are available through the NCDPS website.

In an interview with the investigator who has completed specialized training, it was reported that Lillington Police Department would be notified for all sexual abuse that is identified as criminal in nature. The facility investigator would serve as the liaison between the facility and Lillington Police Department in order to be kept aware of the status and outcome of investigations. In an interview with the Administrator, she confirmed that Lillington Police Department is notified of all sexual abuse and that they correspond with them through e-mail and telephone calls.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff interviews, the auditor finds that the facility does meet the requirements of the standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy F.3400, SOP 5900, Learning Management System Instructions for Employees; Form OPA-T10 – Zero Tolerance Acknowledgement Form for Persons in Direct and Indirect Contact with Inmates; Sexual Abuse and Sexual Harassment Training Curriculum – 101; Sexual Abuse and Sexual Harassment Training Curriculum – 201; Red Flag Poster; New Employee Orientation Curriculum; On Boarding Checklist; Staff Brochure; Breaking the Code of Silence Officer Handbook; Daily Dozen Handout for Officers; Bulletin Board Poster; and twenty-six (26) randomly selected staff training files were reviewed. Interviews with staff were conducted.

The agency policy requires annual training for all staff in all 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. A review of the curriculum for PREA 101 and 201 showed all topics covered as identified above. PREA training is provided at hire and annually as identified in the New Employee Orientation and training curriculums reviewed. Training documentation is kept in LMS (Learning Management System), an electronic training system. Staff complete Form OPA-T10, an acknowledgement form.

The facility provided the auditor with training records from LMS for twenty-six (26) randomly selected staff. The records show staff have completed PREA education annually in the last three (3) years.

Staff interviewed confirmed annual PREA training. This is documented in LMS and is provided both during in-service and as an on-line class. Many also reported receiving PREA information during briefings. During interviews, staff were able to acknowledge many of the topics required by PREA standards through conversation or examples. All interviewed had knowledge of required topics and were able to provide examples within certain topics with an exception. The majority of staff struggled with North Carolina abuse laws, the new system created for external reporting for inmates, and the inmate’s ability to request emotional support services.

On March 5, 2018, the facility conducted staff refresher training on the definition of North Carolina abuse laws and inmate access for external reporting and emotional support services. The facility provided proof of training and the training material.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff interviews, the auditor finds that the facility does meet the requirements of the standard.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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; SOP 5900, Form OPA-T10 – Zero Tolerance Acknowledgement Form for Persons in Direct and Indirect Contact with Inmates; Sexual Abuse and Sexual Harassment Training Curriculum – 101; Sexual Abuse and Sexual Harassment Training Curriculum – 201; Volunteer Brochure, Volunteer Job Description sheet; a Bulletin Board sheet; and one (1) random contractor file were reviewed. One contractor was interviewed.

The agency requires all volunteers to complete the same PREA training as a staff, with minor deviations. There is a packet that is provided to volunteers and contractors that contain a Volunteer Brochure, a Volunteer Job Description sheet, and a Bulletin Board sheet that details the expectation of reporting sexual abuse and sexual harassment.

This facility reports fifty-three (53) volunteers and sixty-eight (68) contractors 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 file reviewed contained a signed Acknowledgement form.

The gentleman interviewed is a contractor at the facility. He is an Instructor and the Coordinator for Central Carolina College. He reports that he received training on the zero tolerance policy in a classroom setting, and this included signs, undue familiarity, abuse types, and to whom to report and information.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff interviews, the auditor finds that the facility does meet the requirements of the standard.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received such education? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No

- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? Yes No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy F.3400, SOP 5900, Diagnostic Procedural Manual Section 201 & 417, PREA Inmate Brochure (English/Spanish), Form OPA-T100 - Offender PREA Education Acknowledgement Form (English and Spanish), Facilitator Talking Points (Education upon Transfer), Education upon Transfer Correspondence, PREA OPUS (Offender Population Unified System) Training Roster, and assorted posters were reviewed. Twenty-six (26) inmate files were reviewed for comprehensive PREA education and transfer PREA education. Interviews with inmates and staff were conducted.

Agency policy requires all inmates entering into the system to receive intake and comprehensive training at the reception and diagnostic center, which is provided verbally and through video and is documented on a form that is placed within an inmates file. This training is typically offered within fifteen (15) days of intake.

Since the inception of PREA, the NCDPS has educated all inmates who arrived prior to the formal standards. This system now allows for comprehensive education to be posted in OPUS (Offender Population Unified System) for ease in tracking.

Agency policy requires PREA education at the time of transfer. Agency policy requires that PREA education that is facility specific be provided at the time of transfer, along with a copy of the PREA Inmate Brochure, and are required to acknowledge receipt of information on the appropriate form. Interviews with inmates found that all reported receiving PREA education upon transfer and either the same day or within a few days. A review of thirty-five (35) inmate's files found that thirteen (13) inmates did not receive information immediately upon arrival. Of these thirteen (13), five (5) were at the facility prior to 2016. Additionally, it was reported by administrative staff that inmates who were here prior to 2013 have not received PREA education.

An orientation packet was provided to the auditor and it contained facility specific information, including the PREA brochure and information on SAFE of Harnett County, the local rape crisis agency. In an interview with the staff who conducts the PREA education at transfer, he reports inmates enter into Orientation class upon arrival. He reports that he began utilizing the PREA "Talking Points" that is required upon transfer in January 2018. He reports that he is not aware of any procedure in place to identify specific needs of inmates in regards to providing PREA education in a manner that is understood by the inmate (i.e. LEP or cognitive/physical disabilities).

During the tour of the facility, the auditor noted bulletin boards in housing areas that contained posters titled "PREA: Ways to Report". This poster contains the Zero Tolerance Policy, and reporting methods and contact information for staff, inmates, and family/visitors. Due to some changes in inmate reporting methods, the "PREA: Ways to Report" poster will need to be updated as well.

Beginning March 20, 2018, the facility provided training to all inmates regarding the availability of reporting externally to Forgiven Ministries. The facility provided proof of training and the training material. Additionally, the staff supervisor has provided training to the intake staff in regards to the use of the "Talking Points" for inmate education.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff interviews, the auditor finds that the facility does meet the requirements of the standard.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy F.3400, SOP 5900, 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 six (6) designated investigators who have completed specialized training for this purpose. The training meets the requirements of the standard to include interviewing techniques, Miranda and Garrity warnings, evidence collection, and criteria and evidence required to substantiate a case for administrative or prosecution referral. Interview with an investigator found that he has taken the Investigators training in 2013, as well as the annual PREA training. He described the training to include Miranda and Garrity, Interviewing Techniques, Evidence Collection in sexual abuse cases, and the criteria and evidence needed to substantiate a case. Only investigators who have completed this training have access to the electronic incident report system in OPUS to allow for the review of investigations and updating the system with new information. The agency only completes administrative investigations. All allegations of a criminal nature are conducted by Lillington Police Department. The auditor reviewed training documentation of the identified investigator, as well as the training provided by the agency to the investigators.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff interview, the auditor finds that the facility does meet the requirements of the standard.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy F.3400, SOP 5900, SOP 1500, and Training Curriculum: PPT, CE Nursing and OSDT Roster were reviewed. Training files for medical staff and mental health staff were reviewed. Medical and mental health staff were interviewed. Training files for medical and mental health staff interviewed were reviewed.

The agency policy requires that all medical and mental health staff receive PREA training annually and specialized medical and mental health training. The specialized training meets all requirements of the standard and includes detecting and assessing for signs of sexual abuse, preservation of evidence, responding professionally and effectively to victims of sexual abuse, and how to report sexual abuse. Medical staff is on-site and available 24/7. Mental Health staff is on site as well.

The Mental Health staff was interviewed during the on-site visit. She reported receiving appropriate training on both the NCDPS annual PREA and specialized training for mental health staff. Specialized training consisted of detection and assessment of sexual abuse/harassment, preservation of evidence; professional

and effective response or communication with a victim, and how and to whom to report allegations or suspicions of sexual abuse/harassment. A copy of this training was provided to the auditor, and it reflects that both trainings are completed as required

The medical staff was interviewed and reported receiving appropriate training on both the NCDPS annual PREA and specialized training for medical staff. Specialized training consisted of detection and assessment of sexual abuse/harassment, preservation of evidence; professional and effective responding to a victim, and how and to whom to report allegations or suspicions of sexual abuse/harassment. A copy of the training records was provided to the auditor, and it reflects that both trainings are completed as required.

Forensic examinations are not conducted at this facility and therefore no training was provided. All forensic examinations are conducted at the Central Harnett Hospital.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff interview, the auditor finds that the facility does meet the requirements of the standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
 Yes No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy F.3400, SOP 5900, Diagnostic Procedural Manual 305, and updated screening memo dated 08/14/15 were reviewed. A selection of inmate files were also reviewed. Staff and inmate interviews were conducted.

The agency policy requires a risk assessment completed within seventy-two (72) hours of intake at the reception and diagnostic centers. The risk assessment contains all elements of the standard. The agency policy requires a thirty (30) day review of this document which is conducted at the reception and diagnostic center. As a result of the screening, identified inmates who are at High Risk for being Sexually Abusive (HRA) or at High Risk for Victimization (HRV) are available on a list that can be generated only by specifically identified persons. This list does not contain any specific information that should not be made available.

Upon transfer to Harnett CI, the facility is required by policy to address any victimization that may have occurred since being in the prison system during the first initial contact by the case manager. This information is then updated in OPUS. The answer to this question would also update the HRA list or HRV list that is required to be reviewed weekly by the facility for housing, programming and work assignments.

During an interview with staff who conduct the screening and reassessment at Harnett CI, it was reported that the case manager sees the inmates within seventy-two (72) hours to address any new victimization. A review of the screening documents indicates that all inmates received indicates that the facility sees the majority of the inmates within three (3) business days. Of the thirty-six (36) files reviewed, sixteen (16) were conducted after the first three (3) days.

It was discussed during the interview that the case manager does not know how to update information on screening questions based on a referral, request, or when new information is brought to light. However, the OPUS system does tie into the screening when a new allegation is reported.

Inmates, during interview, reported being asked the required question for updating the screening tool. The majority reported being seen within three (3) business days.

The facility conducted training for inmate staff and provided OPUS screen prints showing the inmate intake date and the screening date.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff interview, the auditor finds that the facility does meet the requirements of the standard.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? Yes No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? Yes No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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, SOP 6000, Screening tool, Learning Management System (LMS) Material, and the Instructions to access the High Risk Abuser (HRA) and High Risk Victim (HRV) Report were reviewed. Interviews were conducted.

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

In March 2016, the agency updated their current system to include a review of the High Risk Victimization (HRV) and the High Risk of Aggressive (HRA) report 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, and away from those identified as HRA.

Staff interviewed who reported completing the risk screening was not able to articulate how the information is used in making housing, programming, and education determinations in order to keep inmates safe, as this is not a process he is responsible to complete.

In an interview with the secondary facility PREA Compliance Manager, he reported that the facility utilizes the High Risk lists for making determinations to keep inmates safe. He reported the facility utilizes the first bunks for inmates who are identified as a High Risk for Victimization, and that transgender and intersex inmates would be allowed to shower separately during count time if requested. He also reported that the Transgender Review Committee conducts the bi-annual reviews for transgender and intersex inmates.

Neither staff interviewed is aware of the system to ensure the updating of the risk assessment tool when new information is discovered or reported by the inmate.

The facility has updated the system of housing of vulnerable and sexually aggressive inmates in order to ensure the safety of all inmates. This system ensures that the facility provides for appropriate housing and a system to prevent movement without permission of one of the PREA Compliance Managers. Information on the new system was provided to the auditor to show the ability to update all areas that may change during an inmate's incarceration.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff interview, the auditor finds that the facility does meet the requirements of the standard.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been

made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy F.3400, SOP 5900, and logbooks were reviewed. Staff interviews were conducted.

Agency policy prohibits the involuntary placement of inmates in restricted housing unless there are no available alternatives. Agency policy 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. Agency policy dictates documentation of the use of protective custody when necessary and thirty (30) day reviews of such placement.

There have been no instances where protective custody for an inmate requiring protection due to a sexual victimization has been used at this facility in the past twelve (12) months.

In an interview with staff who supervises inmates in restricted housing, it was reported that Protective Custody may be used for victims of sexual abuse or sexual harassment through an administrative placement and never for more than twenty-four (24) hours before alternative placement is determined. It was reported that inmates may request Protective Custody.

It was reported that Restricted Housing is used for disciplinary and administrative purposes, as well as Protective Custody. There is a log for the officer to document any restricted access to programs, privileges, education or work opportunities.

It was reported that there is a Multi-Disciplinary Team meeting weekly that includes the Assistant Superintendent, Mental Health and Medical staff. Mental Health and medical staff meet with all inmates in Restricted Housing on a daily basis, and the Case Manager meets with inmates on a weekly basis.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff interview, the auditor finds that the facility does meet the requirements of the standard.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy .3400; Policy D.0300, SOP 4900, SOP 5900, PREA Posters; Inmate PREA brochure, Staff PREA brochure, and Volunteer/Contractor PREA brochure were reviewed. On-going communication with the Agency PREA Director. Staff and inmate interviews were conducted.

Inmates are provided multiple ways to report abuse, including telling staff, writing a grievance or request form, telling family/friends, and telling their attorney. Inmate interviews confirmed their knowledge of these methods of reporting or by knowing that there are posters with the information in the housing units.

In mid-2017, NCDPS connected with Forgiven Ministry, a 501 (c) non-profit organization. Information was sent to each facility in November 2017 detailing upcoming events that are needed to be put into place, including training, orientation material changes, and the phone lines. An MOU was signed in January 2018 that identifies Forgiven Ministry as the statewide external agency for inmate reporting. This MOU is in effect for one (1) year, and can be renegotiated annually thereafter. Forgiven Ministry, Inc., located in Taylorsville, NC, has agreed to accept calls from inmates alleging sexual abuse or sexual harassment. Inmates will now be educated on how to access Forgiven Ministry through the facility phone system at intake, as well as facility wide education for current inmates. Inmates will not be required to identify themselves when making these calls, nor enter their inmate PIN or other identifying information.

GTL, the phone company, is offering a free line that will covert calls to digital mail. This call will be sent by e-mail to both Forgiven Ministry and the NCDPS. Once per month, the Agency PREA Coordinator will meet with the Director of Forgiven Ministry to review calls received in order to ensure an investigation was started. As of January 10, 2017 the phone system had yet to be activated in facility. This was discussed at the exit meeting.

A conversation with the Director of Forgiven Ministry confirmed that she signed an MOU with the NCDPS and had been receiving e-mails with a digital recording of reports. She reported five (5) having been received up to this time and that none of the five (5) contained any information that alleged sexual abuse or sexual harassment. She stated that two (2) were "test calls" from unknown facilities and the remaining three (3) were hang-ups. She reported that she is starting a log book and will make contact with the NCDPS PREA Director on a regular basis to ensure that all calls have been forwarded for investigation by NCDPS.

Internal reporting consists of verbally and written information from inmates, as well as through anonymous reports and 3rd party reports. All reports are entered into OPUS as PREA incidents. Staff interviews confirmed that they are aware of these ways to report, as well as how they can report external to the facility.

“PREA: Ways to Report” is a poster that was observed throughout the facility during the tour and includes methods for staff, inmates and visitors to report sexual abuse or sexual harassment. However, the facility does not include the new information for inmate external reporting.

The agency does not hold inmates solely for immigration purposes.

Beginning March 20, 2018, the facility provided training to all inmates regarding the availability of reporting externally to Forgiven Ministries. The facility provided proof of training and the training material.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff interviews, the auditor finds that the facility does meet the requirements of the standard.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
 Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy F.0300; Policy G.0300, and the Inmate Rule Book were reviewed. Staff and inmate Interviews were 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 or deposit it into the grievance box. 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. There is an appeal process identified in policy and in the Inmate Rule Book and requires an appeal within twenty-four (24) hours.

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 forty-eight (48) hours and a final determination within five (5) days.

Inmates request a grievance form from staff and return the form to the staff or deposit it into a grievance box. Once received, they are then filed with the Grievance Officer who logs the grievances. If the grievance alleges sexual abuse or sexual harassment, it is also logged into the Incident Report system and identified as a PREA allegation. A response is provided to the inmate that this has been sent for an investigation.

There were thirteen (13) grievances filed in the past twelve (12) months alleging sexual abuse, as reported by the Grievance Officer. These were submitted to facility investigators within forty-eight (48) hours. A response to the inmate was made within (5) days.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff interviews, the auditor finds that the facility does meet the requirements of the standard.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy .3400; MOU with SAFE of Harnett County; Inmates and staff were interviewed. Contact with SAFE of Harnett County was attempted with no return call

The facility currently has an MOU with SAFE of Harnett County. This MOU was signed on February 9, 2018 and provides for SAFE of Harnett County to provide support services to inmates at Harnett CI related to sexual abuse and include accompaniment and support during the forensic medical examination process, emotional support services, crisis intervention, information, referrals, and follow-up services, for each requesting victim as deemed necessary by SAFE of Harnett County personnel. A review of the prior PREA audit showed that the facility was in discussion with SAFE of Harnett County personnel in 2016.

The facility has five (5) PREA Support Persons (PSP) who are trained for victim advocacy services at the facility level, and acts as the link to assist victims with the investigative process, professional resources, community-based advocates, and mental health professionals. The PREA Support Persons (PSP) have received training on supporting victims, identifying the effects of sexual abuse, strategies for working with victims, communicating with victims, actively listening techniques, purpose of a support person, responsibilities of a support person, maintaining professional boundaries with a victim, and professional resources for victims and support person. In an interview, a PSP verified he is notified within forty-eight (48) hours upon an allegation of sexual abuse and meets with the victim to go over what resources are available to the victim. The victim is provided a copy of services available and how to access the services.

Information is made available to inmates through the "PREA: Ways to Report" poster and within the Orientation packet, which contains the SAFE of Harnett County brochure, however inmates have not received information on what services are available and how communication will be monitored.

The agency does not hold inmates solely for immigration purposes.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff interviews, the auditor finds that the facility does meet the requirements of the standard.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 and in the facility through the "PREA: Ways to Report" poster. Those concerned will find two separate methods of reporting on the agency website. They may write to the Agency PREA Director or send an e-mail through the link provided. The posters give the e-mail address and the phone number to the Fraud, Waste and Misconduct Hotline for staff reporting external to the facility. Any of these options will result in the Agency PREA Director receiving the complaint. The Agency PREA Director will then generate an correspondence training system record and inform the Superintendent.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff interviews, the auditor finds that the facility does meet the requirements of the standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy F.3400, SOP 5900, Coordinated Response Plan, Sexual Abuse and Sexual Harassment Training Curriculum – 101; Sexual Abuse and Sexual Harassment Training Curriculum – 201; were reviewed. Staff interviews were conducted.

The agency policy requires all staff, volunteers and contractors to immediately report any knowledge, information or suspicion of sexual abuse or sexual harassment, retaliation for reporting a sexual abuse or sexual harassment incident, and any violation or neglect of responsibility, to administration. Contractor contracts include a requirement for reporting any information regarding sexual misconduct.

Staff are required to report sexual abuse or sexual harassment directly to their supervisor or other administrator, by contacting the Agency PREA Office, or by calling the Fraud, Waste, Abuse & Misconduct Hotline number. Staff were able to articulate this during their interviews. Staff are also provided a card with First Responder Duties and the various methods of reporting sexual abuse or sexual harassment. During interviews, staff provided the auditor with a view of the card that they carry that contains this information.

Agency 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 Director is notified through OPUS.

The Coordinated Response Plan details the notification to the state agency regarding vulnerable adults; no youthful offenders are housed at this facility.

Medical Orientation tasks identify that medical staff have a duty to report allegations of sexual victimization by another inmate or a staff member. Both medical and mental health staff confirm that they have a duty to report all allegations through the OIC, Superintendent, or facility PREA Compliance Manager. Mental health

staff report that they provide the inmate within information on their duty to report and the limitations of confidentiality at their first meeting and this is documented on Form DC945. Medical staff reported that they do advise inmates of their duty to report or disclose the limitations of confidentiality.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff interviews, the auditor finds that the facility does meet the requirements of the standard.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 SOP 5900 were reviewed. Staff interviews were conducted.

The agency policy requires immediate action to protect inmates who report sexual abuse. All allegations received are required to be reported to the facility investigators who will assist with taking appropriate steps utilizing the Coordinated Response Plan.

Staff were able to articulate during the interviews that they would immediately separate the inmate from others and inform their supervisor. There were no allegations of this type in the past twelve (12) months where an inmate was alleged to be at substantial risk of imminent sexual abuse.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff interviews, the auditor finds that the facility does meet the requirements of the standard.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 SOP 5900 were reviewed. Staff interviews were conducted.

The agency policy requires that any receipt of sexual abuse or sexual harassment that occurred at another facility be immediately reported to the Superintendent. This notification must be documented. An incident report is also generated in OPUS, which flags investigators and the Agency PREA Director. 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 six (6) allegations in the past twelve (12) months that were received from other facilities and all were investigated. There were no allegations that required notification to other facilities.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff interviews, the auditor finds that the facility does meet the requirements of the standard.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy F.3400, SOP 5900, Coordinated Response Plan, Staff First Responder cards and PREA training curriculum were reviewed. Staff interviews were conducted.

The agency requires all staff to separate, protect physical evidence that may be present on inmates (victim and alleged perpetrator) and the crime scene, and to report to administration when an allegation of sexual abuse is received. All staff interviewed, who have contact with inmates, were able to clearly articulate these required 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 (1) allegation of sexual abuse received whereby the staff member took the required steps to protect the inmate, protect any physical evidence and DNA evidence, and the inmate was ultimately sent out to the hospital for a forensic examination. Further review of this allegation found that mental health and medical staff were involved in providing appropriate services.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff interviews, the auditor finds that the facility does meet the requirements of the standard.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Coordinated Response Plan, Staff First Responder Card, and Coordinated Response Overview were reviewed. Staff interviews were conducted.

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. The plan was provided to the auditor and has facility specific information within that includes contact information for all key personnel who are to be notified of all allegations.

This plan addresses first responder duties, medical duties, leadership duties, investigator duties, PREA Compliance Manager duties, PREA Support Persons duties, SART (Sexual Abuse Response Team) duties, Mental Health and aftercare duties, and retaliation duties. There is also a Coordinated Response Overview (flowchart) that clearly details the many steps that the agency expects to be completed.

Interviews with staff confirmed that they are aware of the plan.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff interviews, the auditor finds that the facility does meet the requirements of the standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual

abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The NCDPS does not enter into collective bargaining agreements.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
 Yes No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy F.3400, SOP 5900, PREA Support Person Contact Log, Form OPA-I22 and Form OPA-I24 were reviewed. Staff interviews were conducted.

The agency policy addresses practices to protect both staff and inmates from retaliation as a result of reporting sexual abuse or sexual harassment information.

The PREA Support Person (PSP) monitors inmates and the PREA Compliance Manager will monitor staff. There is a form that is used to document the retaliation monitoring up to 90 day mark with space for documentation of periodic status checks as well. Additionally, a PREA Support Person Contact Log is maintained for each person receiving retaliation monitoring that notes the date, time and any comments.

Interviews with the PSP discovered that multiple measures are used to protect an inmate from further retaliation including housing or facility changes, interactions with others, and verbal reports. Measures to protect staff include monitoring staff, job assignment change, and transfer to another facility. Monitoring inmates for retaliation includes disciplinary reports, request for housing changes, interactions with others, and periodic status checks. He reports that they begin retaliation monitoring shortly after the allegation is made, but within forty-eight (48) hours, documents status checks and reports that retaliation would continue beyond the ninety (90) days if indicated or until the inmate was released from the facility or transferred to another facility.

There was one (1) reported complaint of possible retaliation. A review of the documents indicated that the auditor agreed with the outcome that this was not a retaliation issue, but a lack of compliance with systems that caused the inmate to allege possible retaliation.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff interviews, the auditor finds that the facility does meet the requirements of the standard.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy F.3400, SOP 5900, and logbooks were reviewed. Staff interviews were conducted.

Agency policy prohibits the involuntary placement of inmates in restricted housing unless there are no available alternatives. Agency policy 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. Agency policy dictates documentation of the use of protective custody when necessary and thirty (30) day reviews of such placement.

There have been no instances where protective custody for an inmate requiring protection due to a sexual victimization has been used at this facility in the past twelve (12) months.

In an interview with staff who supervises inmates in restricted housing, it was reported that Protective Custody may be used for victims of sexual abuse or sexual harassment through an administrative placement and never for more than twenty-four (24) hours before alternative placement is determined. It was reported that inmates may request Protective Custody.

It was reported that Restricted Housing is used for disciplinary and administrative purposes, as well as Protective Custody. There is a log for the officer to document any restricted access to programs, privileges, education or work opportunities.

It was reported that there is a Multi-Disciplinary Team meeting weekly that includes the Assistant Superintendent, Mental Health and Medical staff. Mental Health and medical staff meet with all inmates in Restricted Housing on a daily basis, and the Case Manager meets with inmates on a weekly basis.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff interview, the auditor finds that the facility does meet the requirements of the standard.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (I)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy F.3400, SOP 5900, Coordinated Response Plan and Coordinated Response Overview. Staff interviews were conducted. Investigation files were reviewed.

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 are required to receive appropriate investigator specialized training. All evidence is gathered, documented and preserved. Administrative investigation activities include interviews, medical screening, video review, phone review, and a determination of the evidence for a criminal investigation. Prior allegations involving the same perpetrator or victim are reviewed. The credibility of the victim or alleged abuser is determined on an individual basis. 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 interview with alleged staff perpetrators are approved by the Office of Special Investigations and Compliance.

The investigator interviewed states that he begins an initial investigation immediately upon notification of an allegation. He conducts interviews, secures evidence and, if criminal in nature, contacts local law enforcement for completion of the investigation and prosecution. He states that all allegations are treated similar, regardless of the way reported (Anonymous or 3rd party reports). Credibility of an alleged victim, suspect, or witness is based on the factual information obtained during the investigation until evidence shows otherwise. He reported that polygraph examinations or other truth-telling devices are not utilized. He reports that he would remain in contact with Lillington Police Department until the case is closed, acting in a

supportive role. He also reported that an investigation would continue regardless of the inmate's presence in the facility or the termination/resignation of the staff person.

In administrative investigations, the investigators makes efforts to determine if staff actions or failures to act contributed to the sexual abuse through the allegation, logs, environment, rounds frequency, and post orders.

All information collected is documented in the investigation report. Reports contain the allegations, interviews, video if applicable, and physical evidence.

There were two (2) allegations referred for prosecution. The auditor reviewed one (1) file that was referred to the Lillington Police Department for investigation and possible prosecution.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff interviews, the auditor finds that the facility does meet the requirements of the standard.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 SOP 5900 were reviewed. Staff interviews were conducted.

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

In an interview with the Investigator, he reports that a preponderance of the evidence is used to substantiated allegations of sexual abuse or sexual harassment.

Based on the information discovered in agency policies, and information obtained through facility staff interviews, the auditor finds that the facility does meet the requirements of the standard.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
 Yes No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 3400, SOP 5900, Form OPA-I30 – PREA Support Services, Form OPA-I30A – PREA Support Services Status Notification, Coordinated Response Plan, Coordinated Response Overview, and sample forms were reviewed. Staff interviews were conducted.

The agency policy requires that an inmate be notified of the outcome of an investigations. 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 abuser.

In an interview of the PSP, he reported that it is his responsibility to notify the victim of the outcome of an investigation, which was confirmed through interview of the Investigator. The findings are noted on the OPA-I30 form and the status of the alleged perpetrator is noted on the OPA-I30A form.

The auditor reviewed a sample of investigations and all contained a Form OPA-130 with the outcome being acknowledged by the victim.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff interviews, the auditor finds that the facility does meet the requirements of the standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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. Staff resignation. Staff interviews were conducted.

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, if applicable.

There has been one (1) investigation of staff violating agency policy regarding sexual abuse or sexual harassment in the past 12 months. In another incident in 2015, the staff resigned their employment.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff interviews, the auditor finds that the facility does meet the requirements of the standard.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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, SOP 5900, and Form OPA-T10 – Zero Tolerance Acknowledgement Form for Persons in Direct and Indirect Contact with Inmates were reviewed. Staff interviews were conducted.

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. Form OPA-T10 is used for persons with direct and indirect contact with inmates to note their acknowledgement of the Zero Tolerance policy and that sexual abuse is a Class E Felony and will be reported.

There have been no allegations in the past twelve (12) months at Harnett CI that involved a contractor or volunteer.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff interviews, the auditor finds that the facility does meet the requirements of the standard.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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, SOP 5900, and the Inmate Rule and Policies Booklet were reviewed. Interviews with staff were conducted.

The agency policy dictates disciplinary actions for inmates who violate the zero-tolerance policy. The Inmate Rule and Policies Booklet clearly outlines the disciplinary action as a result of sexual abuse and sexual harassment (Class A Offenses). Services for abusers are 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.

Mental Health staff interviewed reported that failure to participate in counseling/therapy does not result in a lack of access to programming or other benefits. The Superintendent reports that sanctions for sexual abuse are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories. Additionally, an inmate's mental health disabilities or illnesses are also reviewed prior to any disciplinary action.

There were no administrative or criminal findings of guilt of sexual abuse incidents that were reported in the program in the past twelve (12) months that involved an inmate's participation. The agency does prohibit all sexual activity between inmates. In a 2016 incident, the inmate received disciplinary action that included the loss of days, extra duty hours, restricted housing time, and both canteen and regular telephone access. In a discussion with the Administrator, the Disciplinary Hearing Officer travels to the facility as needed and determines disciplinary action based upon similar incidents, frequency of incidents and mental health needs.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff interviews, the auditor finds that the facility does meet the requirements of the standard.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff

ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)

Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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, SOP 1500, SOP 5900, 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. The referral is through an automated system whereby a yes answer to victimization routes a referral. The Case Manager is required to forward an e-mail as well. Services are provided within fourteen (14) days by facility medical and mental health staff. An interview with mental health staff confirm that she responds to all referrals and meets with the inmate within the required time frame.

In an interview with medical and mental health staff, only mental health staff were aware of the requirement to obtain consent for the sharing of information about a victimization that occurred outside the prison setting.

On June 11, 2018, the facility provided refresher training for all medical and mental health staff regarding the reporting of sexual abuse that did not occur in a correctional setting. The facility provided the training material and proof of training.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff interviews, the auditor finds that the facility does meet the requirements of the standard.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy CP-18, SOP 1500, Health Services Policy CP-18, North Carolina Authorization for Release of Information, Mental Health Screening Referral system, Nursing Protocol – Sexual Abuse, Coordinated Response Plan, 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. Provisions for STD testing and treatment are provided at the facility level based on physician orders and/or victim request, and may begin at the hospital. 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 facility PREA Coordinated Response plan requires notification to medical and mental health staff.

The Nursing Protocol for sexual abuse includes follow-up care and physician orders for STD testing and treatment. Nursing Protocol "Sexual Abuse" was reviewed and requires immediate medical attention for any life threatening injuries, preservation of any evidence if treatment necessary, and an assessment for injuries. Standing orders indicates that medical staff are required to notify a mental health referral. Nursing Protocol for "Sexually Transmitted Diseases" requires testing and referral to the primary care physician. Any prophylaxis treatment would be as per physician order. All follow-up for medical services would be at the request of the inmate or as determined by the physician.

Mental Health staff confirm notification and availability of services for victims. Further mental health services are determined by the professional judgement of the mental health staff. Medical staff confirm that services provided are based on a Nursing Protocol.

There was one (1) allegations of sexual abuse during the past twelve (12) months that required a forensic examination. Follow-up with medical and mental health followed and was documented.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff interviews, the auditor finds that the facility does meet the requirements of the standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy F.3400, Policy CP-18, Policy CC-8, SOP 1500, Coordinated Response Plan, and the Coordinated Response Overview were reviewed. Staff interviews were conducted.

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. 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 attempts evaluations to sexual aggressive inmates within 60 days.

Interviews with medical and mental health staff confirm policy. Mental Health reports that the facility offers a sexual abuse program for sexual offenders and if necessary, an inmate can be transferred into the program. Both medical and mental health staff interviewed confirmed that services are consistent with the community level of care.

There was one (1) sexual abuse report in the past twelve (12) months where on-going mental health care was necessary based on identification and diagnosis of delusions.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff interviews, the auditor finds that the facility does meet the requirements of the standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy F.3400, SOP 5900, Form OPA-I10 – PREA Post Incident Review, Coordinated Response Plan, and Coordinated Response Overview were reviewed. Staff interviews were conducted.

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 Compliance Manager and SART members, who are comprised of upper level management and input from other staffing positions.

In an interview with staff who sits on the Post Incident Review committee. He reports that the team addresses motivation, physical area/blind spots, staffing and monitoring technology. The Incident Review is conducted within thirty (30) days of the conclusion of the investigation. He also reports that an Incident Review is conducted on every allegation. He also reported that it is a method of identifying the need for improvements.

There were four (4) allegations of sexual abuse during the past twelve (12) months that resulted in a finding of unsubstantiated or substantiated that would signify the need for a Post Incident Review. A sample Incident Review was reviewed by the auditor. Participants included the Assistant Superintendent of Custody, PREA Compliance Manager, Lieutenant, and Psychologist.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff interviews, the auditor finds that the facility does meet the requirements of the standard.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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), 2016 PREA Incidents Report and the 2015-2016 Sexual Abuse Annual Report were reviewed. Staff interviews were conducted.

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 in the 2016 PREA Incidents Report which break down PREA allegations by facility and by type, this information is then included in the annual report. The 2015-2016 Sexual Abuse Annual Report is available on the agency website.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff interviews, the auditor finds that the facility does meet the requirements of the standard

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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, 2015-2016 Sexual Abuse Annual Report, Coordinated Response Plan, and Coordinated Response Overview were reviewed. Staff interviews were conducted.

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.

The 2015 Sexual Abuse Annual Report, which contains 2014-2015 data on sexual abuse and sexual harassment, was approved on August 25, 2015 and was available on the agency website. The 2015-2016 Sexual Abuse Annual Report, which contains 2014-2016 data on sexual abuse and sexual harassment, was approved on February 27, 2018 and is available on the agency website.

Based on the information discovered in agency policies, observations, documentation review, and information obtained through facility staff interviews, the auditor finds that the facility does meet the requirements of the standard.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 2015-2016 Sexual Abuse Annual Report were reviewed. Staff interviews were conducted

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

The 2015 Sexual Abuse Annual Report, which contains 2014-2015 data on sexual abuse and sexual harassment, was approved on August 25, 2015 and was available on the agency website. The 2015-2016

Sexual Abuse Annual Report, which contains 2014-2016 data on sexual abuse and sexual harassment, was approved on February 27, 2018 and is on the agency's website.

Based on the information discovered in observations, documentation review, and the auditor's experience with this agency, the auditor finds that the facility does meet the requirements of the standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency began PREA audits in 2015 and after considerable conversation with the PRC regarding the delay in beginning the audits. By December 2016, the agency had completed audits for all facilities as required by the PREA Standards.

During this audit, the auditor was allowed unlimited access to all areas of the facility. The auditor was permitted to access and receive copies of all documents as requested, including electronically stored information. The auditor was provided private areas in which to conduct audits, and still allow for the supervision of inmates during audits. The auditor did not receive correspondence.

Based on information received, observations during the on-site audit, and documents reviewed, the auditor finds that the facility does meet the requirements of the standard.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Harnett CI's last audit was in 2016 and this is posted on the website

In an interview with the Agency PREA Director, it has been reported that all final reports have been posted to the website. The auditor confirmed that all audits are posted on the website.

This auditor's review of the website indicates that all prior reports are appropriately posted as required.

The agency website reflects audits conducted as follow:

- 2015 – 13 audits: 6 juvenile and 7 adult
- 2016 – 51 audits: 4 juvenile and 47 adult
- 2017 – 26 audits: 4 juvenile and 22 adult

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.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Bobbi Pohlman-Rodgers

August 26, 2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.