PREA Facility Audit Report: Final

Name of Facility: Black Mountain Substance Abuse Treatment Center for Women
Facility Type: Community Confinement
Date Interim Report Submitted: 08/18/2025
Date Final Report Submitted: 10/10/2025

Auditor Certification	
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.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: Karen d. Murray	**Date of Signature:** 10/10/2025

AUDITOR INFORMATION	
Auditor name:	Murray, Karen
Email:	kdmconsults1@gmail.com
Start Date of On-Site Audit:	07/09/2025
End Date of On-Site Audit:	07/09/2025

FACILITY INFORMATION	
Facility name:	Black Mountain Substance Abuse Treatment Center for Women
Facility physical address:	741 Old US Highway 70, Black Mountain, North Carolina - 28711
Facility mailing address:	

Primary Contact

Name:	Paul E. Bennett
Email Address:	paul.bennett@dac.nc.gov
Telephone Number:	828-200-6228

Facility Director	
Name:	Dexter Gibbs
Email Address:	dexter.gibbs@dac.nc.gov
Telephone Number:	(828)200-7471

Facility PREA Compliance Manager	
Name:	Paul Bennett
Email Address:	paul.bennett@dac.nc.gov
Telephone Number:	(919) 581-4518
Name:	Rayshaun Carson
Email Address:	rayshaun.carson@dac.nc.gov
Telephone Number:	(828) 259-6203

Facility Characteristics	
Designed facility capacity:	64
Current population of facility:	30
Average daily population for the past 12 months:	32
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Women/girls
In the past 12 months, which population(s)	

has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	30
Facility security levels/resident custody levels:	Probation/Parolees
Number of staff currently employed at the facility who may have contact with residents:	37
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	7
Number of volunteers who have contact with residents, currently authorized to enter the facility:	26

AGENCY INFORMATION	
Name of agency:	North Carolina Department of Adult Correction
Governing authority or parent agency (if applicable):	
Physical Address:	214 West Jones Street , Raleigh , North Carolina - 27603
Mailing Address:	
Telephone number:	9198252739

Agency Chief Executive Officer Information:	
Name:	
Email Address:	

Telephone Number:	

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

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	
3	• 115.215 - Limits to cross-gender viewing and searches • 115.231 - Employee training • 115.282 - Access to emergency medical and mental health services
Number of standards met:	
38	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-07-09
2. End date of the onsite portion of the audit:	2025-07-09

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Our Voice - Sexual Abuse Victim Advocacy Waste, Fraud and Abuse - Agency Third Party Offender PREA Hotline

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	64
15. Average daily population for the past 12 months:	30
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes (●) No ( ) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	30
25. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
29. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1

31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	1
33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	37
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	26

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	2
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	6
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☐ Age ☐ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☐ Length of time in the facility ☑ Housing assignment ☐ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The facility provided a roster of clients from two housing units and 32 beds per unit. After four targeted clients were identified, six random offenders were selected from each housing unit to ensure representation across all units.

43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	(●) Yes ( ) No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	4
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/ resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/ residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/ detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
48. Enter the total number of interviews conducted with inmates/residents/ detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	After reviewing facility offender rosters and conducting interviews with specialized staff, it did not appear that this category of offender was residing at the facility during the onsite review.
49. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	After reviewing facility offender rosters and conducting interviews with specialized staff, it did not appear that this category of offender was residing at the facility during the onsite review.
50. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	After reviewing facility offender rosters and conducting interviews with specialized staff, it did not appear that this category of offender was residing at the facility during the onsite review.
51. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	After reviewing facility offender rosters and conducting interviews with specialized staff, it did not appear that this category of offender was residing at the facility during the onsite review.
52. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1

53. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	1
55. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	After reviewing facility offender rosters and conducting interviews with specialized staff, it did not appear that this category of offender was residing at the facility during the onsite review.
56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The facility does not utilize segregated housing for vulnerable populations.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	8
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☐ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☐ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	○ Yes ◉ No

a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)	☐ Too many staff declined to participate in interviews. ☐ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). ☒ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ☐ Other
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	All security staff from each of the facility's three shifts were interviewed during the onsite review.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	11
63. Were you able to interview the Agency Head?	◉ Yes ○ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	◉ Yes ○ No

65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☑ Agency contract administrator ☐ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☑ Medical staff ☑ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☑ Investigative staff responsible for conducting administrative investigations ☐ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☑ Staff who supervise inmates in segregated housing/residents in isolation ☑ Staff on the sexual abuse incident review team ☑ Designated staff member charged with monitoring retaliation ☑ First responders, both security and non-security staff ☑ Intake staff

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☑ Religious ☐ Other
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

71. Did you have access to all areas of the facility?	◉ Yes ○ No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	◉ Yes ○ No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	◉ Yes ○ No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	◉ Yes ○ No
75. Informal conversations with staff during the site review (encouraged, not required)?	◉ Yes ○ No
76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	◉ Yes ○ No

78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

79. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	2	0	2	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	2	0	2	0

80. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

81. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

82. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	2	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	2	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

83. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

84. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	1	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	2

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ◉ No ○ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	◉ Yes ○ No ○ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff	
103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION	
108. Who paid you to conduct this audit?	◉ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ○ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. NCDAC PREA Prevention Planning, Policy DAC-PREA-100, dated 1.1.2023 3. NC Department of Adult Correction Organization Chart, dated 9.20.2024 Interviews: 1. Random Residents 2. Targeted Residents 3. Substance Abuse Workers

4. PREA Compliance Manager

5. Program Director

Interviews with residents and staff demonstrated that the facility integrates the requirements of the Federal PREA Standards into its daily operations. Both residents and staff were able to articulate the facility's PREA practices and protocols as outlined in the agency's PREA policies.

Formal interviews with residents demonstrated 10 of 10 resulted in offenders stating they feel sexually safe in the facility in addition to the following unsolicited comments.

· They are on it. Mr. Bennet does a good job

· They don't give us a fit if we want to talk to someone, they let us right away

· Everybody here, Mr. Gibbs always around and he makes me feel safe

· I came to this facility thinking I was going to go home and do the same thing but now I'm going home to do something else. My kids are proud of me. I couldn't have gone somewhere and picked a better counselor than I have here.

· Male staff absolutely announce down every side, every one of them are great about that

· I have no reason to report

· Respectful staff are great – all offenders – blessed to be with adults who can talk things out

· GNC – 99% of staff and residents respectful, nothing harsh or cruel going on here; accommodated in more ways than most, never judged

· You may have just saved my life (providing information about advocate services)

· Formal interviews with facility personnel resulted in the following unsolicited comments.

· Have Town Hall Meetings to discuss PREA and PREA issues

· No favoritism, treat them all fair, firm and consistent

· Even side jokes are not okay, be careful with what you say Infront of staff and residents, keep professional, keep it business, this is not the job to be a prankster, we are public servants.

· Take it seriously as if we are the first person they've trusted to confide in

	· This place pretty clear of PREA, pretty wonderful staff who are not over familiar in any sense Onsite Observation: During the facility tour, Audit Notices, Zero Tolerance postings, and reporting information were observed throughout the facility. These postings included details on the agency's zero tolerance policy, internal and external reporting options, and contact information—both phone numbers and addresses—for community-based sexual abuse victim advocacy services. (a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. NCDAC PREA Prevention Planning, Policy DAC-PREA-100, page 4, section IV. A., states, "DAC is committed to a standard of zero-tolerance of sexual abuse and sexual harassment toward person in confinement residents, and safekeepers either by employees, volunteers, contractors, and custodial agents, or by other person in confinement residents, or safekeepers. Therefore, it is the policy of DAC to provide a safe, humane, and appropriately secure environment, free from the threat of sexual abuse and sexual harassment for all person in confinement residents, and safekeepers by maintaining a program of prevention and detection." (b) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The facility provided a NC Department of Adult Correction Organization Chart which demonstrates the PREA Director is in the agency organizational chart and reports directly to the Deputy Secretary.

	Through such reviews, the facility meets the standard requirements.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. Memorandum of Agreement, Center for Community Transitions, dated 3.2.2022 Interviews: 1. PREA Director / Head of Agency During the pre-audit phase, the PREA Director conveyed the agency did have one privatized contract. Such contracts do contain language mandating each private provider complies with PREA standards. In addition, unionized staff are mandated to comply with PREA standards and disciplinary action would swiftly take place should noncompliance exist. (a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency does contract with private agencies for confinement services of their Residents. The facility provided a Memorandum of Agreement between the State of North Carolina and the Center for Community Transitions. Page 10, section PREA, contains language demonstrating the facility is required to comply with the Prison Rape Elimination Standards. (b) The Black Mountain Substance Abuse Treatment Center for Women PAQ states all of the above contracts require the agency to monitor the contractor's compliance with PREA standards. The number of contracts referenced in 115.212 (a)-3 that require the agency to monitor contractor's compliance with PREA standards is zero.

	Through such reviews, the facility meets standard requirements.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. Post Audit: Black Mountain Substance Abuse Treatment Center for Women Staffing Plan Review, 7.22.2025 3. Post Audit: NCDAC Memorandum, RE: 115.213 (a)(c) Supervision and Monitoring, dated 8.12.2025 Interviews: 1. Random Residents 2. Targeted Residents 3. Substance Abuse Workers 4. PREA Compliance Manager 5. PREA Director / Head of Agency Interviews with residents demonstrated male staff do an amazing job always announcing themselves any time they enter the wing, walk down a hallway in the wing or are near their rooms. Residents stated male staff never enter their bedrooms or bathrooms. Interviews with Substance Abuse Workers demonstrated opposite gender announcements are made each time a male staff comes in the dorm and each time they walk down a hallway. Interviews with the PREA Compliance Manager demonstrated staff complete dorm

	rounds hourly although rounds are not a requirement of community confinement facilities. The interview with the PREA Director demonstrated the Regional Office is responsible for constructing and complying with facility staffing plans. Site Observation: During the pre-audit phase the facility demonstrated staffing plan analysis have never been written. During the tour cross gender announcements were observed being made each time male staff entered a wing or walked down a hallway near resident bedroom or bathroom. Corrective Action Plan: · Facility to establish a staffing plan analysis · Appropriate facility personnel to provide a memorandum with a sustainable action plan stating which facility position will ensure all requirements of §115.213 (a) are met and sustained. Memorandum to be addressed to the DOJ PREA Auditor, date and author of the memorandum and standard in question. · Upload all required documentation to the applicable provision in the OAS. Post audit the facility provided an annual review of the staffing plan which speaks to positions employed, resident demographic, facility layout, adequate video monitoring, staff schedules and plans for staff shortages. The staffing plan is signed by the facility Program Director. Post audit the facility provided a memorandum from the PREA Compliance Manager addressed to the DOJ PREA Auditor stating, “Corrective action plan: · Facility has established a staffing plan analysis · Dexter Gibbs, Facility Manager will maintain and ensure that the Staffing Plan Analysis is reviewed annually.” (a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states for each facility, the agency develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to

	protect residents against sexual abuse. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents is 40. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated is 40. (a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. (c) The Black Mountain Substance Abuse Treatment Center for Women PAQ states at least once every year the facility, reviews the staffing plan to see whether adjustments are needed in (1) the staffing plan, (2) prevailing staffing patterns, (3) the deployment of video monitoring systems and other monitoring technologies, or (4) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. Through such reviews, the facility meets the standards requirements.

115.215	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. NCDAC PREA Prevention Planning, Policy Number: DAC-PREA-100, dated 1.1.2023 Interviews: 1. Random Residents 2. Targeted Residents 3. Substance Abuse Workers Interviews with residents demonstrated that facility personnel do not conduct pat-down or strip searches. Residents reported that male staff do not enter the hallway

during shower times. They also stated they are expected to change either in the bathroom or in the designated private area within their bedrooms.

Interviews with Substance Abuse Workers demonstrated residents are never searched by facility personnel and if a search is needed the Probation Officer will complete the search.

Site Observation:

During the facility tour, the Auditor observed that resident bathrooms were located behind full doors without windows and were not within the line of sight of any cameras. Additionally, resident bedrooms included areas that were out of view from staff or others, allowing residents to privately change clothing.

(a) Black Mountain Substance Abuse Treatment Center for Women PAQ states the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of their residents. In the past 12 months the facility has conducted zero cross-gender strip or cross-gender visual body cavity searches of residents. In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents were zero. The PAQ states, “No pat down searches are performed by Black Mountain staff. Only Probation/Parole Officers are permitted to do pat down searches.”

NCDAC PREA Prevention Planning, Policy Number: DAC-PREA-100, page 8-9, section M. 1-3., state, “Each facility shall limit cross-gender viewing and searches by:

1. Not conducting cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

2. Restricting cross-gender pat-down searches of female person in confinement residents, and safekeepers absent exigent circumstances. Facilities shall not restrict the access of female person in confinement residents, or safekeepers to regularly available programming or other out-of-cell opportunities in order to comply with this provision.

3. Documenting all cross-gender strip searches and cross-gender visual body cavity searches and documenting all cross-gender pat-down searches of female person in confinement residents, and safekeepers.”

(b) Black Mountain Substance Abuse Treatment Center for Women PAQ states

	There is policy that cross-gender pat down searches are prohibited. But at Black Mountain no staff conducts pat-down searches. Only PPO can do searches. (c) Black Mountain Substance Abuse Treatment Center for Women PAQ states facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented. NCDAC PREA Prevention Planning, Policy Number: DAC-PREA-100, page 9, section M-3 states, “Documenting all cross-gender strip searches and cross-gender visual body cavity searches, and documenting all cross-gender pat-down searches of female person in confinement residents, and safekeepers.” (a) Black Mountain Substance Abuse Treatment Center for Women PAQ states the facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented. Policy compliance can be found in provision (a) of this standard. (d) Black Mountain Substance Abuse Treatment Center for Women PAQ states the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical 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 (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. NCDAC PREA Prevention Planning, Policy Number: DAC-PREA-100, page 9, section 4., states, “Implementing policies and procedures that enable person in confinement residents, and safekeepers to shower, perform bodily functions, and change clothing without nonmedical employees of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require employees of the opposite gender to announce their presence when entering a person in confinement, resident, and safekeeper housing unit.” (e) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining

	the resident's genital status. Such searches (described in 115.215(e)-1) occurred in the past 12 months was zero. The PAQ states, “BMSATCW staff do not conduct pat down searches.” NCDAC PREA Prevention Planning, Policy Number: DAC-PREA-100, page 9, section 5, states, “Prohibiting searching or physically examining transgender or intersex person in confinement residents, and safekeepers for the sole purpose of determining their genital status. If the person in confinement, resident, or safekeeper’s genital status is unknown, it may be determined during conversations with them, 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.” (f) The Black Mountain Substance Abuse Treatment Center for Women PAQ states 100 percent of all security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security. The PAQ states, “No pat-down searches are conducted by Black Mountain staff.” The facility provided a Cross-Gender Viewing, Announcement, and Acknowledgement. Employees attest to the following through their date and signature, “I acknowledge that I have been oriented and understand the limitations to cross-gender viewing and searches under the standards of the Prison Rape Elimination Act of 2003, agency, and division policies.” Through its practice of not conducting searches of residents’ bodies and the additional steps taken by staff to ensure residents are not viewed while in a state of undress, the facility exceeds the requirements of the standard.

115.216	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ

2. NCDAC PREA Prevention Planning, Policy Number: DAC-PREA-100, dated 1.1.2023

3. acolad Interpretation & Translation Services “Access Contact Sheet”

Interviews:

1. Substance Program Manager / PREA Compliance Manager

The interview with the Substance Abuse Program Manager demonstrated that new residents enter the program on Wednesdays and receive education on the facility’s zero tolerance policy through a comprehensive PREA video, the End the Silence brochure, advocate contact information, and reporting procedures, which are reviewed on Thursdays. The manager stated that each resident is required to sign an acknowledgment of understanding. Residents who are cognitively delayed or have limited English proficiency are screened out, as treatment would be delayed.

Site Observation:

During the tour postings in both English and Spanish were observed throughout the facility.

(a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency has established procedures to provide disabled residents 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.

NCDAC PREA Prevention Planning, Policy Number: DAC-PREA-100, page 9-10, section N. 1-4, states, “Each facility shall take appropriate steps to ensure that person in confinement residents, and safekeepers with disabilities (including, for example, person in confinement residents, and safekeepers who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) and person in confinement residents, and safekeepers who are Limited English Proficient, have an equal opportunity to participate in or benefit from all aspects of DAC’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment by:

1. Ensuring effective communication with person in confinement, residents, and safekeepers who are deaf or hard of hearing, by providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary;

2. Ensuring that written materials are provided in formats or through methods that

	ensure effective communication with person in confinement residents, and safekeepers with disabilities; 3. Providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary; and 4 4. Not relying on person in confinement, resident or safekeeper interpreters, readers, or other types of assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the person in confinement, resident, or safekeeper's safety, the performance of first-response duties under PREA standards §115.64, 115.264, Page 10 of 10 and 115.364 or the investigation of the person in confinement, resident, or safekeeper's allegations." The facility provided an acolad Interpretation & Translation Services instruction sheet demonstrating the facility has an account number and contact information for language services. (b) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency has established procedures to provide residents with limited English proficiency 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. Policy compliance can be found in provision (a) of this standard. (c) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations. If YES, the agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.264, or the investigation of the resident's allegations was zero. Policy compliance can be found in provision (a) of this standard. Through such reviews, the facility meets standard requirements.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. NCDAC Prisons Policy & Procedures, Policy DAC-PREA-100, dated 1.1.2023 3. Post Audit: Requested Criminal History Background Check 4. Post Audit: NCDAC Memorandum, RE: 115.217, dated 8.12.2025 5. Post Audit: DCI PREA Tracking Spreadsheet Interviews: 1. Administrative Specialist Interviews with Administrative Specialist demonstrated criminal background checks, administrative adjudication questions and institutional reference checks are completed during the interview, hiring and promotion process. The Administrative Specialist stated the facility maintains a spreadsheet to ensure criminal history checks are completed every five years and affirmative duty is required to be reported within 24 hours. Site Observation: Utilization of the PREA Community Confinement Documentation Review Employee File/Records template demonstrated 11 employee files reviewed demonstrated each had background checks upon hire and within five years, thereafter. The facility was able to demonstrate administrative adjudication questions were asked during the application and promotion processes and institutional references were completed for applicable staff. However, the facility nurse did not have a criminal history check on file. Corrective Action Plan: · Complete the criminal background check on file. · Facility to ensure all contract personnel have completed criminal background checks on file and every five years thereafter.

	· Appropriate facility personnel to provide a memorandum with a sustainable action plan stating which facility position will ensure all requirements of §115.217 are met and sustained. Memorandum to be addressed to the DOJ PREA Auditor, date and author of the memorandum and standard in question. · Upload all required documentation to the applicable provision in the OAS. Post audit, the facility provided a criminal history background check and results to demonstrate the check was completed for the facility nurse. Post audit, the facility provided a memorandum from the PREA Compliance Manager addressed to the DOJ PREA Auditor with the following action plan. “Corrective action plan: · Facility will ensure that all contract personnel have completed criminal checks on file and every five years thereafter. · HR Administrative Specialist Susie Smith will ensure that all contract personnel criminal background checks are completed and remain up to date using a tracking sheet to ensure initial background check in completed and track when the five year back ground check is due.” Post audit the facility provided a DCI PREA Tracking spreadsheet demonstrating the following information is documented. · Staff Name · Position Title · Current DCI Date · Run DCI by this date (a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who: (1) 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); (2) 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; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

NCDAC Prisons Policy & Procedures, Policy DAC-PREA-100, page 5, section C. 1-2., states, “Hiring, Promotion, Employment, and Contractor Service Decisions

1. DAC shall not hire or promote anyone who may have contact with person in confinement residents, or safekeepers, and shall not enlist the services of any contractor who may have contact with person in confinement residents, or safekeepers, who:

i. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution (as defined in 42 U.S.C. 1997);

ii. 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;

iii. Has a substantiated finding of abuse, neglect, or other rights infringement on any applicable NC registry, criminal justice standards commission, or other licensing authorities or bodies; or

iv. Has been civilly or administratively adjudicated to have engaged in the activities described in this section.

2. In the event an employee is alleged to have engaged in any of the activities described in Sections IV.C.1.i-iv, they will be reassigned from all person in confinement, resident, and safekeeper contact and management will consult with the DAC PREA Office, DAC Central Human Resources, and the DAC General Counsel’s Office to determine whether an internal investigation is required in accordance with the DAC-OIA-100 OIA Authority to Conduct Investigations policy.”

(b) The Black Mountain Substance Abuse Treatment Center for Women PAQ states agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

NCDAC Prisons Policy & Procedures, Policy DAC-PREA-100, page 5, section C. 3., states, “DAC shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor or custodial agents, who may have contact with person in confinement residents, or safekeepers.”

(c) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency policy requires that before it hires any new employees who may have

	contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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. In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks was six. NCDAC Prisons Policy & Procedures, Policy DAC-PREA-100, page 5, section C. 4., states, “Before hiring new employees who may have contact with person in confinement, residents, or safekeepers DAC shall: a. Perform a criminal and administrative background records check, to include any applicable North Carolina registry, criminal justice standards commission, or other licensing authorities or bodies; and b. Consistent with Federal, State, and local law, make its best effort 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.” (d) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents was three. NCDAC Prisons Policy & Procedures, Policy DAC-PREA-100, page 5, section C. 5., states, “DAC shall perform a criminal background record check before enlisting the services of any contractor who may have contact with person in confinement residents, or safekeepers.” (e) The Black Mountain Substance Abuse Treatment Center for Women PAQ states agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees. NCDAC Prisons Policy & Procedures, Policy DAC-PREA-100, page 5, section C. 6., states, “For current employees and contractors who may have contact with person

	in confinement residents, or safekeepers, DAC shall conduct criminal background records checks at least once every five years." (f) NCDAC Prisons Policy & Procedures, Policy DAC-PREA-100, page 6, section C. 7, states, "For all applicants and employees who may have contact with person in confinement residents, or safekeepers, DAC shall ask about previous misconduct described in this section in written applications, in interviews for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees." (g) The Black Mountain Substance Abuse Treatment Center for Women PAQ agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. NCDAC Prisons Policy & Procedures, Policy DAC-PREA-100, page 7, section C. 8, states, "All employees shall have a continuing affirmative duty to disclose sexual misconduct. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination." (h) NCDAC Prisons Policy & Procedures, Policy DAC-PREA-100, page 7, section C. 9, states, "Unless prohibited by law, upon receiving a request from an institutional employer for whom an employee or former employee has applied to work, DAC shall provide information on substantiated allegations of sexual abuse or sexual harassment involving the employee or former employee." Through such reviews, the facility meets standard requirements.

115.218	**Upgrades to facilities and technology**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ

	Interviews: 1. Program Director The interview with the Program Director demonstrated the facility has not made any substantial modifications other than locks were removed from doors and barriers were removed. Site Observation: During the onsite review cameras were reviewed in the Program Director's office and each appeared to be operational. (a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency has not acquired a new facility or made substantial expansions or modifications to existing facilities since the last PREA audit. (a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency/facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit. The PAQ states, "Camera added on 9/23/2024 due to restricted view of group when partition was closed." Through such reviews, the facility meets standard requirements.

115.221	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, dated 4.8.2024 3. Memorandum of Understanding, Our Voice, Rape Crisis Center of Buncombe County, dated 6.23.2025 4. Post Audit: Law Enforcement Memorandum of Understanding, dated 8.14.2025

	5. Post Audit: NCDAC Memorandum, RE: 115.221 (f)-1, dated 8.13.2025 Interviews: 1. Registered Nurse The interview with the Registered Nurse demonstrated she would follow the medical protocol for all allegations of sexual abuse and the facility personnel would follow her direction of a resident who needed to be transported for a forensic medical examination at the Blue Ridge Medical Center. Site Observation: The facility has not attempted or documented attempts for a law enforcement agency to follow the requirements of paragraph (a) through (e) of this standard. Corrective Action Plan: · Facility to provide a memorandum of understanding and or attempt with law enforcement as described in standard. · Appropriate facility personnel to provide a memorandum with a sustainable action plan stating which facility position will ensure all requirements of §115.221 (f) are met and sustained. Memorandum to be addressed to the DOJ PREA Auditor, date and author of the memorandum and standard in question. · Upload all required documentation to the applicable provision in the OAS. Post audit, the facility provided a memorandum with the Black Mountain Police Department. The memorandum is current, with no stated expiration date, and is signed and dated by the Facility Director and the Chief of Police on August 14, 2025. Post audit, the facility provided a memorandum from the PREA Compliance Manager addressed to the DOJ PREA Auditor with the following action plan. “Corrective action plan: Facility to provide a MOU with law enforcement agency as described in the standard. Dexter Gibbs Facility Director will ensure that MOU is reviewed and signed annually.” (a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency/facility is responsible for conducting administrative sexual abuse

	investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The Buncombe Sheriff's Department would conduct sexual abuse investigations. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 20, section 8. A-1 states, "Investigations into allegations of sexual abuse and/or sexual harassment, shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. • ACDP Community-Based Facilities: o Black Mountain: Western Correctional Center for Women o DART Center: Neuse Correctional Center (b) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the protocol being developmentally appropriate for youth is not applicable as the facility does not house youthful residents. The facility outlines a protocol; however, the protocol is individual to the facility coordinated response. (c) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs. The number of forensic medical exams conducted during the past 12 months is zero. The number of SANEs/SAFEs during the past 12 months was zero. The number of exams performed by a qualified medical practitioner during the past 12 months was zero. (d) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the facility attempts to make available to the victim a victim advocate from a rape crisis center, either in person or by other means. The efforts are documented. When a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. Policy compliance can be found in provision (c) of this standard.

	The facility provided a Memorandum of Understanding, between Our Voice, Rape Crisis Center and Black Mountain Substance Abuse Treatment Center for Women. The memorandum appears to be current with an expiration date of 6.23.2026 and is signed by the Facility Head and the Our Voice Director. The facility provided NCDAC PREA Support Services for Persons in Confinement form demonstrated a PREA Support Persons role was to provide professional resources to include access to mental health professionals in the facility. (e) The Black Mountain Substance Abuse Treatment Center for Women PAQ states if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 18, section 6-c, states, “Whenever required, the PREA support person, of the same gender, shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. (f) The Black Mountain Substance Abuse Treatment Center for Women PAQ states if the agency is not responsible for investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.221 (a) through (e) of the standards. Through such reviews, the facility meets standard requirements.

115.222	**Policies to ensure referrals of allegations for investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review:

	1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, dated 4.8.2024 3. Post Audit: Photos of Facility Policy Posted in the Reception Area Interviews: 1. Substance Abuse Program Counselor / Investigator The interview with the Investigator demonstrated an investigation would begin within 24 hours of receipt of an allegation of sexual harassment or sexual abuse and referrals to local law enforcement would be made for any investigation that is deemed criminal. Site Observation: The facility has received two sexual abuse allegations in the past 12 months; however, neither met the criteria of sexual abuse for law enforcement referral. Upon searching the agency website this policy could not be located. Corrective Action Plan: Post the facility policy NCDAC Community-Based Facility Sexual Abuse and Harassment Policy on the agency website and provide the URL or provide the posting in your reception area. Post audit the facility provided photos of the facility NCDAC ACDP Policy manual posted in the facility reception area. (a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency ensures that an administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. In the past 12 months the facility has had two allegations of sexual abuse and sexual harassment that were received. In the past 12 months, the number of allegations resulting in an administrative investigation was two. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 20, section 8.3) states, “If an alleged act of sexual abuse and/or sexual harassment

	is reported or discovered, an immediate preliminary investigation shall be conducted to determine if the incident meets the standards of PREA. (b/c) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 22, section 10. II) states, “When the quality of evidence appears to support criminal prosecution, the Department of Adult Correction sexual abuse and sexual harassment investigators shall only be permitted to continue interviews after consulting with local law enforcement agency as to whether interviews may be an obstacle for subsequent criminal prosecution.” Through such reviews, the facility meets standard requirements.

115.231	**Employee training**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, dated 4.8.2024 3. NCDAC Office of Staff Development and Training PREA: Sexual Abuse and Sexual Harassment 101, dated 7.1.2024 4. NCDAC Office of Staff Development and Training PREA: Sexual Abuse and Sexual Harassment 201, dated 7.1.2024 5. PREA Staff Training Acknowledgment of Understanding, dated 1.1.2023 Interviews:

	1. Substance Abuse Workers Interviews with Substance Abuse Workers demonstrated each received multiple trainings on the agency PREA policies through New Employee Orientation, Basic Training, and the learning management system in their first year of employment. Long term employees state they are educated on the agency zero tolerance policies through the learning management system and staff meetings multiple times per year. Site Observation: Utilizing the PREA Audit Community Confinement Documentation Review Employee File / Records Review template demonstrated 11 of 11 staff files reviewed each have completed annual and refresher training in the last two years. (a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 4-5, section C. 1. a-l - Employee Training states, “New Employees: shall receive the Sexual Abuse and Sexual Harassment 101 training that addresses the following: a. The agencies standard of zero-tolerance of sexual abuse and sexual harassment toward residents, either by staff, contractor, volunteers, or by another resident - §115.211. b. Employees’ responsibilities when responding to sexual abuse and/or sexual harassment. c. Resident’s right to be free from sexual abuse and/or sexual harassment. d. Resident’s and employee’s right to be free from retaliation for reporting sexual abuse and/or sexual harassment. e. The dynamics of sexual abuse and/or sexual harassment in confinement. f. Common reactions of sexual abuse and/or sexual harassment victims. g. Detect and respond to signs of threatened and actual sexual abuse and/or sexual harassment. h. How to avoid inappropriate relationships with residents. i. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.

	j. How to comply with relevant laws related to mandatory reporting of sexual abuse and/or sexual harassment to outside authorities. k. Relevant laws regarding age of consent. l. Unique attributes of working with males and/or females in confinement/ supervision.” The facility provided a NCDAC Office of Staff Development and Training PREA: Sexual Abuse and Sexual Harassment 101. The plan includes the following training objectives: At the end of this block of instruction, the student will be able to achieve the following objectives in accordance with the information received during this instructional period: 1. Identify the “Prison Rape Elimination Act (PREA) of 2003” and the agency’s zero-tolerance policy of sexual abuse and sexual harassment for offenders/persons under supervision. 2. Define sexual abuse and sexual harassment. 3. Define people in confinement and under supervision right to be free from sexual abuse and sexual harassment, and from retaliation for reporting. 4. Identify relevant laws. 5. Define employee responsibilities when responding to sexual abuse and sexual harassment. 6. Define the unique attributes of working with females in confinement/under supervision. 7. Define the unique attributes of working with males in confinement/under supervision. 8. Define the vulnerabilities of people in confinement/under supervision. 9. Identify the dynamics of sexual abuse and sexual harassment in of people in confinement and under supervision. 10. Identify how to detect signs of threatened and actual sexual abuse of people in confinement and under supervision. 11. Identify the common reactions to sexual abuse and sexual harassment. 12. Identify methods of avoiding inappropriate relationships with people in confinement and under supervision.”

	(b) The Black Mountain Substance Abuse Treatment Center for Women PAQ states training is tailored to the gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training. Policy compliance can be found in provision (a) of this standard. (c) The Black Mountain Substance Abuse Treatment Center for Women PAQ states between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements annually. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 5, section 3., states, “Annual Refresher: All staff shall receive annual training on resident sexual abuse and sexual harassment issues emphasizing the zero-tolerance and duty to report, as well as covering current sexual abuse and sexual harassment policies and procedures to include limits to cross gender viewing and searches.” The facility provided NCDAC Office of Staff Development and Training: PREA Sexual Abuse and Sexual Harassment 201. The plan includes the following training objectives: 1. Identify the Prison Rape Elimination Act (PREA) and prevention strategies. 2. Define sexual abuse and sexual harassment of people in confinement and under supervision. 3. Define relevant North Carolina General Statutes. 4. Identify the NCDAC policies on sexual abuse and sexual harassment. 5. Identify ways to report sexual abuse and sexual harassment. 6. Define first responder duties. 7. Identify disciplinary sanctions. (d) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification The facility provided a PREA Staff Training Acknowledgment of Understanding form.

	This form documents, “I acknowledge understanding of the Prison Rape Elimination Act of 2003, NC General Statute Chapter 14-27.31, and the agency's zero tolerance policy for sexual abuse and sexual harassment. I also acknowledge that I must immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment.” Through such reviews of the personnel file review demonstrating multiple initial and annual trainings on the agency zero tolerance policy, the facility exceeds standard requirements.

115.232	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, dated 4.8.2024 3. NCDPS Prison Rape Elimination Act Acknowledgement Form, dated 6.19.2017 Interviews: 1. Volunteers - Religious Interviews with volunteers demonstrated that each had completed training on the agency’s zero tolerance policy, including reporting requirements, on multiple occasions. Volunteers stated they are never left alone with residents; however, each was familiar with the agency’s reporting procedures and indicated they would do their best to remain with a resident and immediately report any concerns to the nearest staff member. Site Observation: Utilization of the PREA Audit Community Confinement Documentation Review Employee File / Records Review template demonstrated each volunteer interviewed had completed training on the agency zero tolerance policy in 2023 and 2024.

	(a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The number of volunteers and contractors, who may have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response is 21. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 7, section D. 1-2., states, "Volunteers (with the exception of One-Time volunteers who have no direct contact with residents), custodial agents, contractors, and other persons providing services to residents: 1. Shall receive the Sexual Abuse and Sexual Harassment 101 training as part of initial orientation which addresses: · The agencies standard of zero-tolerance of sexual abuse and sexual harassment toward residents, either by staff, contractors, volunteers, or by residents. · How to report incidents of sexual abuse and sexual harassment. 2. The application process will not be complete until the volunteer verifies understanding of the training by signing the PREA Acknowledgement Form (OPA-T10) and returning the form to the facility." (b) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Medical and mental health services complete the PREA – for Health Services curriculum in the agency learning management system. (c) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received. The facility provided a NCDPS Prison Rape Elimination Act Acknowledgement form demonstrating volunteers and contractors attest to the following. I acknowledge understanding of the Prison Rape Elimination Act of 2003, NC General Statute

	Chapter 14-27.31, and the NCDPS zero-tolerance policy for sexual abuse and sexual harassment. I also acknowledge that I must report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment immediately.”” Through such reviews, the facility meets standard requirements.

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, dated 4.8.2024 3. End the Silence Brochure, not dated 4. Prison Rape Elimination Act (PREA) Person in Confinement or Under Supervision Education Acknowledgement, dated 10.18.2024 Interviews: 1. Random Residents 2. Targeted Residents 3. Clinical Substance Abuse Counselor Interviews with residents demonstrated that each individual was aware of PREA and confirmed receiving education on the agency’s zero tolerance policy, viewing a PREA-related video, and learning about reporting procedures within one to two days of arrival The interview with the Clinical Substance Abuse Counselor demonstrated that residents receive comprehensive PREA education covering their rights, the federal law, how and to whom they can report concerns, and a review of the agency’s reporting flyer. Education also includes information on self-protection strategies, the agency’s zero tolerance policy, identification of the PREA Compliance Manager and

	facility investigators, along with an explanation of their roles and responsibilities. Additionally, the newly implemented Agency Talking Points are reviewed during this session. The Counselor stated that all residents are given the opportunity to ask questions prior to signing the PREA education acknowledgment form. Site Observation: Utilization of the PREA Audit – Community Confinement Facilities Documentation Review – Resident Files/Records template demonstrated 10 of 10 residents had been admitted into the facility within the past 90 days and each had received PREA education within 48 hours of intake. (a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The number of residents admitted during the past 12 months who were given this information at intake was 199. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 9-10, section F.1., states, “During orientation all residents shall receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse and sexual harassment.” The facility provided an End the Silence Brochure providing offenders with the following reporting information. How to report: BMSATCW offers multiple ways to report sexual abuse and sexual harassment: · By writing to the PREA Office at SVCdac.prea@dac.nc.gov · Report to any staff, volunteer, contractor, or medical or mental health staff. · Submit a grievance or sick call slip. · Report to the PREA Coordinator or PREA Compliance Manager. · Tell a family member, friend, legal counsel, or anyone else outside the facility.

	They can report on your behalf by calling 1(919) 825-2754. · You also can submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here. (b) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a)-1. The number of residents transferred from a different community confinement center during the last 12 months was six. The number of residents transferred from a different community confinement facility, during the past 12 months, who received refresher information was 20. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 10, section 3., states, "All residents shall receive education about sexual abuse and sexual harassment upon transfer to a different facility. a. Education shall be completed utilizing the Resident Sexual Abuse and Sexual Harassment Orientation Upon Transfer (Facilitator Talking Points). b. Each resident shall receive a copy of the PREA Brochure. c. Each resident will sign the Orientation Form and place it in his/her resident record. d. Education for residents shall be offered by a designated employee at the facility." (c) The Black Mountain Substance Abuse Treatment Center for Women PAQ states resident PREA education is available in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled and those who have limited reading skills. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 10, section 4., states, "Appropriate provisions shall be made as necessary for residents not fluent in English, persons with disabilities and those with low literacy levels." (d) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency maintains documentation of resident participation in PREA education sessions.

	The facility provided a Prison Rape Elimination Act (PREA) Person in Confinement or Under Supervision Education Acknowledgement demonstrating offenders have been made aware of and received the following. “I have received education on the Prison Rape Elimination Act, information on Rape Crisis Center services, and have been afforded an opportunity to ask questions related to the material presented. I understand that I am encouraged to report any threat or occurrence of undue familiarity or offender sexual abuse and sexual harassment to the Department of Adult Correction staff so that any potential victim may be protected and the abuser can be prosecuted to the fullest extent of the law. By my signature below, I acknowledge that I received and understand the information provided about "PREA: People in Confinement or Under Supervision,". (e) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency ensures that key information about the agency’s PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. The facility provided an End the Silence Brochure demonstrating residents are provided key information about the agency’s PREA policies. Through such reviews, the facility meets standard requirements.

115.234	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, dated 4.8.2024 3. NCDAC PREA: Sexual Abuse and Sexual Harassment Investigations, for the Office of Special Investigations, Course, dated 7.1.2017 4. NC Learning Center Training Report – PREA Specialized Investigations – Sexual Abuse and Harassment

Interviews:

1. Substance Abuse Program Coordinator / Investigator

The interview with the Investigator demonstrated he had completed specialized training for investigators through the agency's learning management system. He indicated the training emphasized trauma-informed practices, the importance of maintaining an open mind, and techniques for collecting both direct and circumstantial evidence.

Site Observation:

During the pre-audit phase training records for investigators were uploaded to the online audit system.

(a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 8., section E. 1. . a-b., state, "Investigators (Sexual Abuse and Sexual Harassment):

a. Shall complete appropriate employee training defined in section .1205 a)

b. Shall receive training on conducting sexual abuse and sexual harassment investigations in a confinement setting. Such training shall include:

1. Techniques for interviewing sexual abuse and sexual harassment victims.

2. Proper use of Miranda and Garrity Warnings.

3. Sexual abuse and sexual harassment evidence collection in a confinement setting.

4. Criteria and evidence required to substantiate a case for administrative action or prosecution referral."

The facility provided the NCDAC PREA: Sexual Abuse and Sexual Harassment Investigations, for the Office of Special Investigations, Course. The course has the following training objectives.

1. Identify the "Prison Rape Elimination Act (PREA) of 2003" and the National

	Standards. 2. Identify associated North Carolina sexual offense statutes. 3. Identify NCDPS Divisional Sexual Abuse and Sexual Harassment Policies. 4. Define the importance of a specialized Sexual Abuse (PREA) Investigator. 5. Define sexual abuse and sexual harassment. 6. Define Investigative Warnings 7. Identify common patterns of sexual abuse in confinement settings. 8. Define a Victim-Centered Investigative Approach. 9. Identify interviewing sexual abuse victims. 10. Identify the responsibilities of the Investigator in sexual abuse and sexual harassment incidents. 11. Identify the process and responsibilities of the OSI Investigator in a sexual abuse or sexual harassment investigation. 12. Define Incident Scene and Evidence Processing in confinement settings. 13. Determine validity and standard of proof for administrative action or prosecution referral. (b) Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Training is conducted through the North Carolina Adult Correction. (b) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency maintains documentation showing that investigators have completed the required training. Documentation is maintained by the PREA Coordinator. The number of investigators currently employed who have completed the required training is one. The facility provided a NC Learning Center Training Report – PREA Specialized Investigations – Sexual Abuse and Harassment demonstrating the facility investigator has completed the required specialized training.

	Through such reviews, the facility meets standard requirements.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, dated 4.8.2024 3. Post Audit: Five (5) PREA for Health Services Certificates, dated 8.15.2023 4. Post Audit: NCDAC Memorandum, RE: PREA For Health Services, dated 8.7.2025 Interviews: 1. Staff Psychologist 2. Registered Nurse 3. PREA Compliance Manager Interviews with medical and mental health staff demonstrated each completes annual training on the agency zero tolerance policy and each have completed PREA for Health Services to meet the requirement for medical and mental health specialized training. Site Observation: File review demonstrated one of three medical and mental health staff have completed the required specialized training. Corrective Action Plan: · Provide the remaining training records and or have staff complete agency policy and the required specialized training. · Agency Department head provide a memorandum with a sustainable action plan stating which agency position will ensure all requirements of §115.235 are met

	and sustained. Memorandum to be addressed to the DOJ PREA Auditor, date and author of the memorandum and standard in question. · Upload all required documentation to the applicable provision in the OAS. Post audit the facility provided the balance of the PREA for Health Services training certificates to demonstrate all medical and mental health personnel have completed the required specialized training. Post audit the facility provided a memorandum from the Chief, Division of Comprehensive Health Services Chief Medical Officer addressed to the Agency PREA Director stating, “As a corrective measure to address training exceptions identified during the Federal PREA audit, Comprehensive Health Services has implemented the following modification: 1. All Health Services staff with direct offender contact who have not previously completed PREA for Health Services are required to complete the training no later than August 31, 2025. 2. All on-boarding Health Services staff will complete the training during orientation. 3. Training is recorded on Smartsheet and OSDT. 4. The Health Authority at each facility, regional and central office leadership has access to the Smartsheet and can provide evidence of training. 5. The facility training coordinator or designee may pull LMS training records for full-time employees. 6. The facility warden or designee is responsible for ensuring all employees complete the required training. We appreciate your support as we move forward with the implementation of becoming compliant.” (a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The number of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy is three.

	NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 10, section 2. E, a-b., states, “Medical and Mental Health care practitioners: a. Shall complete mandated training defined in section .1205 a) for Employees; or mandated training defined in section .1205 b) for Volunteers, Custodial Agents, Contractors, and other persons providing services to residents. b. All full and part-time medical and mental health care practitioners who work regularly in the facilities shall be trained in: 1. Detecting and assessing signs of sexual abuse and sexual harassment. 2. Preserving physical evidence of sexual abuse. 3. Responding effectively and professionally to victims of sexual abuse and sexual harassment. 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.” (b) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency medical staff at this facility do not conduct forensic medical exams. (c) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency maintains documentation showing that medical and mental health practitioners have completed the required training. The facility provided one PREA – for Health Services training certificate demonstrating the medical and mental health providers have completed specialized training. Through such reviews, the facility meets the standard requirements.

115.241	**Screening for risk of victimization and abusiveness**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ

2. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, dated 4.8.2024

3. Alcoholism and Chemical Dependency Programs Screening for Victimization and Abusiveness, dated 2.18.2016

4. Post Audit: NCDAC Memorandum, RE 115.241 (f), dated 8.13.2025

5. Post Audit: CM Screening and Orientation Log

Interviews:

1. Random Residents

2. Targeted Residents

3. Substance Abuse Program Manager / PREA Compliance Manager

Interviews with 10 residents demonstrated they were asked risk screening questions to include their criminal background, if they had experienced past sexual abuse, how each identifies and if they had safety concerns when entering the facility.

The interview with the Substance Abuse Program Manager demonstrated residents are admitted on Wednesday and each are screened on Thursday with one staff and one resident in a private room near the intake area. The Program Manager stated he reviews history of sex offenses, sex violence or sexual abuse charges, if the resident has a physical disability, feels at risk of attach by another resident, experienced sexual victimization, LGBTI identity and their age. The Program Manager stated all residents are rescreened again within 30 days of intake.

Site Observation:

Utilization of the PREA Audit – Community Confinement Documentation Review – Resident Files/Records demonstrated 10 of 10 residents interviewed have been admitted within the past 90 days as the program is a 90-day program. 10 of 10 residents had a completed risk assessment completed within 24 hours and five of 10 had a reassessment within 30 days of intake.

Corrective Action Plan:

· Track 30 day risk assessments on a spreadsheet for 60 days beginning 7.16.2025 through 9.16.2025

· Provide documented training to applicable personnel on components of

	115.241. · Appropriate facility personnel to provide a memorandum with a sustainable action plan stating which facility position will ensure all requirements of §115.241 are met and sustained. Memorandum to be addressed to the DOJ PREA Auditor, date and author of the memorandum and standard in question. · Upload all required documentation to the applicable provision in the OAS. Post audit the facility provided a memorandum from the PREA Compliance Manager addressed to the PREA Auditor stating, “Corrective action plan: · Using a spreadsheet to track the 30-day risk reassessment for 60 days beginning 7-16-2025 through 9-16-2025. · Paul Bennett, PCM will conduct training for Steve Allison Intake Officer to ensure timeframes are met and documented appropriately. · Built in reminders into the Master Roster developed weekly and in weekly staff meeting agenda.” Post audit the facility provided a CM Screening and Orientation Log demonstrating 17 residents admitted between 7.9.2025 and 8.27.2025 received 30 day risk assignments within the required timeline. (a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 10-11, section 1, states, “All residents shall receive a mental health screening, documented on the ACDP Screening for Victimization and Abusiveness form within 72 hours after admission to the facility. Staff shall conduct screening to determine a resident’s risk of being sexually abused by other residents or their risk of being sexually abusive towards other residents. The assessment uses an objective screening instrument that obtains the following minimum biographical data about the resident: 1. Whether the resident has a mental, physical, or developmental disability. 2. The age of the resident.

	3. The physical build of the resident. 4. Whether the resident has previously been incarcerated. 5. Whether the resident's criminal history is exclusively nonviolent. 6. Whether the resident has prior convictions for sex offenses against an adult or child. 7. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. 8. Whether the resident has previously experienced sexual victimization. 9. The residents own perception of vulnerability. 10. Whether the resident is detained solely for civil immigration purposes. 11. The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive. (b) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility was 134. Policy compliance can be found in provision (a) of this standard. (c-e) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the risk assessment is conducted using an objective screening instrument. The facility provided Alcoholism and Chemical Dependency Programs Screening for Victimization and Abusiveness. The screening includes the following components: · Facility Name · Offender Name / Offender Number · Completing Staff Name / Date From Completed · Date of Admission / Date of Completion

Risk for Victimization

Section I: Ask

· Do you have a mental, physical, or developmental disability?

· Do you feel at risk of attack by another resident?

· Have you ever been attacked or abused by another person?

· Are you gay, lesbian, bisexual, transgender, intersex, or gender nonconforming?

· Have you ever experienced sexual victimization?

Section II: Records Review:

· Does the offender have a mental, physical, or developmental disability, but did not answer yes when previously asked above?

· What is the age of the resident? _____ Is resident's age less than 25 years or over 65 years?

· Does the resident have a previous record of incarceration?

· Does the resident have a previous criminal history that is exclusively nonviolent?

· Does the resident have prior convictions of sex offenses against an adult or child?

· Does the resident have any record indicating a previous history of experience with sexual victimization, but did not answer yes when previously asked above?

Section III. Observe:

· Is the resident small in stature as compared to the average resident? Males: less than 5'8" and 130 lbs. Females: less than 5'0" and 80 lbs.

· Is the resident perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, but did not answer yes when previously asked above?

Section IV: Records Review:

· Does the offender have a history of prior acts of sexual abuse?

· Does the offender have prior convictions of violent offenses?

	· Does the offender have a history of prior institutional violence or sexual abuse? Each question in the risk screening has a score of yes and no answers and a score of 11 or more flags offenders for risk of sexual victimization. If all answers in the Risk for Abusiveness are yes, the offender is flagged to be at high risk for sexually abusive. (e) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake was 546. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 12, section H. 1., states, "Within 30 days of the resident's arrival at the facility, the facility will reassess the resident's risk of victimization or abusiveness based upon any additional relevant information received by the facility since the intake screening." (f) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 12, section H. 2., states, "A resident's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness." (g) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding: (a) whether or not the

	resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming; (c) Whether or not the resident has previously experienced sexual victimization; and (d) the residents own perception of vulnerability. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 11, G. e. states, “Residents may not be disciplined for refusing to answer or for not disclosing complete information during screening or assessment.” Through such reviews, the facility meets standard requirements.

115.242	**Use of screening information**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, dated 4.8.2024 Interviews: 1. Targeted Residents 2. Substance Abuse Program Coordinator 3. PREA Director / Head of Agency The interview with one bisexual, one gender non-conforming, one physically disabled and seven vulnerable residents demonstrated they felt safe in the program, were very well respected by staff and other residents in the program and on their wings. The interview with the Substance Abuse Manager demonstrated the facility does not accept aggressive residents and he is responsible for room classification; however, transgender and intersex residents would be provided their own room and all showers are single showers.

	The interview with the PREA Director demonstrated the agency has a Transgender Accommodation Review Committee that reviews all special requests from individual transgender inmates. In addition, the PREA Director stated the agency system would not allow potential victims and potential aggressors to be placed in work or education assignments at the same time, preventing any possible ongoing victimization and or perpetration incidents from taking place. (a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency/facility uses information from the risk screening required by §115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 13, section I. a-b., states, “ a. The information from the screening for risk of victimization and abusiveness shall be used to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. b. The following procedures will be followed to manage housing and bed assignments: 1) ADCP Community-Based Facilities do not use double-cell housing. 2) Designated personnel at each facility, as authorized by the Section Chief, will generate a list of residents at high risk of being sexually victimized and residents at high risk of being sexually abusive using the mental health screenings, documented on the ACDP Screening for Victimization and Abusiveness form and the web-based security search tool. 3) The report of newly admitted residents at high risk of being sexually victimized and residents at high risk of being sexually abusive will be reviewed at least weekly by the facility manager. 4) The facility shall make individualized determination for bed assignments, based on facility housing designs, to ensure the safety of each resident.” (b) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency/facility makes individualized determinations about how to ensure the safety of each resident.

	(c) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 14, section e., states, “In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the section shall consider on a case-by-case basis whether a placement would ensure the resident health and safety, and whether the placement would present management or security problems. (c) NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 14, section g., states, “A transgender or intersex resident’s own view with respect to his or her own safety shall be given serious consideration.” (e) NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 14, section h., states, “Transgender and intersex residents shall be given the opportunity to shower separately from other residents.” (f) NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 14, section i., states, “The facility shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such residents.” Through such reviews, the facility meets standard requirements.

115.251	**Resident reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ

	2. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, dated 4.8.2024 3. End the Silence Brochure, not dated 4. Post Audit: NCDAC Memorandum, RE: 115.251 (a), dated 7.31.2025 5. Post Audit: Revised End the Silence Brochure Interviews: 1. Random Residents 2. Targeted Residents 3. Substance Abuse Workers 4. Administrative Assistant Interviews with residents demonstrated their awareness of being able to report sexual harassment or sexual abuse directly to a staff member, telling someone outside of the facility, calling the hotline or completing a grievance. Interviews with Substance Abuse Workers demonstrated each accepts any type of report received from residents be it in writing or in person and would immediately report those allegations to a supervisor. The interview with the Administrative Assistant who also operates the front desk stated she sorts, opens, searches, copies mail and gives it to the Coordinator for distribution. All legal mail is taken to Probation Officers who open it with residents. Site Observation: During the tour Zero Tolerance and Report postings were observed in the Administrative areas and resident wings. Postings included information on internal and external reporting information. During the tour the agency PREA hotline was dialed from a resident phone and the call could not be completed without the use of a resident PIN. Corrective Action Plan: · Facility/Agency to provide documentation demonstrating offenders are able to contact the external entity without the use of an offender pin for anonymity

purposes.

· Appropriate facility personnel to provide a memorandum with a sustainable action plan stating which facility position will ensure all requirements of §115.251 are met and sustained. Memorandum to be addressed to the DOJ PREA Auditor, date and author of the memorandum and standard in question.

· Upload all required documentation to the applicable provision in the OAS.

Post audit the facility provided a memorandum from the PREA Compliance Manager addressed to the DOJ PREA Auditor stating the phone system will be addressed to allow calls to be made to external number without putting in an offender pin and during orientation the process for dialing out on a resident phone will be explained.

Post audit the facility provided a revised brochure with specific information on how to dial an external call to the hotline or the advocate without using a resident's PIN.

(a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents.

The facility provided an End the Silence Brochure providing offenders with the following reporting information.

How to report:

· BMSATCW offers multiple ways to report sexual abuse and sexual harassment:

· By writing to the PREA Office at SVCdac.prea@dac.nc.gov

· Report to any staff, volunteer, contractor, or medical or mental health staff.

· Submit a grievance or sick call slip.

· Report to the PREA Coordinator or PREA Compliance Manager.

· Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling

	1(919) 825-2754. · You also can submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here. External Reporting Option You also can make a report People in Confinement Reporting Sexual Abuse and Sexual Harassment HOTLINE at (972) 585-3499. This resource is located outside Department of Adult Correction and BMSATCW, and you can remain anonymous upon request. (Agency should explain how to remain anonymous.) (b) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. (c) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 14-15, section J. 1-4., states, 1. "All staff are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse and/or sexual harassment that occurred in a facility, whether or not it is part of the agency. 2. Staff has a duty to report any allegations that residents are having sexual relationships with other residents or with staff. 3. Any retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 4. All reports of sexual abuse and/or sexual harassment, however made, are to be forwarded to the Facility Manager and the PREA Office." (d) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. The PAQ states, "PREA is covered in detail during New Employee Orientation at one of the prison training."

NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 15-16, section J. c., states, “Staff and Agency Reporting Duties:

I) All staff are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse and/or sexual harassment that occurred in a facility, whether or not it is part of the agency.

2) Staff has a duty to report any allegations that residents are having sexual relationships with other residents or with staff.

3) Any retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

4) All reports of sexual abuse and/or sexual harassment, however made, are to be forwarded to the Facility Manager and the PREA Office.

5) Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

6) If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person’s statute, reporting such allegations to the Department of Social Services is required.

7) The facility shall report all allegations of sexual abuse and/or sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

8) Local law enforcement shall be notified if there is evidence or suspicion that criminal conduct may have occurred.

9) Failure of staff to report alleged incidents of sexual abuse and/or sexual harassment will subject the non-reporting staff member to disciplinary action.”

Through such reviews, the facility meets standard requirements.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review:

	1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. Division of Comprehensive Health Services, Grievance Reviewer Responsibilities, Section .0750, dated 4.15.2025 Interviews: 1. Random Residents 2. Targeted Residents 3. PREA Compliance Manager Interviews with 10 residents demonstrated that each was aware of the grievance procedures. Residents stated that grievance forms are available alongside all resident forms at the desk in each wing. The interview with the PREA Compliance Manager demonstrated the grievance boxes are checked seven days a week. Site Observation: During the tour a grievance box was observed in the multipurpose room where meetings, meals and graduations take place. (a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. Division of Comprehensive Health Services, Grievance Reviewer Responsibilities, Section .0750, page 2, section 4) states, “Resident grievances that relate to PREA or physical safety concerns shall immediately be delivered to the Facility Manager or designee. A complaint related to PREA or physical safety shall never be held until the next day for review or assignment. Once received, these complaints are investigated and resolved apart from the usual grievance process.” Through such reviews, the facility meets standard requirements.

115.253	**Resident access to outside confidential support services**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, dated 4.8.2024 3. Memorandum of Understanding, Our Voice, Rape Crisis Center of Buncombe County, dated 6.23.2025 4. Zero Tolerance Flyer 5. Post Audit: Revised Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, dated 4.8.2024 Interviews: 1. Random Residents 2. Targeted Residents 3. PREA Compliance Manager Interviews with 10 residents demonstrated eight were aware of the community sexual abuse advocates and the services they provide. The interview with the PREA Compliance Manager demonstrated advocates would soon be coming into the facility to conduct groups with residents. Site Observation: During the facility tour, brochures from the local rape crisis center were observed on bulletin boards in the resident wings, located near the resident phones. As part of the tour, a call was placed to the advocacy agency using a resident phone. After proper introductions and an explanation of the purpose of the call, the advocate explained that reports of sexual abuse made by offenders would be referred to Forgiven Ministries. The advocate further stated that advocates accompany offenders during forensic exams and provide ongoing support services, either one-on-one or through support groups. Additionally, the advocate noted that a 20-hour annual training requirement is mandatory for those working with sexual abuse victims.

	During the pre-audit phase policy language was noted to state “the advocates shall inform residents prior to giving them access of the extent to which such communications will be monitored.” Corrective Action Plan: · Revise policy language to state the facility will inform residents prior to giving them access of the extent to which such communications will be monitored. · Upload the revised policy to the OAS. Post audit the facility provided the revised Community-Based Facility Sexual Abuse and Harassment (PREA) policy with the following language on page 18, section g., stating, “Community-based facilities shall inform residents, prior to giving them access, of the extent to which such communications will be monitored, and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.” (a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible. NCDAC Division of Comprehensive Health Services Behavioral Health Service Policy .1200, page 18, section 6. f., states, “Community-based resident victims shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving the resident's mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. The facility shall enable reasonable communication between residents and these organizations and agencies, in accordance with NCDAC confidentiality policies and procedures.” The facility provided a Zero Tolerance posting with the advocate’s name, phone number and mailing address.

	(b) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored. (c) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency or facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that can provide residents with emotional support services related to sexual abuse. The facility provided a Memorandum of Understanding, between Our Voice, Rape Crisis Center and Black Mountain Substance Abuse Treatment Center for Women. The memorandum appears to be current with an expiration date of 6.23.2026 and is signed by the Facility Head and the Our Voice Director. Through such reviews, the facility meets standard requirements.

115.254	**Third party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. No Means No Posting Interviews: 1. Random Residents 2. Targeted Residents 3. Substance Abuse Workers Interviews with residents demonstrated they were aware they could report sexual abuse to family, friends, peers, or the advocacy agency. Residents expressed confidence in staff, stating that staff are supportive and provide appropriate space for reporting, and that they did not feel the need to report outside the facility.

	Interviews with Substance Abuse Workers demonstrated each would report allegations of abuse regardless of how reports are received. Site Observation: During the facility tour, No Means No, Zero Tolerance and reporting posters—including both internal and external reporting options—were observed in the multipurpose room and resident wings, displayed in both English and Spanish. (a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. The facility provided a No Means No posting stating the following, “Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling 919.825.2754 or writing SVC dac.prea@dac.nc.gov.” Through such reviews, the facility meets standard requirements.

115.261	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, dated 4.8.2024 Interviews: 1. Substance Abuse Workers

	Interviews with staff demonstrated that each actively practices and understands the importance of immediately reporting all allegations of sexual abuse and sexual harassment. Staff referenced their first responder cards during interviews, indicating that first responder information is readily accessible and routinely utilized. Site Observations: The facility had two sexual abuse investigations during the audit review period. In both cases, residents verbally reported the allegations to staff. Each report was acted upon in accordance with agency policy and initiated the investigative process. (a/c/e) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy, any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 16-17, section 3. A 1-4, states, “First Responder (ACDP Community-Based Facility staff are not correctional officers) a. Upon learning of an allegation that a resident was sexually abused and/or sexually harassed, the staff member responding to the report shall be required to: 1. Take the necessary steps to separate the alleged victim and abuser, if the residents involved are cooperative, if residents are not cooperative call 911 (ACDP Community-Based Facilities do not maintain segregation units). 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. 3. If the abuse occurred within a time period that still allows for the collection of physical evidence, request 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. 4. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure 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.”

(b) The Black Mountain Substance Abuse Treatment Center for Women PAQ states, apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 26, section O., states, “The PREA Investigator and all others involved in the PREA process, to the extent possible, will ensure the confidentiality of PREA complaints as well as all data collected through the investigation of those complaints except as required in the following circumstances: (1) to cooperate with law enforcement in any investigation and prosecution of the incidents alleged in such complaints; (2) to take and enforce disciplinary action against any staff member as a result of the incidents alleged in the complaints; (3) to defend against claims brought by the resident for violation of the resident’s rights for having been subjected to sexual abuse and/or sexual harassment; and (4) to otherwise comply with the law.”

Through such reviews, the facility meets standard requirements.

115.262	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, dated 4.8.2024 Interviews: 1. Substance Abuse Workers Interviews with facility Substance Abuse Workers demonstrated clear knowledge that any type of allegation, regardless of the method of reporting, is taken seriously and immediately reported to supervisory staff and, when appropriate, to local law enforcement. Staff clearly articulated the steps of separating individuals, preserving evidence, and reporting in response to any allegation received.

	(a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse was one. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 16, section 2, states, “Protection Duties: When the staff learns a resident is subject to a substantial risk of imminent sexual abuse and/or sexual harassment immediate action shall be taken to protect the resident.” Through such reviews, the facility meets standard requirements.

115.263	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, dated 4.8.2024 Interviews: 1. Program Director The interview with the Program Director demonstrated that he was aware of his responsibility to notify the head of another facility if a resident reported being sexually abused while confined there. He stated he would make the notification immediately upon receiving such an allegation. (a-c) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where

	sexual abuse is alleged to have occurred. During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was zero. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 16, section d. 1-2., states, 1. Upon receiving an allegation that a resident was sexually abused and/or sexually harassed while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. 2. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation." (d) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. Policy compliance can be found in provision (a) of this standard. (e) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was zero. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 16, section d. 4., states, "Upon receiving notification from another facility or agency that an allegation of sexual abuse and/or sexual harassment has been reported, the Facility Manager shall ensure the allegation is investigated in accordance with these standards." Through such reviews, the facility meets the standard requirements.

115.264	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, dated 4.8.2024 Interviews: 1. Substance Abuse Workers Interviews with Substance Abuse Workers demonstrated that each was aware of their first responder responsibilities. Staff described the importance of preserving the scene where the allegation may have occurred, separating the victim and alleged aggressor, and ensuring that neither party changed clothes, bathed, ate, or drank until directed by supervisory personnel. Site Observation: Facility personnel interviewed carried first responder cards as part of their required dress code. (a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be 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. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

	In the past 12 months, one allegation occurred where a resident was sexually abused. In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence was zero. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 16-17, section 3. a 1-3, states, “First Responder (ACDP Community-Based Facility staff are not correctional officers) Upon learning of an allegation that a resident was sexually abused and/or sexually harassed, the staff member responding to the report shall be required to: 1. Take the necessary steps to separate the alleged victim and abuser, if the residents involved are cooperative, if residents are not cooperative call 911 (ACDP Community-Based Facilities do not maintain segregation units). 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. If the abuse occurred within a time period that still allows for the collection of physical evidence, request 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. 3. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure 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.” (b) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the facility’s’ policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was zero. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 17, section 4., states, “Non-Direct Care First Responder: If the first staff responder is not a direct care staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.” Through such reviews, the facility meets standard requirements.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. PREA Sexual Abuse Institutional Response Plan Black Mountain Substance Abuse Treatment Center for Women Staffing, dated 4.19.2016 Interviews: 1. Program Director Interviews with facility personnel demonstrated that the response to allegations of sexual abuse and sexual harassment is clearly outlined in the agency's policies and procedures and is consistently followed when such incidents occur. Site Observation: Review of the PREA Sexual Abuse Institutional Response Plan for the Black Mountain Substance Abuse Treatment Center for Women demonstrated that clear guidance is provided to staff to ensure first responder duties are fulfilled. The Coordinated Response Plan is posted in the Lead Substance Abuse Worker's office. (a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The facility provided a PREA Sexual Abuse Institutional Response Plan Black Mountain Substance Abuse Treatment Center for Women Staffing documenting directions for the following departments. 1. First Responder Duties 2. Medical 3. Investigations 4. PREA Compliance Manager

	5. PREA Support Person 6. Sexual Abuse Response Team 7. Mental Health and Aftercare 8. Documents and Forms 9. SART Team Through such reviews, the facility meets standard requirements.

115.266	**Preservation of ability to protect residents from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ Interviews: 1. Program Director The Program Director stated the agency has not entered into collective bargaining agreements of any kind. (a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency, facility, or any other governmental entity is not responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. Through such reviews, the facility meets standard requirements.

115.267	**Agency protection against retaliation**

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Black Mountain Substance Abuse Treatment Center for Women PAQ

2. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, dated 4.8.2024

3. Post Audit: NCDAC Training Course Recorded – PREA Specialized Training for PREA Support Persons, dated 8.6.2025

4. Post Audit: NCDAC Memorandum, RE: 115.267, dated 8.13.2025

Interviews:

1. Lead Substance Abuse Worker / PREA Support Person

Interviews with the PREA Support Person demonstrated retaliation monitoring would begin and the victim would be made aware of PREA Support Services and services through the community advocate the day the report of sexual abuse is received; periodic documentation of monitoring would continue for 90 days and the victim would be kept separated and not contact would be allowed with her aggressor during investigation and thereafter if found unsubstantiated or substantiated.

Site Observation:

Utilization of the PREA Audit – Community Corrections Documentation Review – Investigations demonstrated the facility had two investigations requiring retaliation monitoring; however, each were prefilled out missing notes from those entries.

Corrective Action Plan:

· Provide documented training to appropriate facility personnel on the requirements of 115.267.

· Appropriate facility personnel to provide a memorandum with a sustainable action plan stating which facility position will ensure all requirements of §115.267 are met and sustained. Memorandum to be addressed to the DOJ PREA Auditor, date and author of the memorandum and standard in question.

· Upload all required documentation to the applicable provision in the OAS.

	Post audit the facility provided a training course record demonstrating the facility PREA Support Person has been trained on retaliation monitoring. Post audit the facility provided a memorandum from the facility PREA Compliance Manager with the following action plan. “Corrective action plan: 1. Provide training to appropriate facility personnel on the requirements of 115.267. 2. Paul Bennett facility PREA Compliance Manager will ensure that Retaliation Monitoring is conducted as stated in the standard. 3. Paul Bennett facility PREA Compliance Manager will ensure that PREA Support persons are trained in monitoring and documentation of monitoring per standard.” (a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The PREA Support Person is the designated staff completing retaliation monitoring. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 18, section h. 1-5, states, “NCDAC Division of Comprehensive Health Services Behavioral Health Services Policy .1200, page 18, section H. Monitor for Retaliation, states, 1. “Upon notification of a Sexual Abuse and/or Sexual Harassment allegation, the PREA Support Person (PSP) shall be designated to monitor for retaliation of any person in confinement who is: · The alleged victim · The one that reported the incident of sexual abuse or sexual harassment. · Cooperating with the sexual abuse or sexual harassment investigation” 2. During the monitoring for retaliation, periodic status checks are required. 3. At a minimum, disciplinary reports, housing or program change related to retaliation will be monitored weekly. 4. Continue monitoring for a minimum of 90 days or beyond 90 days if the initial monitoring demonstrates the need. 5. Termination of monitoring prior to minimum of 90 days requires:

	· Allegation to be determined unfounded · Approval by Facility Manager 6. Upon completion of the monitoring period, complete and document the results on Form OPA- 124. 7. PREA Sexual abuse and sexual harassment retaliation report (Resident/Juvenile). 8. Forward Form OPA-124 to the PREA Compliance Manager (PCM) or Compliance Specialist.” (c) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to ascertain if there are any changes that may suggest possible retaliation by residents or staff. The facility will monitor conduct or treatment until the resident is discharged. The facility acts promptly to remedy any such retaliation. In the past 12 months, the facility has had zero incidents of retaliation. Policy compliance can be found in provision (a) of this standard. Through such reviews, the facility meets standard requirements.

115.271	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, dated 4.8.2024 3. Post Audit: NCDAC Memorandum, RE: 115.271, dated 7.31.2025 Interviews: 1. Substance Abuse Clinical Counselor / Investigator The interview with the Investigator demonstrated he had completed specialized investigator training through the agency’s learning management system. He stated

	that, upon receiving a report of sexual abuse, he would notify the Buncombe County Sheriff's Office. The Investigator described his investigative process, which includes ensuring the victim is separated from the alleged aggressor, preserving potential evidence by preventing involved individuals from washing or changing clothes, reviewing prior histories and disciplinary reports, examining available camera footage, and interviewing all individuals named in the report. Upon completion, he submits a written report to the Program Director for review. Site Observation: Utilization of the PREA Community Confinement Documentation Review – Resident File/Records Review template demonstrated that the facility has experienced two sexual abuse investigations within the past 12 months. Review of the investigative documentation indicated that several key components were missing from the final reports. Corrective Action Plan: · Facility to provide documented training to appropriate personnel on each provision of §115.271. Completed during the onsite review · Appropriate facility personnel to provide a memorandum with a sustainable action plan stating which facility position will ensure all requirements of §115.271 are sustained. Memorandum to be addressed to the DOJ PREA Auditor, date and author of the memorandum and standard in question. · Upload requested documentation to provision (a) of this standard. During the onsite review the facility investigator was trained by the PREA Auditor and review of each provision of this standard. Post audit the facility provided a memorandum from the PREA Compliance Manager addressed to the DOJ PREA Auditor with the following action plan. "Corrective action plan: · Steve Allison investigator received training for investigations and documentation of the investigations. · The investigation report was corrected and uploaded. · The corrected report will be used as a standard to ensure all aspects of the report are there and done correctly.

	· A procedure for gathering and reporting the evidence was developed. · Paul Bennett PCM will ensure that all documentation is complete and meets standard using the PREA Incident Tracking Spreadsheet.” (a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency/facility has a policy related to criminal and administrative agency investigations. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 21, section 8. a 1-3, states, 1. Investigations into allegations of sexual abuse and/or sexual harassment, shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. ACDP Community-Based Facility management should notify the appropriate Adult Corrections/Prisons administrator to request assignment of designed PREA investigator for all allegations of sexual abuse and/or sexual harassment to include third party and anonymous reports. Black Mountain: Swannanoa Correctional Center for Women DART Cherry: Neuse Correctional Center. 2. Conflict of Interest: Investigators must not have and must not be perceived to have any conflict of interest in relation to the persons being investigated or other involved staff, the conduct or the policies and procedures that are the subject of investigation. 3. If an alleged act of sexual abuse and/or sexual harassment is reported or discovered, an immediate preliminary investigation shall be conducted to determine if the incident meets the standards of PREA. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 22, section 7. a 14., states, “Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.” (h) The Black Mountain Substance Abuse Treatment Center for Women PAQ states there has been zero allegation of conduct that appears to be criminal that was referred for prosecution, since the last audit date. (i) The Black Mountain Substance Abuse Treatment Center for Women PAQ states

	the agency retains all written reports pertaining to administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 26, section N. 1., states, “All written investigation reports will be retained as long as the alleged abuser is a resident or employed by the agency, plus five years; or sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise, whichever is greater.” Through such reviews, the facility meets standard requirements.

115.272	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, dated 4.8.2024 Interviews: 1. Substance Abuse Clinical Counselor / Investigator Interviews with the Investigator demonstrated he would apply a preponderance of evidence for all unsubstantiated or substantiated allegations of sexual abuse. Site Observation: The facility has experienced two sexual abuse investigations in the past 12 months. In each case, a determination regarding the allegation of sexual abuse was made using the preponderance of the evidence standard. (a) The Black Mountain Substance Abuse Treatment Center for Women PAQ Bureau

	states the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 2, section U. 4. states, “The agency shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse and/ or sexual harassment are substantiated, §115.72 of the national standards.” Through such reviews, the facility meets standard requirements.

115.273	**Reporting to residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, dated 4.8.2024 3. NCDAC PREA Support Services Status Notification, dated 1.1.2023 4. NCDAC Training Course Record, dated 8.5.2025 5. NCDAC Memorandum, RE: 115.273, dated 8.13.2025 Interviews: 1. Lead Substance Abuse Worker / PREA Support Person The interview with the PREA Support person demonstrated herself and the Investigator would notify the victim of the outcome of the investigation. Site Observation: The facility has had two sexual abuse investigations requiring notification to residents; however, notifications were not completed for those investigations.

Corrective Action Plan:

· Provide documented training to appropriate facility personnel to ensure notifications are completed.

· Appropriate facility personnel to provide a memorandum with a sustainable action plan stating which facility position will ensure all requirements of §115.273 are met and sustained. Memorandum to be addressed to the DOJ PREA Auditor, date and author of the memorandum and standard in question.

· Upload all required documentation to the applicable provision in the OAS.

Post audit the facility provided a memorandum from the PREA Compliance Manager addressed to the DOJ PREA Auditor with the following action plan. “Corrective action plan:

• Paul Bennett, PCM provided documented training to Michell Ellison PREA Support Person, to ensure notifications are completed.

• PCM will use the Specialized Training Tracker to ensure documentation and procedures are reviewed annually.

• Paul Bennett PCM will ensure that notifications are completed according to standard using the PREA Incident Tracking spreadsheet.”

(a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months was two. Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation was two.

NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 19, section i. 4., states, “Following an investigation into a resident’s allegation that he or she suffered sexual abuse and/or sexual harassment in a facility, the PSP shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Notification shall be documented on Form OPA-I30 PREA Support Person Services.”

	(b) The Black Mountain Substance Abuse Treatment Center for Women PAQ states an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was zero. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 19, section i. 2., states, “If the NC Department of Adult Correction did not conduct the investigation, the PSP shall request, through the chain of command, the relevant information from the investigative agency in order to inform the resident.” (c) The Black Mountain Substance Abuse Treatment Center for Women PAQ states following a resident’s allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: (a) the staff member is no longer posted within the resident’s unit; (b) the staff member is no longer employed at the facility; (c) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (d) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 19, section i. 3., states, “Following a resident’s allegation, a staff member has committed sexual abuse and/or sexual harassment against the resident, the PSP shall subsequently inform the resident and document on Form OPA-I30A PREA Support Person Services (unless the allegation is unfounded) whenever: · The staff member is no longer posted within the resident’s unit. · The staff member is no longer employed at the facility. · The agency learns the staff member has been indicted on a charge related to sexual abuse and/or sexual harassment within the facility. · The agency learns the staff member has been convicted on a charge related to sexual abuse and/or sexual harassment within the facility.” (d) The Black Mountain Substance Abuse Treatment Center for Women PAQ states following a resident’s allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim

	whenever: (a) the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (b) the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Policy compliance can be found in provision (b) of this standard. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 19, section i. 4., states, “Following a resident’s allegation, he or she has been sexually abused and/or sexually harassed by another resident, the PSP shall subsequently inform the resident and document on Form OPA-I30 PREA Support Person Services (unless the allegation is unfounded whenever: · The agency learns the alleged abuser has been indicted on a charge related to sexual abuse and/or sexual harassment within the facility; or · The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse and/or sexual harassment within the facility.” (e) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency has a policy that all notifications to residents described under this standard are documented. In the past 12 months, there have been two notifications to a resident, pursuant to this standard. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 19, section i. 5., states, “All such notifications or attempted notifications shall be documented.” The facility provided a NCDAC PREA Support Services Status Notification Form. The Support Services form is used to document the following: Staff · The staff member is temporarily reassigned away from the alleged victim’s housing until · The staff member is no longer posted within the alleged victims housing unit. · The staff member is no longer employed at the facility. · NCDPS has learned that the staff member has been indicted on a charge related to sexual abuse within the facility. · NCDPS has learned that the staff member has been convicted on a charge related to sexual abuse within the facility.

	Offender/Juvenile · The alleged abuser has been temporarily reassigned away from the alleged victims housing unit. · NCDPS has learned the alleged abuser has been indicted on a charge related to sexual abuse within the facility · NCDPS has learned that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The notification is signed and dated by the alleged victim and PREA Support Person. Through such reviews, the facility meets the standard requirements.

115.276	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, dated 4.8.2024 Interviews: 1. Program Director Interviews with the Program Director demonstrated that if a staff member were involved in an incident of sexual abuse, the staff member would be prohibited from further contact with residents. The Program Director stated that an investigation would be conducted, and local law enforcement and applicable licensing agencies would be notified by the agency. (a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states staff is subject to disciplinary sanctions up to and including termination for violating

	agency sexual abuse or sexual harassment policies. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 24, section L. 2. a., states, “Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and/or sexual harassment policies.” (b) The Black Mountain Substance Abuse Treatment Center for Women PAQ states in the last 12 months, there has been zero staff from the facility that had violated agency sexual abuse or sexual harassment policies. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies is zero. (c) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. In the past 12 months there have been zero staff requiring discipline for sexual abuse or sexual harassment. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 24, section L. 2. c., states, “Disciplinary sanctions for violations of agency policies relating to sexual abuse and/or sexual harassment (other than actually engaging in sexual abuse) shall be 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.” (d) The Black Mountain Substance Abuse Treatment Center for Women PAQ states 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, zero staff have been terminated for sexual abuse or harassment. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 24, section L. 2. d., states, “All terminations for violations of agency sexual abuse and/or sexual harassment policies, or resignations by staff who would have been

	terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies." Through such reviews, the facility meets standard requirements.

115.277	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, dated 4.8.2024 Interviews: 1. Program Director The interview with the Program Director demonstrated that the facility has not had any volunteers or contractors subject to disciplinary action for violating sexual abuse or sexual harassment policies in the past 12 months. The Program Director stated that if a volunteer or contractor were involved in an incident of sexual abuse, they would be prohibited from further contact with residents. An investigation would be conducted, and the Chief of Probation would impose appropriate sanctions and report the allegation to local law enforcement and any applicable licensing agencies. (a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, contractors or volunteers have not been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents

	was zero. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 25, section 3. a., states, “Any contractor or volunteer who engages in sexual abuse and/or sexual harassment shall be immediately prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.” (b) The Black Mountain Substance Abuse Treatment Center for Women PAQ the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 25, section 3. b., states, “Appropriate remedial measures shall be considered whether to prohibit further contact with residents in the case of any other violation of sexual abuse and/or sexual harassment policies.” Through such reviews, the facility meets standard requirements.

115.278	**Disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, dated 4.8.2024 Interviews: 1. Program Director The interview with the Program Director demonstrated that residents involved in incidents of sexual abuse would be discharged from the facility, reported to their

	probation officers and law enforcement, and could face criminal charges. (a-b) The Black Mountain Substance Abuse Treatment Center for Women PAQ states residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility was one. In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility was zero. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 25, section 4. a-b., states, a. "Shall be subject to disciplinary sanctions pursuant to formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse and/or sexual harassment or following a criminal finding of guilt for resident-on-resident sexual abuse and/or sexual harassment. b. Sanctions shall be commensurate with the nature and circumstances of the sexual abuse and/or sexual harassment committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories." (b) NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 25, section 4. c., states, "The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed." (c) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the facility does offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 25, section 4. d., states, ". If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the sexual abuse and/or sexual harassment, the facility shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits."

	(d) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 25, section 4. f., states, “The agency may not discipline a resident victim for sexual contact with staff unless a finding that the staff member did not consent to such contact.” (e) Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 25, section 4. e., states, “For the purpose of disciplinary action, a report of sexual abuse and/or sexual harassment made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.” (f) Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency prohibits all sexual activity between residents. Through such reviews, the facility meets standard requirements.

115.282	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy,

	dated 4.8.2024 Interviews: 1. Registered Nurse 2. Staff Psychologist Interviews with the Registered Nurse demonstrated that all residents are offered services upon intake, as many have questions, histories of trauma, or health concerns related to sexual activity. The nurse noted that a significant number of residents take advantage of these services. Interviews with the Staff Psychologist stated that all residents are offered both medical and mental health services, regardless of their assessed vulnerability to victimization or propensity for aggression. (a/b) The Black Mountain Substance Abuse Treatment Center for Women PAQ states resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The facility would always refer out to local mental health or the emergency room for medical and mental health emergency situations. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 17, section 5. b., states, “Medical Services will follow medical protocol, which includes provisions for examination, documentation and transport to the local emergency department when appropriate, where the following will occur collection of forensic evidence, testing for sexually transmitted diseases, counseling, and prophylactic treatment. Medical Services will ensure the resident receives medical follow-up and is offered a referral for mental health services.” (c) The Black Mountain Substance Abuse Treatment Center for Women PAQ states, resident victims of sexual abuse while incarcerated are 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. Policy compliance can be found in provision (a/b) of this standard. (d) The Black Mountain Substance Abuse Treatment Center for Women PAQ states, treatment services are provided to every victim without financial cost and

	regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The PAQ states, “It is told to clients but no policy stating it.” Through its practices of the offering of mental health and testing for sexually transmitted diseases at the time of intake and when an allegation of sexual assaults, the facility exceeds standard requirements.

115.283	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. NCDPS Health Services Policy & Procedure, Section Clinical Practice Guidelines CPG-18, dated 2.2014 Interviews: 1. Registered Nurse 2. Staff Psychologist "Interviews with medical and mental health staff indicated that follow-up care is initiated upon a resident’s return from a forensic exam, with evaluations incorporating any hospital directives or treatment orders. (a-c) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the facility does offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. NCDPS Health Services Policy & Procedure, Section Clinical Practice Guidelines CPG-18, page 1, section B. 2, states, “The nurse’s exam will be documented in the medical record suing the DC-387D “Use of Force / Trauma Assessment Form;’ and DC-387 “Chronological Record of Health Care Impatient / Outpatient Notes” if

	additional space is needed.” (d) The Black Mountain Substance Abuse Treatment Center for Women PAQ states this provision is not applicable as the facility does not house females. (b) The Black Mountain Substance Abuse Treatment Center for Women PAQ states this provision is not applicable as the facility does not house females. (f/g) The Black Mountain Substance Abuse Treatment Center for Women PAQ states resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. NCDPS Health Services Policy & Procedure Manual Policy CPG-18, page 2, section H. 2, states, “For sexual abuse reported within 72 hours, consideration of post-exposure prophylaxis (PEP) for HIV, chlamydia, gonorrhea trichomonas and bacterial vaginosis, will be based on current CDC guidelines.” NCDPS Health Services Policy & Procedures Manual Clinical Practice Guidelines CPG-18, page 5, section VI., states, “All care for abuse will be provided at no cost.” (h) This Black Mountain Substance Abuse Treatment Center for Women PAQ states the facility does not attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. NCDPS Health Services Policy & Procedure, Section Clinical Practice Guidelines CPG-18, page 4, section 5. F., states, “Once an investigation has been completed and an inmate has been determined to be an inmate-on-inmate abuser, within 60 days, a mental health clinician will attempt to conduct an evaluation and offer treatment when deemed appropriate. Through such reviews, the facility meets standard requirements.

115.286	**Sexual abuse incident reviews**

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, dated 4.8.2024 3. NCDAC Prison Rape Elimination Act (PREA) Post Incident Review (PIR), dated 1.1.2023 Interviews: 1. Program Director "The Program Director stated that he, along with the PREA Compliance Manager, Nurse Supervisor, Counselor, and Investigator, reviews all sexual abuse investigations. The team conducts a comprehensive review of each incident — examining what occurred, what could have been done differently, review of the location, the potential need for cameras or mirrors, response effectiveness, and group dynamics. Reviews are completed within 30 days of the investigation's conclusion. The Program Director noted that he and the PREA Compliance Manager are responsible for ensuring implementation of any resulting recommendations." Site Observation: Utilization of the PREA Audit – Community Corrections Documentation Review – Investigations demonstrated sexual abuse incidents were completed within 30 days of the close of the investigation. (a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months there have been two administrative investigations of alleged sexual abuse completed at the facility, NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 120section 7. b. 1-5., states, 1. "A PIR shall be completed for all substantiated and unsubstantiated allegations of

	sexual abuse and/or sexual harassment. 2. The PIR is completed with input from upper-level management officials, investigators, and medical or mental health practitioners. 3. The PIR shall be completed within 30 days of the conclusion of the sexual abuse and/or sexual harassment investigation. 4. Upon completion, the PIR will be forwarded through chain of command to the Section Chief. 5. Upon completion, a copy of the PIR will be provided to the DPS PREA Office for data collection and analysis." The facility provided a NCDAC Prison Rape Elimination Act (PREA) Post Incident Review (PIR). The PIR documents the following information. Section I: Post Incident Review Facility / Incident Date / Incident #/ Investigation Completion Date / Validity-(Outcome) 1. Did the allegation or investigation indicate a need to change policy or practice to better prevent, detect, or respond to sexual abuse? 2. Was the incident or allegation motivated by the following? Race/Gender Identity/ Ethnicity/Gang Affiliation/Actual Status/Perceived Status/Lesbian/Bisexual/ Transgender/Intersex/Other group dynamics. 3. During the assessment of the area where the incident allegedly occurred, were there any physical barriers that may have enabled sexual abuse? 4. Are staffing levels in that area adequate during different shifts? 5. Based upon assessment, should additional monitoring technology be deployed or augmented to supplement supervision by staff? 6. Additional comments and/or actions taken? 7. Sexual Abuse Review Team Members included: Printed Name / Position or Job Classification (b) The Black Mountain Substance Abuse Treatment Center for Women PAQ states sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the criminal or administrative investigation. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at

	the facility were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents is two. Policy compliance can be found in provision (a) of this standard. (c) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. Policy compliance can be found in provision (a) of this standard. (d) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA Coordinator. Policy compliance can be found in provision (a) of this standard. (e) The Black Mountain Substance Abuse Treatment Center for Women PAQ states, the facility implements the recommendations for improvement or documents its reasons for not doing so. Policy compliance can be found in provision (a) of this standard. Through such reviews, the facility meets standard requirements.

115.287	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, dated 4.8.2024 Interview:

	1. PREA Director / Head of Agency The interview with the PREA Director demonstrated that the agency reviews all incident reports of sexual harassment and sexual abuse, including staff and residents involved, referrals for criminal prosecution, and year-end data to identify common trends. The agency uses this information to highlight areas addressed over the past year and to identify those requiring corrective action. (a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 26, section N. 2. a-b., states, “Accurate, uniform data for every allegation of sexual abuse and/or sexual harassment shall be documented on an OPA-I100 ACDP Investigative Report form. a. The agency shall aggregate the incident-based sexual abuse and/or sexual harassment data at least annually. b. The incident-based data collected shall 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.” (b) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency aggregates incident-based sexual abuse at least annually. Policy compliance can be found in provision (a) of this standard. (c) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. (d) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Policy compliance can be found in provision (a) of this standard.

	(e) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency does obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents as the agency does have private contracts. (f) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency did provide the Department of Justice (DOJ) with data from the previous calendar year upon request. Through such reviews, the facility meets the standard requirements.

115.288	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. NCDPS Prison Rape Elimination Act (PREA) of 2003 Sexual Abuse Annual Report 2022-2023 (a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. The facility provided the NCDPS Prison Rape Elimination Act (PREA) of 2003 Sexual Abuse Annual Report 2022-2023. The report demonstrates the following information is documented in the annual report. The facility provided the NCDAC Prison Rape Elimination Act (PREA) of 2003 Sexual Abuse Annual Report 2022-2023. The report demonstrates the following information is documented in the annual report.

	· Introduction · Message from the Secretary · Overview: North Carolina Department of Adult Correction · NCDAC Strategic Plan in the PREA Program · Departmental Accomplishments · Definitions Related to Sexual Abuse and Sexual Harassment · Sexual Abuse · Sexual Harassment · Comparative Data · 2023: The Department's Year in Review · 2023 Substantiated Sexual Abuse Cases with Corrective Actions · 2022: The Department's Year in Review · 2022 Substantiated Sexual Abuse Cases with Corrective Actions · Comparison Charts for Years 2022-2023 · Data Overview · Victim Data Overview · Audit Findings · Conclusion · Agency Information (b) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the annual report includes a comparison of the current year's data and corrective actions to those from prior years. (c) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency makes its annual report readily available to the public, at least annually, through its website. Annual reports are approved by the agency head. Annual reports from 2015 through 2023 are available at https://www.dac.nc.gov/divisions-and-sections/administrative/prison-rape-elimination-act-prea-office

	(d) The Black Mountain Substance Abuse Treatment Center for Women PAQ states when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. Through such reviews, the facility meets standard requirements.

115.289	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Black Mountain Substance Abuse Treatment Center for Women PAQ 2. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, dated 4.8.2024 Site Observation: Facility policy language requires revision to include mandated provision language. (a) The Black Mountain Substance Abuse Treatment Center for Women PAQ states the agency ensures that incident-based and aggregate data are securely retained. (b) The Black Mountain Substance Abuse Treatment Center for Women PAQ states agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. NCDAC Community-Based Facility Sexual Abuse and Harassment (PREA) Policy, page 26, section N. 2. a-b., states, “Accurate, uniform data for every allegation of sexual abuse and/or sexual harassment shall be documented on an OPA-I100 ACDP Investigative Report form. a. The agency shall aggregate the incident-based sexual abuse and/or sexual

	harassment data at least annually. b. The incident-based data collected shall 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.” (c) The Black Mountain Substance Abuse Treatment Center for Women PAQ states before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. (d) The Black Mountain Substance Abuse Treatment Center for Women PAQ states when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. Compliance can be found in provision (a) of this standard. Through such reviews, the facility meets standard requirements.

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) During the prior three-year audit period, the agency ensured that each facility operated was audited, once. (b) This is the fourth audit cycle for Black Mountain Substance Abuse Treatment Center for Women and the second year of the fourth audit cycle. (h) The Auditor was granted complete access to, and the ability to observe, all areas of the facility. (i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).

	(m) The Auditor was permitted to conduct private interviews with residents. (n) Residents were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. Through such reviews, the facility meets the standard requirements.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(b) The agency has posted the current 2022 PREA audit report, on their website. Through such reviews, the facility meets the standard requirements.

Appendix: Provision Findings		
115.211 (a)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	**Contracting with other entities for the confinement of residents**	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.212 (b)	**Contracting with other entities for the confinement of residents**	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.212 (c)	**Contracting with other entities for the confinement of residents**	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	yes

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	yes
115.213 (a)	**Supervision and monitoring**	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	**Supervision and monitoring**	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	**Supervision and monitoring**	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical 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?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	**Limits to cross-gender viewing and searches**	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	**Hiring and promotion decisions**	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	**Hiring and promotion decisions**	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	**Hiring and promotion decisions**	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	**Hiring and promotion decisions**	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	**Hiring and promotion decisions**	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	**Upgrades to facilities and technology**	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	**Upgrades to facilities and technology**	
	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	yes

	agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	**Evidence protocol and forensic medical examinations**	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	**Evidence protocol and forensic medical examinations**	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	**Evidence protocol and forensic medical examinations**	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	**Evidence protocol and forensic medical examinations**	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency 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
115.221 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes

115.222 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	**Policies to ensure referrals of allegations for investigations**	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	**Employee training**	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents’ right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	**Employee training**	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	**Employee training**	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	**Volunteer and contractor training**	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	**Volunteer and contractor training**	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	**Resident education**	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	**Resident education**	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	**Resident education**	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	**Resident education**	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	**Resident education**	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	**Specialized training: Investigations**	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (b)	**Specialized training: Investigations**	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	**Specialized training: Investigations**	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	**Specialized training: Medical and mental health care**	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	**Specialized training: Medical and mental health care**	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	**Specialized training: Medical and mental health care**	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	yes

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	**Screening for risk of victimization and abusiveness**	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	**Screening for risk of victimization and abusiveness**	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	**Screening for risk of victimization and abusiveness**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	**Screening for risk of victimization and abusiveness**	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	**Screening for risk of victimization and abusiveness**	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents 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
115.241 (f)	**Screening for risk of victimization and abusiveness**	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	**Screening for risk of victimization and abusiveness**	
	Does the facility reassess a resident’s risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness?	yes
115.241 (h)	**Screening for risk of victimization and abusiveness**	
	Is it the case that residents 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
115.241 (i)	**Screening for risk of victimization and abusiveness**	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents?	yes
115.242 (a)	**Use of screening information**	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	**Use of screening information**	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	**Use of screening information**	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	**Use of screening information**	
	Are each transgender or intersex resident’s own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	**Use of screening information**	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	**Use of screening information**	

(f)		
	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 residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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 residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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 residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	**Resident reporting**	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	**Resident reporting**	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	**Resident reporting**	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	**Resident reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	**Exhaustion of administrative remedies**	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	na

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	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.)	na
115.252 (d)	**Exhaustion of administrative remedies**	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.252 (e)	**Exhaustion of administrative remedies**	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	na

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
115.252 (f)	**Exhaustion of administrative remedies**	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	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.)	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.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	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.)	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.)	na
115.252 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines a resident for filing a grievance related to	na

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	**Resident access to outside confidential support services**	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	**Resident access to outside confidential support services**	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	**Resident access to outside confidential support services**	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	**Third party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	**Staff and agency reporting duties**	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	**Staff and agency reporting duties**	
	Apart from reporting to designated supervisors or officials, do 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
115.261 (c)	**Staff and agency reporting duties**	
	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
	Are medical and mental health practitioners required to inform residents of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	**Staff and agency reporting duties**	
	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
115.261 (e)	**Staff and agency reporting duties**	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators?	yes

115.262 (a)	**Agency protection duties**	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	**Reporting to other confinement facilities**	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	**Reporting to other confinement facilities**	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	**Reporting to other confinement facilities**	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	**Staff first responder duties**	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	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?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	**Staff first responder duties**	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	**Coordinated response**	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	**Preservation of ability to protect residents from contact with abusers**	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.267 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	**Agency protection against retaliation**	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	**Agency protection against retaliation**	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	**Agency protection against retaliation**	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	**Agency protection against retaliation**	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	**Criminal and administrative agency investigations**	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	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 115.221(a).)	yes
115.271 (b)	**Criminal and administrative agency investigations**	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	**Criminal and administrative agency investigations**	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	**Criminal and administrative agency investigations**	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	**Criminal and administrative agency investigations**	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	**Criminal and administrative agency investigations**	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	**Criminal and administrative agency investigations**	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	**Criminal and administrative agency investigations**	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	**Criminal and administrative agency investigations**	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	**Evidentiary standard for administrative investigations**	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	**Reporting to residents**	
	Following an investigation into a resident’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	**Reporting to residents**	
	If the agency did not conduct the investigation into a resident’s allegation of sexual abuse in an agency facility, does the agency	yes

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	**Reporting to residents**	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	**Reporting to residents**	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	**Reporting to residents**	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	**Disciplinary sanctions for staff**	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	**Disciplinary sanctions for staff**	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	**Disciplinary sanctions for staff**	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	**Corrective action for contractors and volunteers**	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	**Corrective action for contractors and volunteers**	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	**Disciplinary sanctions for residents**	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	**Disciplinary sanctions for residents**	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	**Disciplinary sanctions for residents**	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	**Disciplinary sanctions for residents**	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
115.278 (e)	**Disciplinary sanctions for residents**	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	**Disciplinary sanctions for residents**	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	**Disciplinary sanctions for residents**	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	**Access to emergency medical and mental health services**	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	**Access to emergency medical and mental health services**	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	**Access to emergency medical and mental health services**	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	**Access to emergency medical and mental health services**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	**Sexual abuse incident reviews**	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	**Sexual abuse incident reviews**	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	**Data collection**	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	**Data collection**	

(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
115.287 (d)	**Data collection**	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	**Data collection**	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.287 (f)	**Data collection**	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.288 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	**Data review for corrective action**	
	Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse?	yes
115.288 (c)	**Data review for corrective action**	
	Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	**Data storage, publication, and destruction**	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	**Frequency and scope of audits**	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	**Frequency and scope of audits**	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	**Frequency and scope of audits**	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	**Frequency and scope of audits**	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	**Frequency and scope of audits**	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	**Audit contents and findings**	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes