

# PREA Facility Audit Report: Final

**Name of Facility:** Bertie Correctional Institution

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 11/03/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Jack Fitzgerald	<b>Date of Signature:</b> 11/03/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Fitzgerald, Jack
<b>Email:</b>	jffitzgerald@snet.net
<b>Start Date of On-Site Audit:</b>	08/02/2022
<b>End Date of On-Site Audit:</b>	08/04/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Bertie Correctional Institution
<b>Facility physical address:</b>	218 Cooper Hill Road, Windsor, North Carolina - 27983
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Cory Hunt
<b>Email Address:</b>	Cory.Hunt@ncdps.gov
<b>Telephone Number:</b>	(252) 794 8760

Warden/Jail Administrator/Sheriff/Director	
<b>Name:</b>	David Millis
<b>Email Address:</b>	David.Millis@ncdps.gov
<b>Telephone Number:</b>	(252) 794 8600

Facility PREA Compliance Manager	
<b>Name:</b>	Cory Hunt
<b>Email Address:</b>	cory.hunt@ncdps.gov
<b>Telephone Number:</b>	O: (252) 794-8642
<b>Name:</b>	Demetrius Clark
<b>Email Address:</b>	demetrius.clark@ncdps.gov
<b>Telephone Number:</b>	O: (252) 794-8600

Facility Health Service Administrator On-site	
<b>Name:</b>	Patricia Pierre
<b>Email Address:</b>	Patricia.Pierre@ncdps.gov
<b>Telephone Number:</b>	(252) 794 8600

Facility Characteristics	
<b>Designed facility capacity:</b>	1504
<b>Current population of facility:</b>	896
<b>Average daily population for the past 12 months:</b>	1146
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	Males only age 21 and over
<b>Facility security levels/inmate custody levels:</b>	Close/Medium
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	373
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	0

AGENCY INFORMATION	
<b>Name of agency:</b>	North Carolina Department of Public Safety
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	512 North Salisbury Street, Raleigh, North Carolina - 27604
<b>Mailing Address:</b>	
<b>Telephone number:</b>	9197332126

Agency Chief Executive Officer Information:	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Charlotte Jordan-Williams	<b>Email Address:</b>	charlotte.williams@ncdps.gov

SUMMARY OF AUDIT FINDINGS	
<p>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.</p> <p>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.</p>	
<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
45	
<b>Number of standards not met:</b>	
0	

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-08-02
2. End date of the onsite portion of the audit:	2022-08-04

### 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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Auditor spoke with local Rape Crisi agencies, County Sheriff and Local PD, two local Hospitals and the state agency on SANE training.

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1504
15. Average daily population for the past 12 months:	896
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> 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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	585
38. 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:	0
39. 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:	15
40. 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

41. 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:	0
42. 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:	25
43. 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:	3
44. 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:	0
45. 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:	3
46. 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:	2
47. 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
48. 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):	The PREA Compliance Manager was new to the facility and did try to get all population groups identified. I some of the list provided included individuals no longer in custody at BCI which hampered the identification of all the target population.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
49. 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:	371
50. 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:	0
51. 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:	0
52. 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.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	

<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	27
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
<b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	After selecting the target population the Auditor used a random number selection process by units to ensure all units and populations were included. The Auditor also looked at the photo of inmates to also ensure a diverse population by race and age.
<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>57. 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):</b>	The Auditor was able to interview inmates in a office near the living units. Due to security concerns in the population it was quicker to have the Auditor move than to risk movement conflicts between inmates in the institution.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	15
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".	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>The Auditor requested in advance and on site for the identification of this population. There were no individuals at BCI with significant disabilities.</p>
<p><b>61. 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:</b></p>	<p>4</p>
<p><b>62. 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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>There were no blind or significantly disabled individuals in the population</p>
<p><b>63. 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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>The Auditor requested in advance and on site for the identification of this population. There were no individuals at BCI who were deaf or had significant hearing loss.</p>

<p>64. 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:</p>	<p>3</p>
<p>65. 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:</p>	<p>1</p>
<p>66. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>The auditor confirmed with administration, staff and residents that there were no transgender population in the facility.</p>
<p>67. 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:</p>	<p>3</p>
<p>68. 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:</p>	<p>2</p>
<p>69. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>The facility does not place victims or at risk individuals in segregated housing, aggressors would be moved.</p>



70. 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**

71. Enter the total number of RANDOM STAFF who were interviewed:	13
--	----

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
--	--

73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
---	--

74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The Auditor interviewed staff in varying roles in the facility across all shifts on the days of the audit.
---	--

**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.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	12
--	----

76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
---	--

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
---	--

78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
--	--

<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>
<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input checked="" type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	There were no contractors or volunteers to be interviewed.

## 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.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
---	--

### Was the site review an active, inquiring process that included the following:

85. 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
--	--

86. 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
---	--

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
--	--

88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
--	--

89. 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.

90. 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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
--	--

91. 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.

92. 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
<b>Inmate-on-inmate sexual abuse</b>	7	0	6	0
<b>Staff-on-inmate sexual abuse</b>	6	0	7	0
<b>Total</b>	13	0	13	0

93. 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
<b>Inmate-on-inmate sexual harassment</b>	3	0	3	0
<b>Staff-on-inmate sexual harassment</b>	8	0	8	0
<b>Total</b>	11	0	11	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.

94. 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
<b>Total</b>	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	3	4	0
Staff-on-inmate sexual abuse	0	3	3	0
<b>Total</b>	0	6	7	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.

96. 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
<b>Total</b>	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	3	0
Staff-on-inmate sexual harassment	0	3	5	0
<b>Total</b>	0	3	8	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled: 15

<p>99. Did your selection of <b>SEXUAL ABUSE</b> investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p>100. Enter the total number of <b>INMATE-ON-INMATE SEXUAL ABUSE</b> investigation files reviewed/sampled:</p>	<p>7</p>
<p>101. Did your sample of <b>INMATE-ON-INMATE SEXUAL ABUSE</b> investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of <b>INMATE-ON-INMATE SEXUAL ABUSE</b> investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p>103. Enter the total number of <b>STAFF-ON-INMATE SEXUAL ABUSE</b> investigation files reviewed/sampled:</p>	<p>6</p>
<p>104. Did your sample of <b>STAFF-ON-INMATE SEXUAL ABUSE</b> investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of <b>STAFF-ON-INMATE SEXUAL ABUSE</b> investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p>106. Enter the total number of <b>SEXUAL HARASSMENT</b> investigation files reviewed/sampled:</p>	<p>14</p>

<p>107. Did your selection of <b>SEXUAL HARASSMENT</b> investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p>108. Enter the total number of <b>INMATE-ON-INMATE SEXUAL HARASSMENT</b> investigation files reviewed/sampled:</p>	<p>3</p>
<p>109. Did your sample of <b>INMATE-ON-INMATE SEXUAL HARASSMENT</b> files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of <b>INMATE-ON-INMATE SEXUAL HARASSMENT</b> investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p>111. Enter the total number of <b>STAFF-ON-INMATE SEXUAL HARASSMENT</b> investigation files reviewed/sampled:</p>	<p>8</p>
<p>112. Did your sample of <b>STAFF-ON-INMATE SEXUAL HARASSMENT</b> investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of <b>STAFF-ON-INMATE SEXUAL HARASSMENT</b> investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The Auditor looked at all files that occurred in the 11 months since the previous Audit site visit The numbers in question 98 and 106 include investigations completed that were determined not to be PREA</p>
<p><b>SUPPORT STAFF INFORMATION</b></p>	
<p><b>DOJ-certified PREA Auditors Support Staff</b></p>	

<p>115. 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.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
--	---

**Non-certified Support Staff**

<p>116. 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.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
--	---

**AUDITING ARRANGEMENTS AND COMPENSATION**

<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
---	---

<p>Identify the name of the third-party auditing entity</p>	<p>DX Consultants</p>
---	-----------------------



## 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.

**115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policies and written/electronic documentation reviewed.

Bertie Pre-Audit Questionnaire

NCDPS F3400 Offender Sexual Abuse and Sexual Harassment Policy

NCDPS A.0100 Organization of Prisons

Letter Appointing PREA Compliance Manager at Bertie CC

Facility Organizational Chart

Agency Organization Chart

Individuals interviewed/ observations.

Interview with PREA Compliance Manager

Interview with Warden

Interview with Staff

Interview with Offenders

Tour Observations

Zero Tolerance posters/ notifications

Summary determination.

Indicator (a). The North Carolina Department of Public Safety has developed an agency-wide Policy on efforts to ensure compliance with the Prison Rape Elimination Act. Policy F3400 Offender Sexual Abuse and Sexual Harassment Policy was written to address the various requirements of the standards. The 32-page policy sets forth a zero-tolerance expectation for any sexual activity. Page 5 of the policy states. "The North Carolina Department of Public Safety is committed to a standard of zero-tolerance of sexual abuse and sexual harassment toward offenders, either by staff, contractors, volunteers or by offenders. Therefore, it is the policy of Prisons to provide a safe, humane, and appropriately secure environment, free from the threat of sexual abuse and sexual harassment for all offenders, by maintaining a program of prevention, detection, response, investigation, prosecution, and tracking." The policy goes on (pages 2 to 4) to define prohibited behaviors consistent with the standards. The policy sets forth the requirements of agency administrators and facility administrators to ensure PREA compliance. The policy covers different aspects of the North Carolina DOC's prevention efforts on pages 5-10, including education of staff, offenders, contractors, and investigators. Policy F3400 Offender Sexual Abuse and Sexual Harassment Policy covers the detection and prevention efforts including:

- screening, and use
- Mechanisms for reporting
- Investigation
- Medical and Mental Health Services
- Post-incident review

The facility staff showed knowledge consistent with training materials about their role in preventing, detecting, and responding to sexual assault claims. Also, posters throughout the facility remind offenders and staff of the Zero Tolerance expectation. Random offenders reported an environment free from sexual misconduct and were aware of the postings. Most offenders also have access to PREA related materials on inmate tablets.

Indicator (b). The North Carolina Department of Public Safety policy (A.0100) Organization of Prisons sets forth the agency structure and the relationships between units and the Wardens of Institutions. The Agency Website has an organizational chart that supports the Agency has a PREA Coordinator Charlotte Williams. Director Williams works in the Professional Standards, Policy and Planning portion of NCDPS. The PREA Office is in a separate division from the Department of Corrections. Director Williams has three staff who oversee PREA and ADA Compliance issues across the NC adult and Juvenile confinement facilities. In interviews with a representative for the agency head and the PREA Coordinator confirmed the PREA Office staff have sufficient authority and access to senior leadership to advocate for policy changes if needed. The PREA Office role is mentioned repeatedly in correctional policies and facility leadership is aware of the PREA Office staff members. The Auditor worked with the PREA Office to set up introductory video calls to the facility staff and throughout the audit process

Indicator (c) F3400 Offender Sexual Abuse and Sexual Harassment Policy defines the role of the PREA Compliance Manager (pages 3). "A designated employee, at each facility, with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards." The policy describes the responsibility of the PREA Compliance Manager throughout. The Warden assigns an individual to coordinate the facility's efforts to comply with PREA. Supporting documentation includes the PCM Designation form, which the Warden provides to the state's PREA Coordinator. The PREA Compliance Manager is Cory Hunt, Captain who reports directly to the Warden. Interviews with the PREA Compliance Manager and Warden confirm the PREA Compliance Manager has sufficient access to key correctional administrators, including the Warden, to influence policy and resources to ensure PREA safe environment at Bertie Correctional Institution. The PCM is relatively new to the facility (under 90 days) but had previously been a Sergeant at Bertie before moving to another facility. Captain Hunt showed his knowledge of the standards on the tour and in his discussions throughout the site visit. The NCDPS has also provided trainings for PREA Compliance Managers that Mr. Hunt has also taken.

#### Compliance Determination:

The North Carolina Department of Correction has policies that define the steps taken to prevent, detect, and respond to sexual abuse and sexual harassment incidents. The policy F3400 Offender Sexual Abuse and Sexual Harassment Policy defines the agency's zero-tolerance expectation toward Sexual abuse or harassment of offenders in the state's custody. The policy defines the roles of the state PREA Coordinator and the facility PREA Compliance Manager as well as prohibited behaviors for all staff, volunteers, contractors, and offenders. The interview with Bertie PREA Compliance Manager confirmed his role to ensure PREA compliance is maintained. He believes he has the capacity in their jobs to advocate for policy or procedural changes needed to support offender safety. This was confirmed with Warden and the Associate Warden., who described expectations for the role of the PREA Coordinator. The Warden expects that all complaints of sexual misconduct are to be thoroughly investigated. The facility works with the local Bertie Police Department if the allegation is criminal in nature.

Interview with the Warden supported compliance with all standard expectations. Policy reviewed by the Auditor in completing the Audit process not only described in depth the agency's expectation to protect, detect, and respond to sexual misconduct but clearly defines the roles of the state PREA Office and the facility's PREA Compliance Managers. The policy also addresses prohibited behaviors and sanctions for any forms of sexual misconduct. The Auditor's interactions with these individuals further support a statewide expectation of zero-tolerance toward sexual abuse and resource allocation when needed. Offenders, in random interviews and those spoken to during the tour, confirmed that sexual misconduct is addressed, and they had knowledge of resources available if a concern arises. As one of North Carolina's highest security level prisons it has been able to maintain an environment where offenders supported violent sexual assault is not a concern. Random staff interviews further support a zero-tolerance culture. Individual staff interviewed supported a well-trained compliment who is aware of their duties in promoting a sexually safe environment. The Auditor also took into consideration the responsiveness to concerns identified on the tour.

115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 327 550 356">Bertie Pre-Audit Questionnaire</p> <p data-bbox="242 383 411 412">NCDPS Website</p> <p data-bbox="242 439 711 468">NCPDS MOA Center for Community Transition</p> <p data-bbox="242 555 617 584">Individuals interviewed/ observations.</p> <p data-bbox="242 611 625 640">Interview with PREA Coordinator (PC)</p> <p data-bbox="242 728 488 757">Summary Determination</p> <p data-bbox="242 784 1484 1115">Indicator a) The North Carolina Department of Public Safety has one contracted facility. The Auditor was provided documentation of the 30-bed contracted female facility in Charlotte North Carolina. Since the contract is for females, it would be unlikely a Bertie Correctional Institution offender would be transferred to the Center for Community Transition. The program according to its website is for DPS offender classified as minimum custody level 3. The Auditor had requested the agreement between the North Carolina Department of Public Safety (NCDPS) and the Center for Community Transitions (CFCT) to confirm the agreement has language requiring the facility to be compliant with DOJ PREA standards. The Agency PREA Coordinator provided documentation that confirmed that the facility is working off an existing contract presently. It is understood that the existing contract which contains requirements for compliance with PREA will remain in force until a new contract can be issued with an approved state budget at which time the contract information will be forwarded to the Auditor's records in the Online Audit System.</p> <p data-bbox="242 1202 1449 1330">Indicator b) In interviews with the NCDPS PREA office the Auditor was able to confirm the process by which the facility is monitored for compliance. The agency has a NCDPS representative in the facility regularly who can receive PREA complaints from the residents. This individual reportedly interacts with residents, staff and administration of CCT and reviews and concerns including any PREA issues that would be forwarded to the PREA Office.</p> <p data-bbox="242 1417 517 1447">Compliance Determination:</p> <p data-bbox="242 1473 1485 1702">Through the provided documentation, interviews with the staff of the PREA office and the information obtained from the internet, the Auditor believes the standard is compliant. The North Carolina Department of Public Safety is aware that all subcontracting of beds should include language requiring compliance with the Prison Rape Elimination Act. The agency has a system in place to ensure communication about PREA allegations are forwarded to the PREA office and a process for ongoing monitoring of the program. As noted in indicator (a) the existing contract remains in force with the continued provision of PREA compliance, documentation was provided from the NCDPS PREA Office to the Auditor supporting these facts.</p>

115.13

**Supervision and monitoring**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policies and written/electronic documentation reviewed.

Bertie Pre-Audit Questionnaire

Policy F.1600 Management of Security Post

Policy Bertie Post Order for OIC

NC General Statute 143B-709

Staff Duty Rosters

Bertie Staffing plan Annual Review

Logs of Supervisor Tours

Post Orders for Lieutenants and Sergeants

Individuals interviewed/ observations.

Interview with PREA Coordinator

Interview with PREA Compliance Manager

Interview with Warden.

Interview with Supervisory staff

Interview with Staff

Interviews with Offenders

**Summary Determination**

Indicator a). Bertie Correctional Institution has agency policy (F.1600) and state law (NCGS 143B-709) that defines staffing considerations that must be considered. Policy F.1600 Management of Security Post (page 2) covers the development of staffing compliment at the facility consistent with the language of this indicator. The policy uses the standard language to describe the requirements of the development and on-going reviews of staffing needs at North Carolina's Department of Corrections facilities. The policy language includes the 11 elements listed in indicator (a). The Bertie Correctional Institution has provided a copy of the facility's current staffing plan for 2021. The facility has provided documents, including the facility's narrative, schematics, and staffing assignments. The facility has 190 cameras covering interior and exterior movement in the complex. The staffing plan was developed to be able to manage the 1504-capacity medium and close custody classification population. The facility population was down to 564 at time of the audit. During COVID-19, the population was reduced to a yearly average of 937. Earlier this year, a serious assault incident prompted the halting of most admission in the past third of a year. Bertie Offenders support that though sexual violence is not a concern, the facility is one of the higher security environments due to gang issues. Just over 34% of the population was in restrictive housing. The facility is not under any legal judgment nor has it been sighted by any state or federal oversight body in the past three years. There has not been a significant number of PREA incidents or Investigation reviews recommending additional staff or the reassignment of resources. The narrative document describes the population, including the number of individuals classified as security risk groups with sexual offense histories, medical or mental health concerns, and those who are identified as LGBTI. The facility is managed by correctional officers who report to Sergeants. The staffing is broken up over multiple shift and rotating teams of staff. Five of the six housing units were being used but the auditor noted many cells unused on the tour. Offenders acknowledge that the staff and supervisory personnel come through the housing units. All offenders at BCI are housed in single-person cells with the exception of one dormitory unit out of two that was being used.

Indicator b). The Indicator is NA as the Warden, and the PREA Coordinator confirmed that Bertie Correctional Institution has

not gone under its approved minimal staffing in the past year. The facility will offer overtime work from volunteer custody staff or mandated staff to reach institutional minimums. The agency is actively recruiting staff and has also brought back retired staff to work exterior security post, limiting the instances of mandated overtime shift work. The minimum for custody officers and sergeants is 31. The Warden is alerted by email on all overtime or times shifts have to be filled. All callout or duty reassignments are documented in the facility log by Captains or Lieutenants who are responsible for arranging coverage. . The Warden would be notified of any emergency in the facility that would impact staffing. The PREA Coordinator also confirmed there are pull posts in the environment who can be called on to resolve staffing concerns.

Indicator c). The 2021 annual review of the Bertie CC staffing plan was completed by North Carolina's Department of Public Safety's PREA Office, the PREA Compliance Manager, and the Warden. The report included information on staffing needs, current population make-up, the staffing makeup, and identify areas for consideration of monitoring technology to improve institutional safety. The Auditor confirmed with the Warden and the PREA Coordinator that concerns or requested resources would then be advocated through these individuals for any additional positions or the acquisition of monitoring technology. The Warden and the PREA Compliance Manager have been identifying additional video technology and visual aids (mirrors) to improve the overall safety and improving monitoring. As noted in standard 115.18 the facility has added some cameras in the past three years and is scheduled to upgrade the whole system.

Indicator d). NCDPS policy F.1600 Management of Security Post requires the uniform officer in charge and Sergeants to complete daily unannounced rounds of the facility. The policy states, "Each facility shall implement a policy and practice for Facility Heads and/or the Facility Assistants to conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such rounds shall occur on all shifts. The policy shall prohibit staff from alerting other staff members that these rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility." The BCI post order for Officer in Charge also sets forth a requirement, "make random checks of assigned post to ensure all staff are alert and functioning in accordance with policy." The Auditor was provided copies of documentation of unannounced rounds from different dates in the institution including different housing units in the OAS. The Auditor also confirmed the unannounced rounds through visual observation of logs on each unit. The Auditor interviewed housing officers, control officers, and supervisory staff to confirm that tours are unannounced and it is prohibited to alert another post of the tours. The policy also requires the facility administration to tour the facility weekly to make observation. "Informal inspections, in the form of a walk-through to generally observe environmental conditions, the prevailing attitudes of staff and residents, and to provide spontaneous interaction by residents should be conducted by the Warden, Associate Warden of Custody/Operations, and Associate Warden of Programs on a weekly basis."

Compliance Determination:

The Auditor determined the Bertie Correctional Institution meets the requirements of this standard. NCDPS policy F .1600 Management of Security Post (page 2) outlines the agency's expectation for staffing plans in language consistent with the standard. The Auditor concluded the facility has an adequate staffing plan to protect offenders from sexual abuse. The Auditor reviewed NCDPS policies, post orders, the facility Staffing Plan, Supervisory Rounds, Duty Rosters, annual staffing plan review. The Auditor confirmed compliance through observations on tour, interviews conducted with staff and offenders, and the Auditor sampled additional log entries on supervisory rounds. The Auditor's interviews with the Warden, PREA Compliance Manager, and PREA Coordinator confirmed a process is in place to communicate when an identified need is recognized.

115.14	<b>Youthful inmates</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Bertie Pre-Audit Questionnaire</p> <p>F3400 Offender Sexual Abuse and Sexual Harassment Policy</p> <p>Facility Population report</p> <p>Individuals interviewed/ observations.</p> <p>Interview with PREA Compliance Manger</p> <p>Interview with Random staff</p> <p>Observation of Population on tour</p> <p>Summary Determination</p> <p>Indicator a) There are no Youthful Offenders housed at Bertie Correctional Institution. There have been no youthful offenders in the past three years.</p> <p>Indicator b) There are no Youthful Offenders housed at Bertie Correctional Institution.</p> <p>Indicator c) There are no Youthful Offenders housed at Bertie Correctional Institution.</p> <p>Compliance Determination:</p> <p>The North Carolina Department of Corrections has a policy F3400 Offender Sexual Abuse and Sexual Harassment Policy that addresses this standard's requirements. Though Youthful Offenders are not housed at Bertie Correctional Institution, the agency has policy language defining sight and sound separation requirements in the housing of Youthful Offenders from adult prisoners, if this was ever to change. The Policy states, "A youthful offender shall not be placed in a housing unit in which the youthful offender will have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters. In areas outside of housing units, the facility shall either maintain sight and sound separation between youthful offenders and adult offenders or provide direct staff supervision when youthful offenders and adult offenders have sight, sound, or physical contact. The agency shall make the best efforts to avoid placing youthful offenders in isolation to comply with this provision. Absent exigent circumstances, agencies shall not deny youthful offenders daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful offenders shall also have access to other programs and work opportunities to the extent possible" Absent a Youthful Offender the Auditor could only rely on policy language in determining compliance. The Auditor reviewed the population report and observed it on tour to ensure no youthful offenders were in the current population. The Auditor also reviewed the agency's website for information on its Juvenile Justice facilities which are in a separate administration in NCDPS. The Auditor confirmed with custody staff and healthcare staff that there are no youthful offenders held at BCI.</p>

**115.15 Limits to cross-gender viewing and searches**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policies and written/electronic documentation reviewed.

Bertie Pre-Audit Questionnaire

NCDPS Policy F.0100 Searches

NCDPS Policy F.1600 Management of Security Post

NCDPS Policy E.2700 Evaluation and Management of Transgender Offenders

NCDPS Policy AD II-8 Forensic Exam (body cavity searches)

Bertie Operational Policy .0404Searches

Cross gender Announcement and Acknowledgment form

NCDPS Memo on Cross gender Searches

NCDPS PREA Coordinator memo on Campaign of Awareness

Individuals interviewed/ observations.

Interview with Warden

Interview with Random Staff

Interview with Random Offenders

**Summary Determination**

Indicator a). In 2013 the North Carolina PREA Office began a campaign of Awareness on Searches; the agency had all staff sign an acknowledgment on prohibitions of cross genders searches, sets forth the requirements to limit cross gender viewing and searches. A memo was produced by the PREA Office called 'Cross Gender Announcement' but addressed several indicators in this standard. The agency training materials on searches also show staff are trained consistently with the standard expectations. The Agency and Facility has a policy in place directing staff on expectations consistent with the standard. Agency search policy F.0100 Operational Searches states, "Offenders housed at male facilities will be strip-searched by a male Correctional Officer, except in exigent circumstances as determined by the shift supervisor. In such cases, the staff conducting the search will thereafter submit a statement by witness form, explaining the exigent circumstances that justified the search exception. A supervisor will be responsible for completing an Incident Report." There have been not reported incidents in the past 12 months and no female staff report ever completing a strip search or what the institution called a 'complete search. Agency search policy and training materials affirm that medical staff may only perform body cavity searches with the Warden's approval. NCDPS policy AD II-8 addresses for medical staff when a body cavity search can occur in "life-threatening situations." Bertie's Pre-Audit report stated there were no instances of cross-gender strip or body cavity searches. Random staff confirms that no cross-gender strip or body cavity searches have occurred, and they were aware that they could only happen in emergency circumstances with supervisory approval. Random offenders also confirmed they are not required to be naked in front of the female staff for strip searches. Two offenders reported that a female was present in the area when a major shakedown of the facility occurred but both individuals reported the female office did not observe them. The officer reportedly moved away when they were searched in their cells. The described incident would have supported an exigent circumstance as the search was completed after a loss of life incident. Most strip searches occur in the visiting room annex or the intake area. Each space has a partition between where the male staff stands to observe and where the offender stands.

Indicator b). The Bertie Correctional Institution does not house female offenders as such, the elements considered in this indicator are not applicable. The Auditor reviewed NCDPS policy, which has language to meet the indicator if the facility ever became a co-correctional setting.

Indicator c). As noted in indicator (a), the policy requires documentation of the exigent circumstance that would require a cross-gender strip or body cavity search. Supporting this indicator is the fact that random staff interviewed knew of the



prohibition and the requirement to document the reason for the policy deviation. There are no female offenders at BCI so the second factor in this indicator does not apply. Medical staff confirms they do not perform a body cavity search except in exigent circumstances. In the past 12 months, no exigent circumstances required medical staff to perform a body cavity search onsite at BCI or a local hospital. Even the two offenders in indicator (a) recognized that the search was not a normal situation. All offenders confirm strip searches are normally done in more private areas of intake or visiting.

Indicator d). All NCDPS Correctional staff sign an acknowledgment that they have read and understand the expectations related to cross-gender announcements. The Auditor confirmed the practices of cross-gender announcements through random interviews with staff and offenders. Offender support announcements are made about female staff entering units. During the tour, the Auditor heard staff announcements made by the unit officer or the female staff persons entering the space. The Auditor reviewed the described lines of sight and the privacy partitions and felt the shower curtains needed to be raised to improve privacy. In addition, the Auditor asked for the frosting of a portion of offender bathroom door window in the education hallway and the pixelization of a toilet in a camera cell used for suicidal individuals. Offenders were informed that staff needed to determine the number of individuals in the shower area without seeing an individual's chest, buttocks or genital area. This is why they cannot hang bed sheets in the shower, which may decrease their safety. The facility agreed to purchase new wider shower curtains and to frost the windows in the school hall. The Auditor requested photographic evidence of the changes made upon completion. The Auditor did confirm camera modifications of the obscuring of the toilet in the suicide cell had occurred. The Auditor was provided with a work order. During the Corrective Action Period (CAP) the Auditor was provided with photos of temporary resolution while work orders were fulfilled. Once the final corrective steps of all showers/bathroom areas previously identified out of compliance had new appropriate curtains or the appropriate glass fogging new photos were provided. The steps taken during this CAP were to protect offenders against opposite gender observation.

Indicator e) Page 2 of Policy .0405 Searches addresses the requirements of this indicator. The policy requires that Transgender individuals will not be strip-searched to determine one's genital status. The policy requires the determination is made through interviews with the offender or as part of a physical exam conducted by a medical practitioner. The Bertie Correctional Institution would reportedly become aware of an offender's genital through information from prior NCDPS facilities. There were no transgender offenders to interview to see if they perceived strip searches had been done to determine genital status. Random staff interviews confirm the training on searches included, the use of the back or edge of the hand when completing a cross-gender pat search. They were able to describe the search process, including respectful communication and awareness of potential trauma histories. The Auditor spoke with the officer overseeing new offenders' admission process. She reports if he had any knowledge or suspicion an individual may be transgender or intersex, they would ensure all other inmates were done being processed in the area before completing the intake strip search. The Auditor was provided with a PowerPoint used to train staff on search procedures. Staff report they are refreshed routinely on PREA-related concerns at roll call, including search procedures.

#### Compliance Determination:

The Auditor confirmed through the interview process that staff had been appropriately trained to conduct cross-gender searches, respectful searches of transgender individuals, and make opposite gender announcements when entering offender living units. Offender interviews confirmed the ability to shower, change clothing, and use the restroom without nonmedical staff of the opposite gender seeing them do so. Offenders confirmed that female officers announced their presence. The Auditor reviewed the agency's policies and procedures, training documents, made observations during the tour, and interviewed staff and offenders in determining compliance with this standard. Bertie Correctional Institution took corrective steps in the shower areas on the housing units to better cover all openings to limit incidental viewing by opposite gender staff. The Auditor had discussed with offenders while on-site why bed sheets that obscured the staff's total view could be dangerous. Proper height curtains would allow a female officer to complete her rounds while allowing the offender sufficient privacy. The Auditor also asked for frosting of windows in the school hallway to protect inmates from incidental viewing that was caused by a large window in the doorway. The Auditor reviewed the photos provided showing both the temporary fixes and the final corrective state in determining compliance. The Auditor finds the standard has come into compliance and has spoken with the PREA Compliance Manager on the need to do periodic walk throughs to ensure the shower curtains remain at the proper heights as they eventually get replaced.

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policies and written/electronic documentation reviewed.

Bertie Pre-Audit Questionnaire

PREA Brochure in English and Spanish

Interpretive Service Contracts

Policy F .3400 Offender Sexual Abuse and Sexual Harassment Policy

Policy E.2600 Reasonable Accommodations for individuals with Disabilities

HS Policy TX VII -1 Care and Treatment of Patients with Disabilities (developmental)

HS Policy TX VII-2 Care and Treatment of Patients with Disabilities (Physical mental or cognitive)

Policy AD IV-6 Access to Foreign Language Translation

Policy P.0400 Non-English-Speaking Offender Program

Offender Intake and PREA education acknowledgment (English and Spanish)

Individuals interviewed/ observations made.

Interviews with Staff

Interviews with Offenders

Observations of PREA Information posted in multiple languages

**Summary Determination**

Indicator a). Bertie Correctional Institution has services in place to ensure disabled and Limited English Proficient Offenders have the appropriate understanding and access to services described in this standard. Policy F. 3400 requires in the education of offenders that, "Appropriate provisions shall be made as necessary for offenders not fluent in English, persons with disabilities and those with low literacy levels." The policy ensures equal access to the facility's efforts to protect, detect, and respond to sexual abuse and sexual harassment incidents. The NCDPS has additional policies in place to acknowledge the protections afforded under the American's with Disabilities Act. Policy E .2600 supports the federal law on offender rights under the Americans with Disabilities Act. As a large portion of BCI's population is high security, there were no individuals with significant disabilities. The intake and case management staff interviewed discussed how they would work with offenders individually to ensure a full understanding of how to protect themselves at BCI and how to report any concerns. Offenders admitted with disabilities to NCDPS facilities are referred to the facility ADA Coordinator. North Carolina provides a Case Manager with specific training on working with disabled individuals in most facilities. Interviews with targeted offenders and staff support there are services in place to ensure residents understand PREA and how to report a concern. The facility's management reported individuals with significant disabilities, hearing or sight concerns would unlikely be housed at Bertie Correctional Institution given the facility's security level.

Indicator b). Policy P .0400 Non-English-Speaking Offender Program states, "It is the policy of Prisons that non-English speaking offenders receive the same primary services provided all other offenders confined within Prisons, and that each non-English speaking offender be given similar opportunities in assignments, promotional opportunities, case management/correctional counseling, and other services, whenever possible." The policy goes on to state, "Prisons recognize the special needs that all non-English speaking offenders encounter during their period of confinement. It is the purpose of this policy that each offender is given the opportunity to receive services based on these needs and to help offenders understand requirements and expectations while they are in prison." The NCDPS provided contracts with an

agency Linguistica International Inc. that can provide interpretive services in over two hundred fifty languages available 24 hours per day every day of the year. The Auditor was provided a copy of the contract documentation showing the contract is active over the next three years. The Auditor was able to speak with 3 offenders who had language barriers utilizing the the interpretive services line. The Auditor confirmed documentation on PREA was available in Spanish the second most used language in the facility. The Auditor was also provided copies of the offender orientation acknowledgment form and the PREA brochure in Spanish. The Auditor also observed PREA information in Spanish posted in each housing unit. The Auditor asked that the information on outside reporting be also translated into Spanish which was provided during the post-audit period. Intake, medical, and mental health staff were aware of the access to interpretive services. Random Correctional Officers were less familiar with the interpretive services, but most knew a supervisor could access the service. Case Management, Medical and Mental Health staff were all aware of translation services. The issue is covered in Health Service Policy AD IV-6 Access to Translation services. The NCDPS also has policy on equitable access for other disabled individuals. Facility staff can provide access to visual and hearing aids for offenders who need such accommodations. Photos of signage put in place after the tour was also provided to the Auditor. These placards inform how to use the phone system to report a PREA concern in Spanish.

Indicator c). Random staff interviewed knew it was inappropriate to use one offender to interpret for another. Staff knew it could only be done in the most extreme situations where failing to act may jeopardize safety or health of an offender. The agency policy E .1800 describes the NCDPS has units for non-English speaking offenders within its system and will provide specialized case managers in situations where offenders are ESL. This would mean that after an offender completes their initial assessment at a facility like Bertie they would be transferred to a facility identified to work with offenders with language barriers. Policy states "The Director of Prisons will designate certain facilities to be housing locations for those offenders unable to speak or understand English. All non-English speaking offenders are assigned to these facilities unless the designated facilities cannot satisfy the security, treatment or other needs of the non-English speaking offender. Classification action will document the reasons for the assignment to an alternate facility if the non-English speaking offender is transferred from the designated facility." Bertie CI had several offenders who could not speak English. The Auditor used interpretive services to interview three offenders as part of the target interview of offenders. Inmates also now have access to tablets that can provide information in Spanish and have closed captions.

#### Compliance Determination:

The Auditor was able to see the documentation in English and Spanish the two most common languages in the North Carolina DOC population. The Auditor also confirmed steps to be taken by intake staff to ensure comprehension of the offender's rights regarding PREA and how to report a concern. This included steps to individually work with offenders with disabilities that might impair understanding or those who would need the aid of translation services. The Auditor was able to use the interpretive services in the completion of the Audit. The Auditor made recommendations on ensuring Spanish-speaking offenders can read materials in the same way they ensure English-speaking offenders can read. Offender's support there are staff available to assist individuals with comprehension or language barriers. LEP Offenders did state that there is a limited number of bilingual staff at BCI. Given the policy provided, the contracts in place, the staff and offender knowledge of accessing services, and the statewide support, the Auditor finds the standard expectations are being met.

**115.17 Hiring and promotion decisions**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policies and written/electronic documentation reviewed.

Bertie Pre-Audit Questionnaire

BCI Policy .0201 BCI Personnel Hiring Policy

Form F-5A Application for certification

NCDPS applications forms/screens from DPS website

NCDPS Policy F. 0604 Community Volunteers Program

HR 004 Criminal History/Background checks

HR 013 DPS Employment Statements

HR 005 Application Verification

HR 015 Prior Service

HR files of current staff, contractors and volunteers

NCDPS New Employee Manual

Individuals interviewed/ observations made.

Interview with Human Resource Staff

Interview with Agency PREA Coordinator

Interview with Warden

Review of files with HR staff

**Summary Determination**

Indicator (a). NCDPS strictly prohibits employment or contracting the services of individuals who have engaged in or have been convicted of engaging in or attempting to engage in or administratively be adjudicated for sexual assault. The agency utilizes the same language requirements for contracted employees. Interviews with Human Resources staff support the process of screening all applicants for employment, or contracted and volunteer services at the Bertie. Any approved volunteer undergoes the same screening process and the same acknowledgment form. The Auditor reviewed the online employment application process which requires potential candidates to confirm that they have not engaged in any form of the sexual misconduct described in indicator (a). The application includes inquiries into prior sexual assault in a prison or jail, any attempt to engage in sexual activity by force in the community or through coercion or engagement with an individual who could not consent. The Auditor confirmed the questions are asked at the time of hire and during promotional periods. In determining compliance, the Auditor reviewed 15 files, including 3 hired in the last year. The NCDPS has had the PREA questions as part of the employment applications since 2013. The Auditor was able to see in the HR files reviewed where the questions were asked of employees at hire and promotion. NCDPS actually asked an employee multiple time in the hiring process about the described activities in this indicator. Employees who were hired prior to PREA have all signed employment statements which confirm they have not engaged in the activities described in indicator (a). Discussions with facility and agency leadership confirms individuals with prior histories described in this indicator would be prohibited from employment or contact with the offender population at a NCDPS facility.

Indicator (b). The Bertie Correctional Institution prohibits the employment or contracting of individuals who may have engaged in behaviors described in indicator (a). The Auditor confirmed with the HR staff person that the NCDPS does perform the criminal background checks and prior employment checks on all staff, contractors, and volunteers. The HR staff persons confirmed that there are measures in place to review current employee's prior disciplinary history before promotional

opportunities would be offered. The Auditor did not review contracted employees or volunteers as the facility does not currently have any. NCDPS Community Volunteer Program policy states the requirement of criminal background checks and clarifies that individuals with sex offense histories are prohibited. Due to Covid-19, volunteers have not been on site in about two years. The Human Resource staff confirmed that all individuals who are recommended for hire or promotion who have potential concerning issues in their work or personal history would be brought to the Warden's attention before any offer of a position in the institution. Because potential promotional appointments may come from other NCDPS facilities, this process would include reviews at both the agency and facility level. The NCDPS prescreening process for its employees and contractors seeks to find information on criminal offenses. The agency reaches out to former employers to review if to determine if they were disciplined or investigated for sexual misconduct. Employees spoken with supported they are subjected to both criminal and prior employment inquiries. The Auditor made a recommendation on documenting when agencies don't respond to the request.

Indicator (c). The North Carolina Department of Public Safety completes criminal background checks on all employees. Pre-Employment background investigations are required by North Carolina law prior to hiring. This includes the following: employment history checks, criminal history checks, driver's license and the National Sex Offender Registry screenings. These checks are completed prior to hiring new employees who may have contact with Offenders. In discussions with the Human Resources staff, these are consistently done during pre-employment and at the required 5-year intervals in indicator (e). The check includes a criminal background check and prior institutional checks. The Human Resources staff confirmed the background checks are initially completed before an application is forwarded for consideration, at which time the background check is again completed in the regional office. Today most potential NCDPS candidates for hire come through the online application process. If the region initially approves them the list of names for consideration is forwarded to the facility who will set up interviews. The Human Resources staff confirmed that approved applicants are forwarded to the regional office for criminal background checks. The Auditor was able to see the criminal background documents in the files reviewed onsite. The Auditor randomly selected 15 files of new and existing employees to confirm that background information had been obtained.

Indicator (d). NCDPS as stated in Indicator (a) completes criminal background checks on all contracted employees and any approved volunteers. Due in part to the COVID-19 pandemic, Bertie currently does not have any volunteers allowed on site in the past year. Phone interviews with volunteers support they were required to pass a background check before being allowed into the facility. The Auditor reviewed three random files for documentation that supports criminal background checks are completed on all contractors. Documents authorized the completion of checks, documentation that they have never engaged in the activities in indicator (a) and education of contractors on their responsibility to report all knowledge of sexual misconduct.

Indicator (e). Discussions with the Human resources staff support that staff have criminal background checks at the time of hire and at least every 5 years thereafter. The Auditor received verification on the 15 sample checks consistent that at least one check had occurred in the last 5 years on all sampled employees employed more than 5 years. The Human Resources staff confirmed the process is done and how if new charges were found, the steps taken to notify the Warden. The Auditor also found on the NCDPS Employee Statement form that all employees are notified at the time of hire that the "Department has the right to conduct random criminal background checks to ensure compliance with these federal standards."

Indicator (f). As noted in Indicator (a), all BCI employees are asked to complete the Employee Application, including questions required in indicator a). The employees, after hire, also complete a series of forms, including a DPS Employment Verification and a DPS Employment Statement. In both documents the NCDPS has required the individual to confirm they have not engaged in any of the described activities listed in indicator (a). Staff is asked the aforementioned questions as well as create a continuing responsibility to disclose such misconduct. The form sets forth a continuing affirmative duty to disclose any such misconduct. All employees confirm by signature the requirement to report any violation of the prohibited acts described in indicator (a) within 24 hours of occurrence. The Auditor was also provided with a policy document that cover disqualifying charges that would prevent employment.

Indicator (g). All Bertie Correctional Institution employees must disclose all misconduct allegations, and any material omission or false information regarding misconduct will be grounds for termination. The agency Employee Applicant form explains the failure to report criminal charges and convictions may be subject to termination. The Auditor reviewed information from background checks and confirmed that no individuals had been disciplined or terminated in the past year for falsification of information related to past sexual misconduct or criminal behaviors. Form F-5A Application for Certification

has the employee sign the following statement at the time of hire, the statement tells the employee that the condition exists throughout their employment with NCDPS. "I acknowledge that any omission, falsification, or misrepresentation of information or procedures, by either the candidate or this Agency, throughout the employment and/or certification process may result in certification being denied, suspended or revoked by the Commission at any time, now or later, and may result in sanctions against this Agency.

Indicator (h). The NCDPS allows for the agency, with proper releases of information, to disclose to other institutions any PREA-related concerns. Interviews with Human Resources staff confirm they make requests of both internal and outside employers when hiring. The Auditor was provided with recent examples of the request made or received and the facility's response. There were no instances where the facility received a request for information on a prior BCI employee in the past year.

Compliance Determination:

The North Carolina Department of Public Safety has a policy in place to address the requirements of the standard, including the completion of background checks and pre-employment screening that supports the agency's efforts to screen out predatory candidates from employment. The Auditor interviewed the Human Resources staff and reviewed staff, contractor, and volunteer records. The agency has all staff and contractors undergo criminal background checks. The Human Resource staff reports she works closely with facility management to maintain the line of communication. The NCDPS has implemented forms to document staff understanding the requirements related to the various indicators in this standard. The Auditor was able to go online to see the employment application process.

The Auditor was also able to review information from a total of 15 files of current staff. Interviews with the Human Resource staff and PREA Coordinator further confirmed the process in place to ensure individuals who have engaged in sexual misconduct are not employed at Bertie Correctional Institution. They will share information on sexual misconduct by a former employee to prevent their ability to get a job at another correctional institution if that facility requests information. As outlined above, there were several factors used by the Auditor in determining compliance.

115.18	<b>Upgrades to facilities and technologies</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Bertie Pre-Audit Questionnaire

Policy A .0100 Organization of Prisons

Policy F .1600 Management of Security Post

Annual Staffing Plan

Camera upgrade documentation from 2021

Individuals interviewed/ observations made.

Interview with PREA Coordinator

Interview with PREA Compliance Manager

Interview with Warden

Summary Determination

Indicator a). There has been no construction or modifications to the Bertie Correctional Institution areas in the past three years. Policy F.1600 Management of Security Post commits the agency to ensuring the safety and humane environment for staff and offenders. The Auditor was able to discuss with the Warden and The PREA Compliance Manager how PREA safety concerns are addressed. The Warden described how if safety issues arise, those issues are tackled and the communication between the facility level and the North Carolina DPS central office will occur on needs. All PREA incident reviews are sent to the Regional Director of DOC. Physical plant changes at DOC facilities fall under the Commissioner's Director of Facilities Management who is responsible for long-term planning. The PREA Coordinator supports the PREA Office staff would be involved in capital projects with a critical eye toward offender safety concerns as identified in the standards.

Indicator b). The BCI has reportedly added and improved the video monitoring technology since the last PREA Audit. In 2019 the facility began a camera expansion project which was finalized in 2021. The facility currently has a plan to add additional video surveillance and improvements to the storage capacity of the camera systems. The Warden believes video or soft monitoring technology such as mirrors improve the facility's supervision and overall safety. (BCI has 190 cameras and 50 mirrors.) The ability to review allegations reported weeks after an incident is hampered because the current system does not retain footage for long periods. The Auditor was provided with documentation supporting the 2021 expansion plan. The Auditor reviewed the annual staffing plan, confirming the Warden's statement that NCPDS has scheduled the camera system to be replaced.

Compliance Determination:

Agency policy and interviews support the Department of Public Safety in placing a system to consider offender sexual safety in designing new spaces, modifying existing spaces, or adding monitoring technology. Agency policy A .0100 Organization of Prisons states in the section on new construction that, "The size of management units within facilities are based on the security classification of the offenders assigned and the ability of staff to complete regular security checks, maintain visual and auditory contact, maintain personal contact and interaction with offenders, and remain aware of unit conditions." Interviews with a representative for the Agency Head were completed as part of the agency Audit. The interview further supports the agency considers how physical plant modifications and the addition of monitoring technology can improve safety in North Carolina DPS facilities. The Auditor considered the policies, interviews with the Warden, PREA Coordinator, and PREA Compliance Manager in determining compliance. The interviews supported that there are avenues of communication between facility and agency administration to ensure appropriate resources can be applied to resolve identified concerns.



**115.21 Evidence protocol and forensic medical examinations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policies and written/electronic documentation reviewed.

Bertie Pre-Audit Questionnaire

NCDPS Policy F .3400, Offender Sexual Abuse and Sexual Harassment

NCDPS Health Services Policy CP-18 Clinical Practice

NCDPS Memorandum to Local Law Enforcement Agencies and Sheriff's, PREA

Investigations and Compliance,

Best Practices in the Criminal Justice Response to Domestic Violence and Sexual Assault:

Guidance for CCR/SART Response Protocols

IIAFN 2018 Guidelines for SANE

NC General Statutes 114-12 State Bureau of Investigations Powers and Duties

MOU with Rape Crisis Agency

Policy OPA-I21, PREA Evidence Chain of Custody form

NCDPS, PREA Support Person Role and Responsibilities Document

NCDPS, Form OPA-A18, Designation of PREA Support Person Memo

Individuals interviewed/ observations made.

Interview with PREA Compliance Manager

Interview with Random staff

Interview with SANE/SAFE

Interviews with Medical and Mental Health staff

Interview with Rape Crisis agency staff

Information from the North Carolina Board of Nursing (SANE certification)

**Summary Determination**

Indicator a). NCDPS and Policy F .3400, Offender Sexual Abuse and Sexual Harassment, set forth the requirement that all allegations of sexual abuse be investigated and that the investigation will be completed using a uniform practice. The Bertie Correctional Institution does not complete criminal investigations at BCI but has a relationship with the Windsor Police Department with whom they would coordinate investigations. Administrative investigations at BCI will utilize trained staff to complete an initial assessment of the allegation if there was not direct staff observation of a crime. If a crime is evident then the case is referred to the local police or the County Sheriff's office. The PREA Compliance Manager confirms the training provided so all DOC investigators ensure a consistent approach to ensure the likelihood of protecting/obtaining physical evidence. Random staff were able to describe in a first responder situation the steps to protect evidence until it can be properly obtained by the investigator be it criminal or administrative. The Auditor reviewed the NC Department of Administration's Sexual Assault Program and other state website and spoke with Hospital staff. In addition, the police confirmed the efforts to ensure proper collection of evidence.

Indicator b). BCI will only complete administrative investigations but has trained all staff in ways to preserve evidence until trained investigators arrive. The Auditor confirmed with the ECU Health Bertie Hospital nurse are trained in the collection of state approved rape kits. The Hospital staff confirm they do not currently have on staff SANE Nurses. The Auditor also spoke with a representative of the state's Board of Nursing who oversees the certification of SANE nurses. There are no youthful adults held at BCI. The NCDPS has a juvenile facility in the area responsible for holding this population.

The Auditor also reviewed Best Practices in the Criminal Justice Response to Domestic Violence and Sexual Assault: Guidance for CCR/SART Response Protocols and the International Association of Forensic Nurses IAFN develop Protocol. The Best Practices in the Criminal Justice Response to Domestic Violence and Sexual Assault: Guidance for CCR/SART Response Protocols was developed with funding from US DOJ Violence Against Women Act. A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents: 2nd edition. A review of the document show support for a victim-based approach. The document provides guidance on communication with victims, evidence for law enforcement to consider at the crime scene, and it provides direction to medical staff on considerations and promotes the use of forensically trained nurses.

A review of the IAFN document which most training of forensic nurses training programs in NC uses is updated to 2018. The document has information on forensic exams of adults and pediatric victims. The material reviewed provide an in depth process for completing forensic exams. Representative of the North Carolina Board of Nursing confirmed the IAFN curriculum is used by many certifying programs to train staff.

Indicator c). All victims of sexual abuse at Bertie Correctional Institution would be taken to ECU Health Bertie Hospital in Bertie, approximately 2 miles away. An interview with hospital staff confirmed the staff are trained in completing rape kits but there isn't certified SAFE/SANE staff at their location. The The PCM reports the nearest SANE certified staff is one hour west at the Nash General Hospital. The Auditor confirmed that there is no cost for sexual assault exams. State statutes show the state's obligation to paid for examinations since 2009. Funds are provided through the North Carolina Crime Victims Compensation Fund. As noted in indicator b) the state's Nursing Board confirmed the availability of Sexual Assault Nurse Examiners. NCDPS Health Services policy CP-18 (page 4) also states there is no cost for any treatment of sexual abuse cases. There were no cases of sexual abuse that required a forensic exam in the past year.

Indicator d). Bertie Correctional Institution has access to rape crisis agency staff through a Memorandum of Understanding with Real Crisis. The Auditor was provided with a memo about the agreement and spoke with a Supervisor at Real Crisis who confirmed it was approved. BCI prior Rape Crisis Center in the area closed. The REAL Crisis Center Representative confirmed the ability to support individuals for forensic exam or police interviews. The Auditor suggested ways to continue building resources with the local rape crisis provider to the facility.

Indicator e). NC DPS policy F .3400 addresses the requirements of this indicator. Interview with SANE nurses at RMC, the Real Crisis Supervisor, and the facility PREA Compliance Manager confirms the ability to support the offender during an exam, a criminal investigation interview, or to provide ongoing support to victims. Interview with the Investigator confirms that a rape crisis support advocate is routinely offered to victims. NCDPS has also created a position called a PREA Support Person (PSP). The PSP is a voluntary position that staff, with an interest working with victims, can provide various levels of support to victim. The PSP will monitor offenders from retaliation and as one of their duties is to encourage the client to become involved with the local rape crisis agency. PSP get additional training on working with victims The Auditor confirmed the ability of Real Crisis staff to support victims at forensic exams or investigative interviews. The representative of Real Crisis confirmed that services would include a referral if the victim was leaving BCI to another part of the state.

Indicator f). Bertie Correctional Institution has a working relationship with the Sheriff's Office as well as the Windsor Police Department. Both agencies have individuals who would be responsible for completing criminal investigations at BCI. Discussions with a representative of the Windsor Police Department confirms their ability to complete criminal investigations at BCI. The police are required to process the scene and collect evidence consistent with the state's Crime Victims rights Act. (15A-830.5) The Auditor also reviewed the administrative Investigator's initial report support's communications between entities is ongoing. BCI would make sure a victim is brought to a hospital with SAFE/SANE services in an active case while the police would be provided full access to the institution and its resources to collect evidence. The PCM would ensure ongoing communication occurs throughout the investigative process.

Indicator g). The Auditor is not required to audit this provision.

Indicator h). The indicator is NA. The Bertie Correctional Institution has entered into an MOU with Real Crisis to provide support to victims of sexual misconduct at BCI.

Compliance Determination:

The Auditor finds that the standard is compliant. The facility allows offenders access to victim advocates from a rape crisis center through a current MOU with Real Crisis. The facility provides offender victims access to forensic exams at no cost at the ECU Health Bertie Hospital or by SANE nurses at Nash General. The Auditor reviewed the agency's policies and procedures, Memorandum of Understanding, investigative reports. The Auditor interviewed the BCI Investigator, hospital staff, state agency representatives and Real Crisis staff, to determine if the facility meets the requirements of this standard. The Auditor also considered the NCDPS memo to sheriffs and police departments that provided guidance on investigation requirements to include those 'promulgated by the US DOJ in the PREA Final Rule Document'.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policies and written/electronic documentation reviewed.

Bertie Pre-Audit Questionnaire

Policy F .3400 Offender Sexual Abuse and Sexual Harassment Policy

NCDPS Agency Website

Investigative Reports of Sexual Abuse and Sexual Harassment Allegations

NCDPS Memorandum to Local Law Enforcement Agencies and Sheriff's, PREA

Investigations and Compliance,

BCI PREA Tracking Form

Investigation files

Website Information about ECU Health Hospitals.

Individuals interviewed/ observations.

Interview with Warden

Interview with Investigators

Interview with Hospital staff

Summary determination.

Indicator a). The Auditor was provided with information on all sexual assault and sexual harassment claims made in the past year. Policy F .3400 Offender Sexual Abuse and Sexual Harassment Policy (page 25) requires "Investigations into allegations of sexual abuse and sexual harassment, shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports." The Bertie Correctional Institution has investigated 53 allegations in the past year. The investigations reviewed by the Auditor included cases reported by offenders to staff, through the state's PREA Hotline. Interviews with the PREA Compliance Manager and the Warden confirmed the expectation that all allegations be thoroughly investigated. The Warden discussed how he expects his staff to support the criminal investigation by the local authorities. Of the 53 allegations, 20 were determined to not be PREA after an investigation leaving 20 sexual harassment cases and 13 sexual assault cases. In the case of allegations of sexual assault, the facility investigator documented notifications to the local police who determined if the case warranted a criminal investigation based on information provided.

Indicator b). Page 25-26 of Policy F .3400 Offender Sexual Abuse and Sexual Harassment Policy sets forth the obligation that all cases of sexual assault and sexual harassment be investigated. The Windsor Police Department will be responsible for criminal investigations in matters relating to sexual abuse. The Auditor attempted to contact the Windsor Police Department to confirm the powers of arrest and authority to investigate crime in the facility including the ability to continue the investigation even if the alleged perpetrator or victim has left employment or custody of the institution. The Auditor also spoke with the local Sheriff's office who also can complete an investigation at the prison according to the NCDPS letter.

Indicator c). The Bertie Correctional Institution would only be responsible for administrative investigations. Policy F.3400 outlines the expectation of correctional staff to protect evidence and states, "When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation." The policy goes on to state the need to collaborate to ensure administrative investigations do not hinder the criminal case. Winsor NC Police Department would be responsible for Criminal Investigations at BCI. As noted in standard

115.21 the NCDPS commissioner provided guidance in 2016 on the expectation of criminal investigators at any adult or juvenile facility under their control. All DPS policies for adult corrections are readily available online. The BCI Investigator and PREA Compliance Manager confirmed they will ensure communications between the agencies is maintained. BCI staff interviewed understood the importance of protecting evidence, documentation of what information about the case they are aware of and the need to be available for the agency and local law enforcement investigators for follow up questioning.

Indicator d). N/A - The Auditor is not required to review this provision.

Indicator e). N/A - The Auditor is not required to review this provision.

Compliance Determination: The documents reviewed by the Auditor confirm the relationship with local law enforcement authorities to investigate sexual abuse and criminal sexual harassment allegations. The Commissioner of DPS has provided guidance that investigations at NCDPS Adult and Juvenile facilities should be done consistent with the federal guidelines for the Prison Rape Elimination Act. No current offenders at the facility were the victims of a criminal sexual assault case. The Auditor did speak with individuals whose cases were investigated administratively. The facility provided the Auditor with all cases in the past year of which I reviewed 35 allegations, including substantiated, unsubstantiated, unfounded cases and cases that were determined after initial inquiry to not be PREA complaints. The Auditor also took into consideration interviews with the investigator and the Warden to confirm all allegations of sexual assault and sexual harassment are investigated.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policies and written/electronic documentation reviewed.

Bertie Pre-Audit Report

NCDPS Policy F. 3400 Offender Sexual Abuse and Sexual Harassment Policy

NCDPS Policy K .0100 Employee Training

BCI Policy 1.1200 Offender Sexual Assault

PREA Sexual Abuse / Harassment 101 training materials

PREA Understanding the LGBTI Offender

BCI Staff training rosters 2020-2021

NCDPS PREA Office website

Individuals interviewed/ observations made.

Interview with PREA Compliance Manager

Random Staff records

Informal interaction with staff on tour

Summary Determination

Indicator (a) North Carolina Department of Public Safety PREA policy F.3400 includes the zero tolerance toward sexual abuse and sexual harassment policy relating to staff training. This policy includes training requirements on how to fulfill their responsibilities for prevention, detection, reporting, and response. This policy states the required content consistent with the indicator. "Sexual Abuse and Harassment 101 training that addresses the following:

- (A) The agencies standard of zero-tolerance of sexual abuse and sexual harassment toward offenders, either by staff, contractors, volunteers, or by offenders.
- (B) Employees' responsibilities when responding to sexual abuse and harassment;
- (C) Offenders' right to be free from sexual abuse and sexual harassment;
- (D) Offenders' and employees' right to be free from retaliation for reporting sexual abuse and harassment;
- (E) The dynamics of sexual abuse and sexual harassment in confinement;
- (F) Common reactions of sexual abuse and sexual harassment victims;
- (G) Detect and respond to signs of threatened and actual sexual abuse;
- (H) How to avoid inappropriate relationships with offenders;
- (I) How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders;
- (J) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
- (K) Relevant laws regarding age of consent;
- (L) Unique attributes of working with males and/or females in confinement/supervision."

The Auditor conducted random staff interviews during which the staff described the training elements and items they learned. All staff were able to describe some aspects of how they promote a zero-tolerance and PREA-safe environment. Staff described in their day-to-day job how they prevent, detect and are prepared to respond to incidents of sexual misconduct. The Auditor reviewed the PREA Lesson Plan provided by the PREA Compliance Manager and the materials indicate the discussion

regarding the zero-tolerance standard. The Agency-wide policy K .0100 Employee Training, also sets forth the requirement of training on the Prison Rape Elimination Act. The PREA Compliance Manager supplied training rosters to the Auditor as evidence all staff have been trained. The Auditor confirmed these through a review of requested individual file documentation.

Indicator (b) The training materials are developed for statewide use, as such its curriculum addresses working with male and female victims of abuse. Bertie Correctional Institution, an all-male environment, has not transferred any employee who had worked in a female-only environment in this audit cycle. Policy F.3400 (page 6) language reinforces the DOC's expectation of gender-specific training when it requires "Unique attributes of working with males and/or females in confinement/supervision."

Indicator c). The NCDPS trains individuals on an annual basis in PREA. Training records confirm information received through random staff interviews and informal questions the Auditor asked of staff during the tour. As noted, COVID-19 has resulted in more online education, but staff report they receive additional materials in staff meetings and roll calls throughout the year. The NCDPS PREA Office has produced different handouts that are meant to keep staff focused on key aspects of PREA and protect against undo familiarity. Documents like the Daily Dozen, Red Flags, PREA Bulletin Board, Watch your Step, and the PREA Awareness brochure provides supplemental materials for BCI staff to review between formal training periods. New employees still receive classroom training at the academy and state they routinely get refreshed on PREA-related issues in their rollcall meetings. NCDPS in addition to covering the requirement of indicator (a) have produced other related training topics, including Safe Searches, Undofamiliarity, and Working with the LGBTI Offender.

Indicator d). The training records reviewed by the Auditor confirmed that staff signed an acknowledgment form that they understood the content of the training. The Auditor also was provided that each individual must pass a test of information retention from the PREA training. The PREA Compliance Manager reports that all employees must receive a 100% score or must retake the questions the employee got wrong. This is done to ensure a full understanding of the staff expectations in promoting a zero-tolerance culture and knowing how to prevent, detect, and respond to sexual harassment and sexual abuse claims. The Facility reports 100% staff completed PREA refreshers in the last year and 25 new employees have undergone PREA training during the academy time. The Auditor also requested the training record of the same individuals used in HR Records review.

#### Compliance Determination:

The Auditor has determined the facility has appropriately trained its staff in the areas required in this standard. Facility staff were well educated in the training topics mandated in the standard by being able to give examples to the Auditor's questions related to the 10 required training elements. The Auditor reviewed facility policies and procedures, training curriculums, materials, training rosters, and staff record. The Auditor reviewed 15 current employee training records when onsite. The facility reinforces training more often than the requirements of this standard as it fully trains staff annually plus provides updates and reminders developed by the NCDPS PREA Office. The Auditor determined compliance based on BCI staff's ability to retain the knowledge received from training, training materials, and staff training records.

115.32	<b>Volunteer and contractor training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Bertie Pre-Audit Report</p> <p>Policy F. 3400 Offender Sexual Abuse and Sexual Harassment Policy</p> <p>Volunteer Training/ Orientation Booklet</p> <p>PREA Acknowledgement</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with PREA Compliance Manager</p> <p>Summary Determination</p> <p>Indicator (a) Bertie currently has no contracted staff or volunteers. NCDPS PREA policy .3400 explains the zero-tolerance standard toward all forms of sexual abuse, sexual assault, and sexual harassment. The Auditor reviewed the volunteer and contractor handout which includes the zero-tolerance policy, requirements for preventing, reporting, detecting, and responding to sexual misconduct and the discipline imposed for violations of this policy. The documentation provided by the facility indicates the volunteer and contractors must sign they understood the training received. The Auditor reviewed the Acknowledgment of Volunteer Training and Orientation form and the agency's PREA Acknowledgement form, indicating they understand the training received. The training content and frequency is defined in policy F.3400 Sexual Abuse and Sexual Harassment (pages 6-8). All new contractors/ volunteers must complete the training to get their 'blue card' (an Identification card for those authorized to enter the facility).</p> <p>Indicator (b) For the past 2 years no contractor or volunteers have been approved to enter the facility. There are no volunteers or contractors providing professional clinical services to the population. The level of training received by volunteers is based on the services they provide and the level of contact they have with Offenders. Each contractor and volunteer must complete an application and a background check is completed. The application information allows the facility to thoroughly investigate the individual's background. Once approved through NCDPS, as noted in indicator (a) they complete a preservice orientation training. They are required to do annual follow-up training.</p> <p>Indicator (c) The facility provided the documentation form that will be completed after retraining of individuals' interest in volunteering at BCI. Bertie Correctional Institution does not use contracted staff to provide services to clients. Contracted individuals who provided direct service at other NCDPS facilities are provided PREA training consistent with all other institutional staff. The Auditor recommended that vendor who regularly deliver to the institution and have contact with inmates, even if limited, should also be provided information about PREA and the offender's right to be free of sexual assault or harassment. It was discussed that this could occur at the gate building where all deliveries check-in.</p> <p>Compliance Determination:</p> <p>The Auditor finds Bertie Correctional Institution has in place the ability to provide all volunteers and contractors training on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The agency policy requires documentation confirming that all volunteers and contractors understand their training. Absent any current volunteers or contractors providing services, compliance is based on policy, training documents reviewed, and an acknowledgment form in place for when these services can continue.</p>



**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policies and written/electronic documentation reviewed.

Bertie Pre-Audit Report

Policy F. 3400 Offender Sexual Abuse and Sexual Harassment Policy

Sexual Abuse Awareness for the Offender Intake Brochure

Offender Orientation Booklet

Zero Tolerance Postings

Offender PREA Orientation acknowledgement form in two Languages

PREA Coordinator Memo on education upon transfer.

Ways to Report posters

Photo of Corrective action measures in place

Individuals interviewed/ observations made.

Interview with Intake Staff Persons

Interview with case managers

Interview with random Offenders

Observation on tour of PREA Signage in two languages

**Summary Determination**

Indicator (a) All offenders are now provided information about PREA upon admission to Bertie Correctional Institution. The clients have often been exposed to PREA through the county jail system or other NCDPS facilities before their admission at BCI. At intake, offenders were inconsistent with in answering questions about education when they first walk into Bertie. The facility admitted 751 offenders in the last year with 703 remaining 30 days or longer. The admission process was explained to the Auditor during the tour, it was determined that they were not providing information at intake and were reliant of the resident getting education upon orientation. The Auditor and the facility agreed upon a solution in which they would be provided written materials in the form of the PREA trifold, and that all intake staff read a brief script to new offenders describing how to report a concern at Bertie Correctional Institution, that investigations will take place. that there is no retaliation for those who report and that more in depth information will occur during the orientation meeting. The PCM provided the auditor with photos of the laminated instructions and materials in place to provide new intakes with education. The PCM met with intake staff and their supervisors to review expectations. The Auditor encouraged the PCM to continue to spot check the process moving forward.

Indicator (b) All offenders at BCI are provided with a review of the facility specific PREA information with their caseworker in the first few days in the facility. This process can be done individually or in a group orientation based on the number of admissions in the week and the individual needs of the new offender. Because of security concerns there have been limited numbers of individuals admitted to BCI. The education provided to new offenders includes the Bertie Correctional Institution's zero-tolerance toward sexual abuse or sexual harassment. The training curriculum tells offenders how to protect themselves from sexual assault/sexual harassment, how to and why it's important to report a concern, the offenders' rights related to PREA, and their right to be free from retaliation if they make a report. They are given an understanding of steps the facility will take to investigate and support individuals if an incident occurs. Random offenders confirmed education into PREA. Offenders confirm verbally in the interviews they have received education about PREA and how to report a concern. Of the 703 admissions held 30 days the facility report 100% received education. A review of 15 provided and spot-checked files, training documents, and offender interviews support compliance with the indicator. All residents knew about information

posted even if they admitted they did not pay much attention to what was provided in orientation.

Indicator (c) All offenders at the Bertie have received an education on PREA and how to report any concern. Offender education is documented in the agency's electronic case management system OPUS. The offenders also confirmed they received PREA education at other NCDPS facilities including their assessment facilities where they also report seeing a PREA Video. There are no offenders who were in the Bertie Correctional Institution before the PREA law implementation. Many random offenders pointed to signage in the units about PREA and others confirm they have been provided a handbook. Agency Policy F .3400 Transferred Offenders and Receiving Operations (page 4) requires "An offender received from another institution via transfer will be provided a copy of the appropriate Zero Tolerance for Sexual Abuse and Sexual Harassment brochure that includes the Sexual Assault Hotline number". As an entry point for the NCDPS system the majority of residents are new to the system and as a result the education provided with in the 30-day period is the same as all new admissions to the facility. The Auditor also confirmed the education on PREA with the offenders and reviewed the offender records onsite and had a portion uploaded to the OAS.

Indicator (d) Education materials are available in English and Spanish the most common languages spoken at BCI. The medium-security facility a small portion of the population is a Limited English Proficient offender who needed the use of bilingual educator or interpretive services in the past year. The Auditor identified bilingual offender and offenders with disabilities who supported there are they can go to staff if they need assistance in the comprehension of written or oral PREA education. The assistance is available to any individual who needs assistance including those with physical disabilities, cognitive limitations, or those who cannot read. Many offenders stated that PREA was not a concern, but they knew the information was available. They report they could obtain help from line officers, case managers, the PREA Compliance Manager, or dial one of several posted numbers. The Auditor saw PREA Information in two languages during the tour. In addition the facility has video capacity so individual who need sign language support can have interpretive services also.

Indicator (e) As noted in indicator (b), The Auditor reviewed files supporting compliance with the documentation of PREA education. Records were reviewed for a random sampling of offenders supporting they have received PREA education. The Auditor was shown how the information is documented in OPUS. The documentation is recorded in OPUS the NCDPS electronic case management system and in documents the agency has all clients sign at orientation.

Indicator (f) Agency Policy 201 Orientation Procedure and Policy F .3400 define the content area all offenders receive upon admission to a NCDPS facility including PREA. The PREA Office has clarified by memo the expectation of PREA Education upon transfer within NCDPS facilities. Observations throughout the tour support there are materials available to offenders continuously. The information viewed included handbooks, posters, and other signage about PREA or resources such as the local rape crisis agency. The Auditor was sent photos of the handbook available to inmates in the library.

#### Compliance Determination

PREA is a term the offenders are familiar with at BCI. The North Carolina Department of Public Safety policy F.3400 Offender Sexual Abuse and Sexual Harassment sets forth (on pages 9-10) the expectation of the timeliness of offender education, manners in which education is delivered, and the requirement for materials for LEP and disabled offender education. Offenders at BCI confirm they are educated on PREA and the zero-tolerance expectations. PREA information is prominently posted and they are provided a PREA brochure, and a NCDPS offender handbook that contains PREA information. The information reviewed is signed by the offender and placed in their case record. The facility has PREA educational materials available to offenders in the form of brochures and posters. On the tour, the Auditor saw posters informing offenders how to report PREA events or how to access advocate services. Offenders report they are given facility specific PREA information within one day of admission. Offenders sign at admission acknowledging their PREA education. Interviews with offenders confirm they know how to report incidents if they were to occur.

Offenders reported comfort using a hotline number, telling a staff or filing a grievance if they were to experience or be witness to an incident of sexual abuse or harassment. During interviews with offenders, they expressed several ways to contact the administration or outside individuals if they did not have comfort in telling the line staff. Many of the offenders stated that though BCI is a tough facility with dangerous individuals PREA was not a concern at the BCI. They also reported they believed any complaint would be taken seriously and investigated. Offenders were able to describe who they could approach for assistance in the understanding of materials.

Compliance determination considered the supporting educational documents, the offenders' answers about training, and

their knowledge about facility specific steps for reporting a concern. Also supporting compliance is the Auditor's review of client records that showed their education, the offender education training materials, and the posted materials. The Auditor also considered the changes put in place to ensure basic PREA information is provided directly at admission.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policies and written/electronic documentation reviewed.

Bertie Pre-Audit Report

Policy F. 3400 Offender Sexual Abuse and Sexual Harassment Policy

Training materials for Institutional Investigators

BCI Investigator Training records

Individuals interviewed/ observations made.

Interview with Investigative Staff

**Summary Determination**

Indicator (a) The North Carolina Department of Public Safety does not employ criminal investigators at its correctional centers. The Department trains senior staff to complete initial investigations into allegations by offenders. If the allegation appears to be criminal in nature the case is handed over to the Windsor Police Department or the Bertie County Sheriff's Office. At Bertie Correctional Institution, the Warden, PREA Compliance Manager and three other staff have been trained as investigators.

The training is defined in the PREA policy F.3400, it states the Investigator training will include:

“(A) Shall complete appropriate employee training defined in section .3406(a)

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

- (i) Techniques for interviewing sexual abuse victims;
- (ii) Proper use of Miranda and Garrity Warnings;
- (iii) Sexual abuse evidence collection in a confinement setting; and
- (iv) Criteria and evidence required to substantiate a case for administrative action or prosecution referral.

(C) Completion of training shall be documented on form OSDT-1 and in appropriate agency training tracking system.”

The Auditor was able to review a copy of the NCDPS training program for completing sexual abuse investigations in NCDPS facilities. As the state's largest law enforcement agency the agency is well equipped to provide appropriate training on investigations. The Warden and the PREA Office confirmed there is going to be a refresher and new investigator training.

Indicator (b) The North Carolina Department of Public Safety provided the Auditor with the training materials used in training facility investigators of potential sexual assault and Sexual Harassment. The agency curriculum outlines the class expectations in an agency-developed course. The Agency course, reviewed by the Auditor, contained mock interviews and the topics required in this standard. The training materials support a victim centered approach. The Investigator knew both Garrity and Miranda, but only the local law enforcement would issue Miranda.

Indicator (c) Training records were provided by the PREA Compliance Manager for the staff who complete investigator training. The BCI investigative team member interviewed understands the requirements for determining the outcome of administrative investigations. The PREA Compliance Manager and the investigator confirmed that once a case is turned over to the local police the investigative team will continue to assess the case administratively including the assessment of staff

actions or inactions. Evidence of this ongoing communication was found in the administrative investigation report and in discussions with the investigative staff member. Agency policy acknowledges the need to the administrative case not to negatively impact the criminal process.

Indicator (d) The Auditor is not required to review this indicator.

Compliance Determination:

The North Carolina Department of Public Safety ensures that staff who complete investigations have received appropriate specialized training on investigating sexual assault in a correctional setting. The Investigators at BCI have been trained in completing investigations. Though they will not complete criminal investigations, the staff have been trained on how to protect evidence and have developed a working relationship with the local law enforcement agencies. Documents and interviews support that the facility's investigators are trained in the requirements of a PREA-related investigation. Samples of investigations were completed, and the training documents supported the Auditor's findings. The Auditor was informed by the Warden that undated training is scheduled for investigative staff. The new PCM is also a trained investigator which will aide in review of reports for thoroughness of information.

**115.35 Specialized training: Medical and mental health care**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policies and written/electronic documentation reviewed.

Bertie Pre-Audit Report

Policy F .3400 Sexual Abuse and Sexual Harassment

Medical and Mental health specific training materials

PREA Response Plan

Individuals interviewed/ observations made.

Medical Staff

Mental Health Staff

Summary Determination

Indicator (a) The Bertie Correctional Institution employs both Medical and Mental Health services. The agency trains staff with a course entitled Sexual Abuse and Sexual Harassment Medical and Mental Health Response. The courses covers PREA specific considerations from the medical and behavioral health staff perspective. To take this course the employee must have successfully completed the agency's basic PREA course (PREA Sexual Abuse/Harassment 101).

The thorough course, "Sexual Abuse and Sexual Harassment Medical and Mental Health Response" covers appropriate topics on working with victims of abuse across 100 slides. The training materials for Medical and Mental Health staff included information addressing signs and symptoms of abuse, communication with a victim, how to report an allegation, and how to preserve evidence. Interviews with nursing staff support awareness that they should not clean any injuries and only treat critical health concerns before transport to the hospital for a rape kit. Both medical and mental health staff knew who to report PREA concerns to in the facility and within their supervision chain. The Agency PREA Policy outlines content for this specialized training. "All full- and part-time medical and mental health care practitioners who work regularly in its facilities shall be trained in:

- (i) Detecting and assessing signs of sexual abuse and sexual harassment;
- (ii) Preserving physical evidence of sexual abuse;
- (iii) Responding effectively and professionally to victims of sexual abuse and sexual harassment; and
- (iv) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

(C) Verification of employee training shall be documented on form OSDT-1 and in appropriate agency training tracking system."

Indicator (b) The staff do not complete a forensic exam. The ECU Health Hospitals have the availability of nurses trained in performing sexual kits but the nurses are not SANE certified. SANE certified nurses are available at Nash General Hospital one hour west in Rocky Mount NC. Interviews with BCI medical staff confirmed the steps to be taken to protect evidence before the individual is sent out to the hospital.

Indicator (c) Documentation was provided to the Auditor for the Medical and Mental Health staff confirming the specialized training was completed. The Auditor reviewed the training materials and considered the staff's knowledge of the materials. The Auditor also confirmed the specialized training in formal and informal interactions with the staff who were able to give examples of the information provided to them in the specialized training. As noted in indicator (a) the agency has in place a system to document all completed training.

Indicator (d) A review of the seven training records and the interview with staff confirms that all Medical and Mental Health staff received the same training as the DOC employees annually and the training described in 115.32. DOC training records further support compliance. As noted in indicator (a), completing Sexual Abuse and Harassment 101 is required before staff can take the specialized training. Policy F.3400 requires medical and mental health care practitioners to also receive the general PREA training mandated for employees annually.

Conclusion: Medical and Mental Health Staff at BCI have taken the required specialized course and can attest to the information they learned. The Auditor reviewed the course content to ensure it covered the related topics for Medical and Mental health staff. The training materials and interviewed staff support that they were trained in responding appropriately to sexual assault victims. The Auditor met formally with medical and mental health staff and asked questions of others on the tour. Medical and Mental Health staff knew to whom to report allegations and suspicions of sexual abuse or sexual harassment. They were able to explain the reporting would be up to their agency chain of command while also notifying the chain of command of the prison. Medical and Mental Health Staff knew to also report any concerns to the corrections investigators or PREA Compliance Manager. The contracted staff reported they also take the same PREA classes as custody employees. Medical staff will not do forensic medical examinations but are aware of how to protect evidence and what facilities they would refer offenders to for an exam by a SAFE or SANE if needed. Policies reviewed by the Auditor supported compliance, interviews, a review of the training program for Medical and Mental Health Staff, and training records for the medical and mental health staff figured into the compliance determination. The Auditor also took into consideration the coordinated response plan.

**115.41 Screening for risk of victimization and abusiveness**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policies and written/electronic documentation reviewed.

Bertie Correctional Institution Pre-Audit Report Questionnaire

NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment

NCDPS Policy I.12 Offender Sexual Assault

NCDPS Screening questions (OPUS)

PREA Office Training PowerPoint for screening staff

Screening records supporting new procedures being implemented

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interviews with Medical staff.

Interview with Intake and Screening staff

Interview with Warden

Interviews with Offenders

Observations on tour

**Summary Determination**

Indicator (a) All offenders who are transferred to Bertie Correctional Institution will be assessed with an objective screening. All offenders entering the NCDPS are placed at an assessment facility where individuals are screened for being potential victims or perpetrators of sexual misconduct. This requirement is outlined in policy F .3400 (page 10); it states, "All offenders and safe-keepers shall receive a mental health screening (MHSI), administered via the web-based OPUS intake system, within 72 hours after admission to Prisons. Diagnostic Services staff shall conduct the screening to determine an offender's risk of being sexually abused by other offenders or their risk of being sexually abusive towards other offenders. The screening shall use an objective screening instrument".

The BCI facility will also assess offenders upon admission to the facility. A review of records supports that screenings occur upon admission to BCI and are documented in OPUS (Offender Population Unified System) the NCDPS electronic case management system. BCI in a Maximum / Medium-security facility and does not take offenders directly in from the court or county jail system except in safe keeper situations. As such, when an offender is placed at BCI, the staff has historical records to reference when completing a PREA assessment. OPUS was built to use information throughout the offender's stay. Offenders who are referred to Bertie Correctional Institution may have significant violent histories in the community or at other NCDPS facilities. Because of the population makeup of BCI, individuals with significant medical or mental health needs may not be placed at BCI. The Auditor also spoke with the PREA Coordinator and the facility Administration to improve understanding of how OPUS can be used to ensure high-risk victims and perpetrators are not placed together in work, education and programming. In OPUS, NCDPS can run groups of names to ensure no conflicts exist, including individuals in these groups.

Indicator (b) The Policy stated in Indicator (a) sets forth an obligation to complete the screening consistent with the standard provisions. While onsite, the review of the screening reports supported the screening were occurring but not consistently within 72 hours from admission. The Auditor requested that all classification staff receive training on this area. The facility provided proof in the OPUS system of the screenings being completed during a corrective action period. Since the staff were immediately trained again on the expectation, three months of additional documentation were requested. During the Corrective Action Period (CAP) staff were retrained on screening and the use of information by the NCDPS PREA Office



staff. Documentation of the training was provided to the Auditor and the PREA Office of NCDPS reached out to the Auditor for input on topics that might need reinforcement from the Auditor's review of materials and interviews with staff. Due to violence that occurred months before the site visit, NCDPS has limited the number of transfers during the CAP. The Auditor reviewed 44 files of which 86 % were completed on day one, and 100% were completed within 72 hours.

Indicator (c) The tool developed for screening offenders for potential sexual violence or sexual victimization is an objective tool utilizing information from the offender's criminal records, information from other correctional settings, and the client's self-reported information. The Auditor was provided with the materials on how to administer and score the tool to ensure that the application is objective. The screening information has been put into OPUS an electronic case management system. The Auditor also asked the Intake officer to show the process by which the questions were asked at Bertie Correctional Institution. NCDPS procedures utilizes information throughout the offenders stay and applies the new information at intake with existing historical information. The Intake officer's opinion is removed from the process as the tool is scored automatically by OPUS. The NCDPS PREA office provided the Auditor with information on the weighted values built in OPUS that would cause an individual to be scored at High Risk for Victimization (HRV) or High Risk for Aggression (HRA).

Indicator (d) NCDPS PREA Policy F.3400 covers the required elements in it policy narrative. It states, "Screening for risk of victimization and abusiveness:

(A) All offenders and safekeepers shall receive a mental health screening (MHSI), administered via the web-based OPUS intake system, within 72 hours after admission to Prisons. Diagnostic Services staff shall conduct screening to determine an offender's risk of being sexually abused by other offenders or their risk of being sexually abusive towards other offenders.

The screening shall use an objective screening instrument that obtains the following minimum biographical data about the offender:

- (i) Whether the offender has a mental, physical, or developmental disability;
- (ii) The age of the offender;
- (iii) The physical build of the offender;
- (iv) Whether the offender has previously been incarcerated;
- (v) Whether the offender's criminal history is exclusively nonviolent;
- (vi) Whether the offender has prior convictions for sex offenses against an adult or child;
- (vii) Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- (viii) Whether the offender has previously experienced sexual victimization;
- (ix) The offender's own perception of vulnerability;
- (x) Whether the offender is detained solely for civil immigration purposes; and
- (xi) 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 offenders for risk of being sexually abusive."

A review of the objective tool used in North Carolina DPS facilities shows that it accounts for all 10 elements required in this Indicator. The Agency PREA Coordinator explained to the Auditor the process by which all elements are weighted for the scoring process as a High Risk for Victimization or a High-Risk Aggressor. Files were reviewed in advance of the audit and the Auditor requested a random sampling of files onsite. The OPUS screening has most items carried forward to facilities such as BCI. The Auditor confirmed they have been asked questions related to the required screenings between Bertie custody and Medical staff and information they may have previously provided to the NCDPS Department of Corrections.

Indicator (e) The tool does consider the offender's history of violence or sexual abusiveness in the community and prior institutional settings. The PREA Compliance Manager and the Correctional Case Manager report if the offender has an incident in the current institution, they would be reassessed which would change their scoring. The agency screening guidelines remind staff that Offenders can be both a high risk of being a victim of sexual abuse (HRV) and a high risk of being a sexual aggressor (HRA). The agency practice is to follow the guideline of HRA when the offender scores positive for both status measures. Inmates spoken to at BCI admitted violence occurs at the facility often over gang issues but they

denied sexual violence occurs.

Indicator (f) The NC DPS policy F.3400 requires assessment within 30 days of admission. The policy states “Within a set time period, not to exceed 30 days from the offender’s arrival at the facility, the facility will reassess the offender’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening”. Another document requires reassessment every six months while in custody at a facility. The NC DPS made changes in the OPUS system in 2021 to reflect the screening and reassessment requirements consistent with the standard. As noted, the NCDPS PREA Office had issued PowerPoint to train individuals responsible for screening and reassessments. The Auditor did not find a consistent application of this requirement though some of the files reviewed had been admitted prior to the 2021 changes. As noted in indicator b) the staff were retrained and documentation on all admissions since the site visit were forwarded to the Auditor. Of the 44 files provided, 100% of the individuals who had been in the facility for 30 days had a reassessment.

Indicator (g) The Auditor was able to ask BCI staff in formal interviews and review of documentation to support PREA reassessments occurring for several reasons. The offender would be reassessed if they were either the victim or the perpetrator of sexual violence, if they engaged in consensual sex in violation of facility rules if additional information becomes known that would affect the scoring. As noted in Indicator (a) policy requires reassessment for various reasons, including new or additional information, change in status that would impact scoring, and in response to behavioral incident or PREA sexual misconduct incidents. Bertie did not have an incident requiring an additional reassessment of the individuals involved. Individuals who engage in sexual aggression would be removed to a higher-level facility. Both the PREA Compliance Manager and Correctional Case Managers confirmed the situations in which a rescreening would occur.

Indicator (h) The Auditor confirmed with intake/case management staff that offenders are not disciplined for refusing to answer questions or not disclosing information as part of the screening process. The Auditor spoke with intake staff who complete the initial screening, case managers who complete the reassessment, and the random sampling of offenders who also confirmed you cannot get in trouble for not answering these questions. The PREA Compliance Manager also confirmed that a resident will not be disciplined for failing to answer screening questions.

Indicator (i) The North Carolina Department of Public Safety completes the screening information in its electronic case management system called OPUS. The system limits who may have access to the screening information, especially the client’s more sensitive information. Disclosures made in the Medical record are completely siloed from the custody staff. Limited information is shared through the OPUS systems structure to ensure safety and prevent critical information that might be used to exploit an offender is kept to limited individuals. The Warden, Associate Warden, Case Management Supervisor and PREA Compliance Manager can run a report in OPUS that provides a Dashboard listing of HRA and HRV clients.

#### Compliance Determination:

The North Carolina Department of Public Safety has a policy (F.3400) that addresses the requirements of this Indicator. The Agency has developed systems to assess and offenders’ risk of sexual vulnerability or sexual violence. OPUS is the NCDPS electronic case file system that links their records as the offender moves between facilities. All offenders receive a complete screening upon admission to an NCDPS assessment facility. OPUS is designed so that not all questions are asked upon admission when an offender is moved from facility to facility. The NCDPS has provided information and training materials to facilities in the last year and ran a retraining on screening as part of the CAP.

During the onsite visit, the Auditor had found that screening within 72-hours of admission was not happening consistently. The Auditor also found that the 30-day reassessment was not occurring in all cases. To rectify the situation the Warden had the appropriate staff retrained on the expectations and the Auditor requested sampling on intakes and reassessment over the next three months. The Auditor was provided 44 initial screening and reassessments over the corrective action period. All were completed in a timely manner. The Auditor finds that the facility has provided sufficient evidence that they have implemented the necessary changes to be considered in compliance with this standard. Compliance is based on policy, interviews with staff and offenders, the stated documents supporting change in practice, and training completed as part of the Corrective Action Period.

115.42	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Bertie Correctional Institution Pre-Audit Questionnaire</p> <p>NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p>NCDPS Policy F .4300 Evaluation and Treatment of Transgender Offenders</p> <p>NCDPS Policy C .3100 Offender Assignment</p> <p>Client Classification Screenings</p> <p>NCDPS PREA Office Documentation of Screening process and use</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Warden</p> <p>Interview with PREA Compliance Manager</p> <p>Interview with PREA Coordinator</p> <p>Interview with Intake Officer</p> <p>Interviews with work crew Supervisors</p> <p>Interview with Random Staff</p> <p>Interview with Random Offenders</p> <p>Population report</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) The DOC PREA policy F .3400 addresses prevention efforts and covers the 5 elements of this standard indicator (Pages 12-14). The PREA screen used at Bertie provides immediate assistance in determining the appropriate housing unit and bed placement for any new Offender. If an individual is a known perpetrator of sexual offenses, they would be prohibited from being placed in the same portion of the unit as an individual with a known victim history. Individuals who would be likely victims in the institutions can be considered for being bunked in closest to the front of the unit visible from the Unit or Pod officer's desk area. Facility management determines when an offender is ready to transition to either work or educational programming.</p> <p>During these meetings, the PCM or other individual with approved access review the OPUS PREA Dashboard screens for HRA and HRV. This allows for identifying potential conflicts between the known individuals on each side. The Auditor required some retraining on this process as not all case management staff knew the process. Intake staff report they will notify medical staff about any individual who screens as HRA or HRV. Mental Health staff will receive any new allegations and meets with all new admissions with in the first two weeks. Staff supervising on work location settings confirmed they are provided enough information to 'keep separate' offenders with victimizations histories and those potential perpetrators of sexual violence. The facility has many individuals with violent histories in prison and they are used to reviewing list of individuals for conflicts. Education and other programming were limited due to recent violence in the facility. All individuals seeking to be enrolled would be reviewed for potential HRA/HRV conflicts. Policy C.3100 requires that work assignments "shall address the treatment and rehabilitative needs of the offenders while maintaining the safety and security of staff and the facility."</p>

Indicator (b) Safety of the offenders is considered throughout the offender's stay at Bertie Correctional Institution. The BCI management provides for regular review of the population of the maximum/medium-security environment. Because the variety of individuals in the environment, offenders who work outside the unit must individually reviewed. Staff report they stay on post for periods, allowing them to become familiar with the offender's routines. Random staff interviewed identified the importance of being able to identify when the behaviors change and knew the importance of identifying concerns. The random offenders report they could reach out to various supervisors if they had any individual needs/concerns. Interviews with staff also confirm they would act if the offenders voiced concerns. Offenders also have an opportunity to discuss concerns with mental health and with case management staff. The majority of offenders report accessing mental health is not difficult. Transgender individuals are provided a multi-disciplinary TARC meeting (Transgender Accommodation Review Committee) twice a year to discuss accommodations for their progress and needs while at BCI. There were no recent cases of transgender individuals at BCI

Indicator (c) Currently the Bertie Correctional Institution has no transgender or intersex individuals. Bertie Correctional is a male correctional facility with singular cells and dorm set ups. Agency policy F .3400 states, " In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems.." Transgender individuals who are already Identified in the NCDPS system are reviewed in a central office TARC meeting. The DPS Divisional TARC meeting to discuss each case in the system at least twice a year. According to policy F.4300 it is "A multidisciplinary committee that includes, at a minimum, the Health Services Medical Director, Chief of Psychiatry, Behavioral Health Director, Deputy Director of Auxiliary Services and the PREA Director." This group will determine requests around placement of offenders by their preferred gender and any request for gender-affirming surgery.

Indicator (d) As noted in indicator (c) the Bertie Correctional Institution has not had a transgender admission in the current Audit Cycle. BCI would have a facility TARC meeting on all individuals who identify as Transgender or intersex either at BCI or a prior facility. Policy F.4300 requires that accommodations afforded in one facility be reviewed at the next facility. The Auditor confirmed with medical staff that if medication is approved at one facility it will follow that individual to the next facility. The Warden confirmed they would be able to meet the commissary items to support the individual.

Indicator (e) Since inmates are all housed in general housing there are limited options in the facility for housing and bed placement. As previously described the facility will put them in a bunk that is visible to the housing officer. Inmates are moved by state officials who may have an understanding of the physical plant challenges. Inmates who had previously been identified would be made aware of the housing set up at a camp like BCI before they are moved, allowing them an opportunity to voice any concerns. If the individual comes out while at BCI, the facility TARC meeting will occur to review any request for accommodations and determine the best steps to ensure the person's safety.

Indicator (f) NCDPS Policy F .3400 requires that transgender offenders can shower separate from other offenders. The Plan at BCI would be for the transgender offender showers while other offenders are asleep in the early morning or late evening. In the unit showers, privacy is maintained through shower curtains that allow only the feet and the tops of the offenders' head to be seen. As noted in 115.15 shower curtains were requested to be modified to protect all inmates from incidental viewing. Restroom time would have to be accommodated in the same manner if they were placed in the dorm unit. Inmates on other units would have toilets in their respective cells.

Indicator (g) The North Carolina Department of Public Safety does not by policy, practice, or legal requirement house all LGBTI offenders in one housing unit. There is no legal judgment requiring such a condition to exist. The policy prohibits this action "The agency shall not place lesbian, gay, bisexual, transgender, or intersex offenders 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 offenders." This was confirmed with interviews with the PREA Compliance Manager, random staff, and gay offenders. The Auditor reviewed the overall population of the facility to ensure the identified populations were disbursed throughout the facility.

Conclusion: NCDS Policy F .3400 Offender Sexual Abuse and Sexual Harassment describes the use of the PREA Screening tool in Indicators (a) and (b). The remaining Indicators are covered in F.4300 Evaluation and Treatment of Transgender Offenders. The Auditor confirmed with the PREA Coordinator and the Warden multidisciplinary teams meet to discuss

each transgender offender's needs and preferences. She also confirmed with the PCM that screening results are utilized to ensure potential HRA and HRVs are kept apart. During the tour supervisors confirmed they are provided enough information to ensure 'keep separate' offenders do not work in the same location at the same time. Documentation and interviews support that LGBTI offenders are not all housed together or denied programming or work. Absent a current transgender individual, the Auditor had to rely on policy and staff knowledge in determining compliance. Staff were provided training during the Corrective Action Period to ensure all individuals who screen for PREA classification understand how it is used to information from the tool.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policies and written/electronic documentation reviewed.

Bertie Pre-Audit Report

NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with Warden

Interview with Staff in Segregation Unit

Interview with the PREA Compliance Manager

Observation on tour

**Summary Determination**

Indicator (a) The Bertie Correctional Institution refrains from placing offenders at high risk for sexual victimization in involuntary segregated housing. Policy F .3400 states, "Offenders at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the offender in involuntary segregated housing for less than 24 hours while completing the assessment." BCI administration reports that there have been no cases of protective custody for individuals at risk of sexual abuse in the past three years. The Auditor also confirmed this practice with the Officer working the segregation unit.

Indicator (b) Since it is not the practice of Bertie Correctional Institution to place individuals in involuntary segregation as a means of providing protection from sexual abuse, the elements of indicator (b) are difficult to assess. The DOC policy states "Offenders placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:

- (i) The opportunities that have been limited;
- (ii) The duration of the limitation; and
- (iii) The reasons for such limitations."

As a medium and close custody-security facility with open dormitory setting as well as single-cell units if for any reason the facility feels they cannot keep an offender safe for sexual violence the Warden may request a transfer to an equal classification facility. Sexual aggressors would likely be transferred to restrictive housing units.

Indicator (c) The policy F .3400 Offender Sexual Abuse and Sexual Harassment addresses the requirements of this standard in protecting offenders and staff who report PREA incidents from retaliation. The policy requires BCI not to house the victims or those at risk in segregation as a manner of protection unless there are no other means and that the situation is reassessed every 30 days. The policy states "The facility shall assign such offenders to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days." As noted in Indicator (a) there were no cases requiring a victim of sexual aggression to be placed in segregated housing.

Indicator (d) Since BCI has not used segregated housing to achieve protective custody of individuals at risk of sexual misconduct in the past year there is no documentation to review. Agency policy states the required documentation on the reasoning behind the use of restrictive housing. "If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document: (i) The basis for the facility's concern for the offender's safety; and (ii) The reason why no alternative means of separation can be arranged."

Indicator (e) The Department of Correction has a policy F .3400 addresses the requirements of this standard in protecting offenders and staff who report PREA incidents from retaliation. The policy requires BCI to reassess every 30 days the need for segregated housing. Policy requires regular review by medical and Mental Health professionals if residents are housed in segregated housing.

#### Compliance Determination

Interviews with the Warden and the facility PREA Compliance Monitor confirm that the facility has not had to use involuntary segregation to ensure the safety of any victims of sexual assault. The Warden confirms that the aggressor would be the individual moved to restrictive housing before moving a victim. Investigative reports support there is no practice of segregation of victims and is consistent with the Warden's interview. In addition to discussions with staff, and administration, during the tour, the disciplinary segregation staff confirmed that no individual was in the unit for protection from sexual assault. The standard is compliant based on the information provided, the tour, the interviews, and the policy and practice of the Bertie Correctional Institution.

115.51	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 327 550 353">Bertie Pre-Audit Questionnaire</p> <p data-bbox="242 383 932 409">Policy F 3400 Offender Sexual Abuse and Sexual Harassment Policy</p> <p data-bbox="242 439 443 465">Telephone Services</p> <p data-bbox="242 495 405 521">Offender tablets</p> <p data-bbox="242 551 405 577">PREA Brochure</p> <p data-bbox="242 607 432 633">Offender rule book</p> <p data-bbox="242 663 389 689">PREA Posters</p> <p data-bbox="242 786 679 813">Individuals interviewed/ observations made.</p> <p data-bbox="242 842 526 869">Interview with Random Staff</p> <p data-bbox="242 898 576 925">Interview with Random Offenders</p> <p data-bbox="242 954 691 981">Observation on tour of Reporting information</p> <p data-bbox="242 1066 488 1093">Summary Determination</p> <p data-bbox="242 1122 1489 1626">Indicator (a) The North Carolina DOC and the Bertie CC have multiple avenues staff and offender to report a concern. The policy directs staff and offenders on the ability to report sexual harassment, sexual abuse, or staff neglect that contributed to abuse. Policy F .3400 pages 16-18 provide direction on how offender, staff or third-party individuals can report a sexual misconduct concern. The policy states the following requirement, "Multiple internal ways shall be provided for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents." Staff interviewed knew they had to report all allegations of abuse or harassment and any coworker's action or inaction that led to sexual misconduct against an offender. Random offender interviews confirmed that the offenders know there are multiple ways to report a concern within the facility or to the Department of Corrections Central Office. Offenders knew of the postings and options to report a concern including directly to a staff they trust to any case manager or medical or mental health staff, by writing the Warden or by calling the "hotline" number on the poster. Offenders spoken with were able to give examples of options on how to report a concern at BCI. The Auditor tested critical functions while on site including the phone systems, having offenders explain the capacity of tablets for reporting and accessing information about PREA. The Auditor also asked staff and offenders about the process form internal and external mail as well as grievance procedures. Offenders also confirmed that middle management and upper management staff are routinely available in the facility.</p> <p data-bbox="242 1704 1489 2141">Indicator (b) In addition to internal ways to report a PREA concern, the North Carolina Department of Corrections has set up a way offenders can report a PREA concern to an outside agency. The phone numbers to access the Forgiven Ministries are on the facility's 'PREA Reporting Posters.' The PREA Poster encourages offenders if they do not feel comfortable reporting to DOC staff, they can use other options including the outside agency reporting mechanism. Offenders were aware of these options and stated they could call attorneys or family members to report a concern. The offenders were also confident if a family member called to report a concern, the staff would take it seriously and it would be investigated. The Auditor tried the outside reporting line from a housing unit. The Auditor used offenders in the facility to aid in the making of calls on the unit phones and confirm the capacity of the uses of the tablet as a phone. The Auditor confirmed with the local rape crisis agency that they can only disclose abuse with written consent. The Bertie Correctional Institution does not house offenders solely for immigration violations. Most offender did not know specifics about who on the other end but of the various posted number but believe they are a viable option for them reporting a concern. Policy F.3400 states "At least one way shall be provided for offenders to report abuse or sexual harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to agency officials, allowing</p>



the offender to remain anonymous upon request.” In addition to the Forgiven Ministries number the facility has posted the rape crisis agency, the DPS PREA Office hotline and NCDPS “Fraud, Waste, Abuse, or Misconduct Hotline”. Forgiven Ministries can allow for anonymous call to be received. With the institution of the tablets, offenders are able to make more confidential communication from the privacy of their own cells. The Auditor shared with the facility some examples from other agencies have used to allow confidential reporting. Investigation files supported at least one allegation came through the “hotline”.

Indicator (c) Interviews confirm consistent with agency policy (F.3400 Sexual Abuse and Sexual Harassment Policy page 17) that all staff take any report of a PREA related incident seriously and report the concern to a superior or the facility investigator. The Policy states “All staff are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.” Random staff knew that they had to report the claim no matter the source of information including anonymous notes. The staff reported that any claim, even if they thought it did not occur, needed to be reported and documented in writing. The staff also confirmed that after giving notice to a supervisor they were required to file a written report on the claim. Finally, the staff also confirmed they had to report on the actions or failure to act of a fellow employee that leads to a sexual assault.

Indicator (d) The North Carolina Department of Correction provides several avenues for staff to report a concern of sexual assault or sexual harassment. Beyond reporting an incident to their immediate supervisor, if the staff had a concern about the supervisor or another staff being involved with a client they report to another supervisor or a higher-ranking individual, they can make a report using either the posted phone numbers, Human Resources, the Warden, associate Warden or the North Carolina DOC PREA Coordinator. Staff interviews confirmed they were aware of multiple avenues to report a concern. The staff knew they could report out of the chain of command without consequences. The agency’s “PREA Reporting Posters” seen throughout the facility has information for staff on options for reporting.

Conclusion: North Carolina Department of Corrections has several options for staff and offenders to report concerns of sexual misconduct. Interviews with staff were consistent in their understanding of their duties of accepting and responding to all reports of sexual assault or sexual harassment whether it was done verbally, in writing, anonymously, or by a third party (indicator (c). Offenders interviewed were aware of multiple ways in which they could report including telling staff, calling the hotline, mailing administration or calling the outside numbers, Posters seen on all the housing units during the tour direct offenders and staff on these options. Offenders spoken to formally and on tour reported they know they could speak to staff or call the number but often preference the answer that sexual assault does not happen at the facility. Custody staff reported knowing how to privately report PREA concerns to the administration and that there is no problem reporting out of the chain of command. The Auditor finds compliance with standard provisions, based on the policy, documentation provided and viewed on the tour, and the interview findings of random staff and offenders as well as the PREA Compliance Manager, and PREA Coordinator. The Auditor also took into consideration successful testing of third party, outside reporting mechanisms and the agency’s investment in tablets that improve confidential reporting.

115.52

**Exhaustion of administrative remedies**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policies and written/electronic documentation reviewed.

Bertie Pre-Audit Questionnaire Responses

NCDPS Policy G .0300, Administrative Remedy Procedure

NCDPS Policy F 3400, Offender Sexual Abuse and Sexual Harassment Policy,

Intake PREA Pamphlet

Offender Handbook

Individual Interviewed/ observations made

PREA Compliance Manager

Random Staff

Random Offenders

**Summary Determination**

Indicator (a) The Bertie Correctional Institution is not exempt from the standard; offenders can file a grievance on conditions that violate their rights or prison rules. Sexual misconduct is a reason for which an offender can file a grievance. North Carolina DPS policy states “The Administrative Remedy Procedure shall afford a successful grievant a meaningful remedy to include but not be limited to, an order requiring that specific action be taken, modification of Prisons policy, restoration or restitution for personal property, and such other remedies that will meaningfully resolve the grievance presented. The Policy goes on to clarify “No offender grievance alleging sexual abuse or harassment shall be rejected.” There were no grievance forms filed for sexual assault allegations.

Indicator (b) Agency policy support the offender can file a grievance without a time limitation, to a person who is not the subject of the grievance, and there is not a requirement to resolve the situation through an informal process. Agency policy G .0300 Administrative Remedy Procedure sets forth language consistent with the standard. The policy denotes when there is a deviation from standard grievance to conditions that need to be met specifically in PREA related grievances. A review of the policy (page 4) shows there are no time restraints on the individual's right to file. The standard grievance at BCI are required to be filed within 1 year of the incident. The Auditor requested the facility add clarifying to the Offender handbook to be consistent with the standard and agency's current policy. Since the policy is posted and offenders referenced the posting as where they would go the understand the grievance policy the Auditor support compliance. Discussions with the PCM confirmed that all PREA related grievances will be treated as emergency.

Indicator (c) The facility has mailboxes on each unit but not on all pods. Because of current lockdown status of the institution some individuals might not currently leave the higher security pods requiring them to pass documents through staff. When questioned on the possibility of adding them to these pods the Auditor was told the ones previously hung were destroyed by offenders becoming a security risk. Offenders at BCI can submit confidential letters to the grievance officer, PREA Coordinator, or the Warden in a sealed envelope. Offenders can direct the mail to the appropriate administrator who will forward it to investigators and the grievance officer as well as outside agencies. Offenders interviewed report inhouse mail or grievances would be options they could use to report a concern in addition to the PREA Hotline numbers or telling a staff directly. The PREA Compliance Manager confirmed there is no requirement for an informal resolution process or a problem for the grievance to be addressed to someone other than the grievance officer. There were two investigations the Auditor reviewed that originated from a complaint filed through the grievance system reportedly.

Indicator (d) Policy G .0300 Administrative Remedy Procedure sets forth the requirements for response and appeal consistent with the standard. The Grievance response times are spelled out in the policy. The BCI is able to track the complaints to ensure timeliness of responses. Sexual abuse grievances would be handled as emergency grievances and requires an initial response within 48 hours, and appeal response within 5 days. Copies of all grievances are immediately

forwarded to the North Carolina DPS PREA Office.

Indicator (e) The grievance policy states offenders may be assisted in filing the grievance by any staff person or by any other person with whom the prisoner is permitted to have contact. The policy states "Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates shall be permitted to assist offenders in submitting a grievance relating to allegations of sexual abuse and shall be permitted to submit such a grievance on behalf of an offender. If a third party submits a grievance on behalf of an offender, the facility may require, as a condition of processing the grievance, that the alleged victim agree to have the grievance submitted on his or her behalf and also may require the alleged victim personally to pursue any subsequent steps in the grievance process. If the offender declines to have the grievance processed on his or her behalf, the facility shall document the offender's decision. If the offender declines to have the grievance processed on his or her behalf, the facility shall document the offender's decision." Offenders spoken to by the Auditor confirmed that there is no prohibition on assisting or filing a grievance for another offender. Staff were also aware they need to accept all complaints or grievances from third party individuals.

Indicator (f) Policy G.0300 describes the provisions for an emergency grievance. "If an emergency grievance alleges an offender is subject to a substantial risk for imminent sexual abuse, the facility shall:

- (1) immediately forward the grievance (or any portion thereof that alleges such substantial risk) to a level of review at which immediate corrective action can be taken,
- (2) provide an initial response with 48 hours, and
- (3) issue a final agency decision with 5 calendar days.

The initial response and final agency decision shall document the agency's determination that the offender is at substantial risk of imminent sexual abuse about and the action taken in response to the emergency grievance." There were no incidents in which an emergency grievance was filed in the last 12 months at Bertie Correctional Institution related to sexual assault.

Indicator (g) Offenders can only be disciplined if, through an investigative process, it is substantiated that the grievance was filed in bad faith. This is the same standard for all PREA complaints filed even if they are not through the grievance process. An investigation by the Intelligence Unit would occur to determine the bad faith filing. Policy G .0300 states "False Reporting: Offenders will be held accountable for knowingly making false reports of unfounded incidents of sexual abuse against staff or another offender. If it is clearly established that a false accusation has been made, the offender may be subject to disciplinary action." The facility has not disciplined an individual in the past 12 months for filing a false PREA Complaint.

#### Compliance Determination

Bertie Correctional Institution is not exempt from the exhaustion of administrative remedies. The NCDPS has a policy in place that covers the offenders' rights to seek administrative resolutions. There were no instances in which an emergency grievance was filed related to sexual abuse. Offenders interviewed knew they could file a PREA related concern through the grievance process but acknowledge it would not be as quick in resolving as telling a staff person directly or calling the PREA Hotline. Offenders report they can get assistance from other offenders in completing forms if needed. Offenders reported comfort in telling staff directly about concerns and if they felt it was not addressed, they would go send a request to the Warden or the PREA Compliance Manager to discuss concerns. Compliance determination relied on the policy, postings visible in the facility and interviews with the Warden, the PREA Compliance Manager, and random offenders who were aware the grievance process was a possible avenue to report a Sexual Misconduct concern.

115.53	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 327 550 353">Bertie Pre-Audit Questionnaire</p> <p data-bbox="240 383 774 409">Policy F.3400 Sexual Abuse and Sexual Harassment</p> <p data-bbox="240 439 459 465">MOU with Real Crisis</p> <p data-bbox="240 557 679 584">Individuals interviewed/ observations made.</p> <p data-bbox="240 613 655 640">Interview with Agency PREA Coordinator</p> <p data-bbox="240 669 467 696">Interview with Warden</p> <p data-bbox="240 725 545 752">Interview with Real Crisis staff</p> <p data-bbox="240 781 588 808">Interviews with Random Offenders</p> <p data-bbox="240 837 537 864">Interviews with Random Staff</p> <p data-bbox="240 896 443 922">Observation on tour</p> <p data-bbox="240 1014 488 1041">Summary Determination</p> <p data-bbox="240 1070 1481 1534">Indicator (a) North Carolina Department of Corrections policy F.3400 Sexual Abuse and Sexual Harassment Policy requires, "Offender victim shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving the offenders 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 offenders and these organizations and agencies, in as confidential a manner as possible." The Bertie Correctional Institution provides access to the local rape crisis agency. The original rape crisis agency servicing the area has closed but the Warden provided information on the attempts to initiate the new relationship during the pre-audit phase. Real Crisis Intervention staff confirmed the ability to provide phone support and will assign staff or work with other local providers if the offender requests face to face support. The Agency's employees are considered professional visitor status which allows for confidential communication. Offenders can communicate by phone to Real Crisis Center 24-hour hotline or for ongoing support. The PREA Compliance Manager posted the new information to reach the rape crisis provider Real Crisis center is part of NCCASA, the North Carolina Coalition Against Sexual Assault. The Auditor confirmed that the number to the rape crisis agency is recorded and inmates are provided information upon initiation of the call. BCI does not house offenders on immigration violations.</p> <p data-bbox="240 1626 1485 1850">Indicator (b) All offenders interviewed understood the limits of confidentiality when reporting concerns about sexual abuse. The rape crisis agency cannot disclose back to the facility without a written release. All BCI offenders spoken with confirmed they understood communication with medical or mental health would be confidential unless there was a danger to themselves or another person. Offenders were aware the phone calls are recorded if they called the rape crisis agency. The Auditor confirmed with offenders and advocacy organizations that professional visit opportunities outside of the COVID restrictions would allow for a more open dialog. The agency has begun implementation of Offender Tablets which increase the ability to make a private call from one's cell than from the unit phone.</p> <p data-bbox="240 1942 1490 2031">Indicator (c) The Department of Correction has a Memorandum of Understanding with Real Crisis which covers Bertie CC. The agreement is new as the prior agency in the area when out of business. The Auditor confirmed the existence of the MOU with the representative of the Real Crisis.</p> <p data-bbox="240 2123 1426 2150">Conclusion: Offender victims at BCI can access victim advocates for emotional support. The agency has entered into a</p>

Memorandum of Understanding with the Real Crisis's Center to provide support to victims (Indicator (c)). Real Crisis is part of the North Carolina Coalition Against Sexual Assault (NCCASA). As part of the audit process, the Auditor spoke by phone to a Real Crisis representative who confirms their ability to provide service at DOC facilities. COVID-19 has impacted any onsite visits at the DOC facilities or local hospitals. The representative was able to describe the process they have in place to provide virtual support. The Investigator knew about the importance of offering the support of a rape crisis agency and its affiliates during the investigation and after its conclusion. The PREA Brochure and signage at the facility had a toll-free number for offenders to access from the unit phone in the facility.

In determining compliance, the Auditor also considered interviews with the Rape Crisis agencies and the Offenders accessing services. Offenders could identify how confidential the communication is within the facility including mail and telephone contacts. Offenders knew that outside counseling staff could normally be spoken to in a professional visitor setting. The Auditor could see on the tour posters for Action Alliance. The Auditor suggested that line staff be refreshed on the services of Real Crisis so there is a more uniform understanding so they can advise offenders accordingly.

115.54	<b>Third-party reporting</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 316 300">115.54</p> <p data-bbox="242 327 798 356">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 383 550 412">Bertie Pre-Audit Questionnaire</p> <p data-bbox="242 439 780 468">Policy F .3400 Sexual Abuse and Sexual Harassment</p> <p data-bbox="242 495 491 524">NCDPS agency Website</p> <p data-bbox="242 551 563 580">PREA Posters on Housing units</p> <p data-bbox="242 607 628 636">information of the PREA report Hotline</p> <p data-bbox="242 725 679 754">Individuals interviewed/ observations made.</p> <p data-bbox="242 781 655 810">Interview with Agency PREA Coordinator</p> <p data-bbox="242 837 491 866">Random Staff Interviews</p> <p data-bbox="242 893 588 922">Calls to outside reporting services.</p> <p data-bbox="242 949 443 978">Observation on tour</p> <p data-bbox="242 1068 488 1097">Summary Determination</p> <p data-bbox="242 1124 1485 1323">Indicator (a) North Carolina Department of Public Safety has developed several mechanisms for individuals who want to report PREA concerns as a third party: be they fellow offenders, family, or friends. According to policy F.3400 (p17) information can be given in person, by phone, by e-mail, by US mail, or by contacting the agency PREA Coordinator through the agency website <a href="http://www.ncdps.gov/Adult-Corrections/Prison-Rape-Elimination-Act">www.ncdps.gov/Adult-Corrections/Prison-Rape-Elimination-Act</a>. There is information directing offenders in the PREA brochure, PREA poster, and on the website noted above. NCDPS also has a second complaint line for “fraud, waste and abuse hotline” Any PREA Compliant filed through this line would be forwarded to the PREA Coordinators office.</p> <p data-bbox="242 1328 1481 1458">Staff were aware that they must take all reported concerns about PREA potential violations including from third parties. The facility phones allow for offenders to dial out to the advocates free of charge. Offenders confirmed there are no prohibitions on aiding or reporting on behalf of another offender. Offenders report they are aware of the phone numbers posted in the facility if they had concerns in telling staff.</p> <p data-bbox="242 1547 517 1576">Compliance Determination:</p> <p data-bbox="242 1603 1493 1830">North Carolina Department of Public Safety has put in place multiple resources for offenders and families to report a PREA related concern. The PREA Coordinator office can field all calls and emails that come in including third-party sources. As part of the audit process, the PREA Auditor tested the unit phones to ensure the phone numbers on the poster could be accessed. Compliance was based on policy and the systems NCDPS has put in place to support the offenders and that offenders were aware they could make a complaint on behalf of another offender. Random staff interviews further supported compliance as they knew that they needed to report all third-party complaints no matter the source. Finally, the Auditor took into consideration the several options listed on the state’s website for filing a PREA Complaint.</p>

**115.61 Staff and agency reporting duties**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

- Policies and written/ electronic documentation reviewed
- Bertie Pre-Audit Questionnaire
- Policy F .3400 Sexual Abuse and Sexual Harassment
- North Carolina Department of Public Safety Employee Manual
- Policy AD IV-3 Health Services – Client Rights
- North Carolina Department of Health and Human Services Website
- NC Laws on vulnerable adults
- Investigation files
- PREA Tracking report
  
- Individuals interviewed/ observations.
- Random Offenders
- Random Staff
- Warden
- BCI Investigators
- Medical and Mental Health Staff
- PREA Compliance Manager
  
- Summary determination.

Indicator a). The Bertie Correctional Institution has trained its staff, contractors, and volunteers on the importance of reporting all allegations of sexual abuse, sexual harassment, and any forms of retaliation against individuals who reported or cooperated in an investigation of such misconduct. NCDPS PREA policy F .3400 (page 16-18) utilizes the language of the standard to set forth this expectation. It reads “All staff are required to report immediately to their supervisor or the officer in charge any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.” It goes on to require, “Any retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation”. Interviews with random staff supported an understanding of this expectation. They knew that they had to forward all allegations no matter the source or their personal beliefs as to the validity of the claim. The Auditor reviewed the NCDPS employee handbook, which covers the requirements of this indicator, including the immediate notification of all claims of sexual abuse, sexual harassment, or retaliation of those who cooperate in an investigation. The Auditor confirmed with random staff the responsibility to report on a coworker’s actions or inaction that may have contributed to a sexual misconduct incident. The Auditor was able to test how the reporting hotline prompts investigations. Policy F .3400 also informs staff that failing to report has consequences. “Failure of staff to report alleged incidents of sexual abuse and sexual harassment will subject the non-reporting staff member to disciplinary action.”

Indicator b). The NCDPS policy F .3400, page 17, indicates apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions. The Auditor interviewed random staff who were able to voice the expectation of keeping the information confidential. They verbalized the need to involve only the key management and investigative staff necessary to obtain help and contain any evidence. The staff could verbalize that they could not speak of the events to

coworkers or friends in or out of work as it may impact the investigation and violate the victim's right to privacy.

Indicator c). Medical and mental health services providers in NCDPS have a duty to report incidents of sexual abuse, sexual harassment, or information that would prevent such actions. Policy AD IV-3 speaks to the limitations of confidentiality. It states, "Confidential information shall be disclosed without the offender's written authorization to the extent that the clinician reasonably determines that such disclosure is necessary to protect against clear and substantial risk of imminent serious injury, disease, or death being inflicted by the offender on himself/herself, or others, or a threat to the security of the unit."

The Auditor confirmed with medical and mental health staff that offenders are made aware of the limits of confidentiality. Random offenders were also asked if they understood the limits to confidentiality when speaking to medical or mental health staff. The offenders acknowledge they understood if the information was related to the potential risk to them or another individual, the information would be disclosed to facility investigators. The Auditor reviewed cases in investigative files which the inmate reported a concern to either medical or mental health professionals.

Indicator d). The facility does not serve individuals under the age of 18. Agency and Facility management and investigators were aware that abuse of individuals who are considered vulnerable adults must be reported to the North Carolina Department of Health and Human Services - Adult Protective Services. The Auditor confirmed with investigators that abuse toward these targeted populations would be reported to the appropriate state agency and that additional charges may be applied in cases where the victim met the definition of a vulnerable adult. The Auditor reviewed various North Carolina websites that define the expectation of reporting abuse and the legal ramifications for the perpetrators of such misconduct. The Warden confirmed that no case involving a vulnerable adult in the last 12 months had to be reported to the local police. In discussions with facility leadership, it would be unlikely that individuals with significant physical or cognitive issues would be placed at BCI.

Indicator e). The Warden, PREA Compliance Manager, and facility Investigators confirmed that all allegations of sexual misconduct are reported to the facility's investigative staff to initiate an investigation of the claim. The facility investigators will make an initial assessment of information to determine if information supports a criminal act has occurred. The facility will notify the Windsor Police Department if the alleged act is clearly criminal or could be potentially a crime. Windsor Police Department will perform a criminal investigation. PREA policy F .3400 supports that all allegations are referred for investigations. If for some reason the Windsor Police are unavailable, the Bertie County Sheriff's office would handle the investigation. The Auditor was able to see in investigation files where allegations were investigated even in cases where the allegation was anonymous or from a third party. This information was found in the files and in the PREA Investigation tracking report.

#### Compliance Determination:

The North Carolina Department of Public Safety has put into place policies that support the expectations of the standards. The language is reiterated in several policies that further support the commitment to investigate all claims of sexual abuse, sexual harassment, and/or retaliation. The staff and offenders of the Bertie Correctional Institution have been educated on the expectations of reporting, that all claims no matter the source should be investigated. Offenders and staff interviewed supported an understanding of confidentiality, its importance in the investigative process, and the limitations of confidentiality in a medical or mental health setting. The supporting documents provided to the Auditor support that all claims, including third-party and anonymous claims, are forwarded for investigations. The Auditor finds the facility to be compliant with all aspects of this standard. The Auditor's interviews supported staff were well trained in the expectations of the standard. The interview answers coincided with the documents reviewed that all claims are forwarded to the investigative teams. A review of investigations provided supports the BCI has investigated claims no matter the source. The Auditor also found the investigative staff and facility administration understood its obligation to inform other organizations responsible for the rights of vulnerable adults. Investigators spoken to confirmed that abuse targeting the elderly or those with diminished capacities could result in more serious charges being filed.



115.62	<b>Agency protection duties</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 327 550 356">Bertie Pre-Audit Questionnaire</p> <p data-bbox="242 383 868 412">Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p data-bbox="242 499 679 528">Individuals interviewed/ observations made.</p> <p data-bbox="242 555 539 584">Agency Head Representative</p> <p data-bbox="242 611 325 640">Warden</p> <p data-bbox="242 667 384 696">Random Staff</p> <p data-bbox="242 784 489 813">Summary determination.</p> <p data-bbox="242 840 1485 1137">Indicator a). The North Carolina Department of Public Safety has at its resources several options to ensure the safety of an offender who is at imminent risk of sexual abuse. Policy F .3400, (page 18) explains that when Department staff learn that an Offender is subject to a substantial risk of imminent sexual abuse, appropriate and immediate action shall be taken to protect the Offender. "Protection Duties: When the staff learns that an offender is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the offender." Offender "victims of sexual abuse shall 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. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, first responders shall take preliminary steps to protect the alleged victim consistent with set expectations."</p> <p data-bbox="242 1164 1485 1462">Interviews with random staff support a clear understanding of the steps to be taken to ensure the offender's immediate safety. There have been no reported incidents in the past 12 months where an individual was believed to be at imminent risk of abuse. The facility Warden indicated segregation may be ordered immediately to protect the offender or others, but the action must be reviewed within 24 hours by the housing committee. The Warden interview determined the agency takes all allegations seriously and any offender subject to imminent sexual abuse will receive immediate action. The Auditor spoke with the PREA Compliance Manager, who discussed how in an open dormitory setting, bed placement is used to ensure increased observation of the most at-risk persons in the population. As noted above, there were no instances in which protective custody procedures were used for an individual at imminent risk of abuse. Transgender offenders feel the facility is providing for their safety in the open setting.</p> <p data-bbox="242 1550 517 1579">Compliance Determination:</p> <p data-bbox="242 1606 1485 1904">The North Carolina Department of Public Safety has policy and appropriate resources in place to 'keep safe' individuals at imminent risk of sexual abuse. The Director and the Warden support the expectation that the response will be immediate upon learning of any offender at imminent risk. The Warden reports that given the facility size, most situations of potential conflict can be resolved by moving one of the parties to another unit within the institution. They have been able to manage offender conflicts without having to remove an individual from the general population unit to a special management unit. The Warden also confirmed the ability to move either party to another institution if an intersystem move was determined to be in the offender's best interest. Though BCI has not had to use this process for imminent risk individuals, the Warden is confident in his ability to maintain the safety of an offender. The completed policies and interviews support BCI's ability to respond to imminent risk claims of sexual abuse. The Auditor finds the standard has been met based on these factors.</p>

115.63	<b>Reporting to other confinement facilities</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Bertie Pre-Audit Questionnaire

Policy F.3400 Offender Sexual Abuse and Sexual Harassment

Documentation of notification

Individuals interviewed/ observations.

Interview with PREA Compliance Manager

Interview with Warden

Summary determination.

Indicator a). The Warden of Bertie Correctional Institution and the PREA Compliance Manager are aware that offenders who report abuse at prior institutions will have the complaint forwarded by the Warden to the previous facility's head. NCDPS PREA Policy F .3400 (page 17) states the following:

"Upon receiving an allegation that an offender was sexually abused 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." The Auditor confirmed through interviews with the above individuals that if current BCI offenders claim abuse occurring in another facility (including ones outside the control of the NCDPS), the facility will be notified to allow an appropriate investigation. The PREA Coordinator also confirmed the NCDPS PREA Office would also be notified. The Auditor was provided information in the pre-audit questionnaire that in the past 12 months, there were 2 cases. The cases were before the current Warden arrived to the facility.

Indicator b). The North Carolina Department of Public Safety Policy requires notification within 72 hours after the facility became aware of the alleged crime. Policy F.3400 (page 17) covers the required language when it states. "Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The Facility Head shall document such notification by completing a memorandum to file and uploading into the correspondence tracking system (CTS)." The Warden of BCI was aware of the timeframe and the expectation required of him to notify the leadership of the facility where the crime is alleged to have occurred. He was able to describe the steps he has taken to document the notification at his previous facility.

Indicator c). As noted in indicator (b) the Warden is responsible for notification and documentation of his actions in the state's correspondence tracking system (CTS). The PCM was able to identify the two prior notifications to other facilities and provide them to the Auditor.

Indicator d). In policy F.3400 Offender Sexual Abuse and Sexual Harassment (page 9) the NCDPS sets forth the requirement of the initiation of an investigation if the Warden receives an allegation from another institution. "Upon receiving notification from another facility or agency that an allegation of sexual abuse or sexual harassment has been reported, the Facility Head shall ensure that the allegation is investigated in accordance with these standards."

Compliance Determination:

The Auditor finds the facility is compliant with the standard's expectations. The Warden and the NCDPS Director were clear on their commitment to ensuring each offender victim are offered a thorough investigation. The Warden and PREA Compliance Manager were aware of the timeliness of notifications and the need to immediately referred for investigation. The Warden also used documentation in the NCDPS Corresponding tracking system.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policies and written/electronic documentation reviewed.

Bertie Pre-Audit Questionnaire

Policy F.3400 Offender Sexual Abuse and Sexual Harassment

PREA Training Materials

Individuals interviewed/ observations.

Random Staff

Medical Staff

Indicator a). The PREA policy of the North Carolina Department of Public Safety sets forth the expectations for staff who are first on the scene of a reported sexual assault. The policy F .3400 (page 18-19) states First Responder will,

“(A) Upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall be required to:

(i) Take necessary steps to separate the alleged victim and abuser. If the Facility Head, in consultation with the PREA Support Person, determines that the safety of the offender victim requires placement

in administrative segregation, then:

(I) Such segregation shall be administered in accordance with the applicable policies and procedures for administrative segregation.

(II) The Region Director and the NCDPS PREA Office shall be notified in writing of the use of segregation and the reasons therefore.

(III) To the maximum extent possible, the offender victim while in administrative segregation, shall have the same privileges of access to the canteen, telephone, visitation and property as they were afforded prior to reporting.

(IV) Within three business days of the offender victim’s release from administrative segregation, the Facility Head or designee will return the offender victim to the gain time job assignment the offender victim had prior to a period of administrative segregation, if available. If, for operational reasons, the offender victim’s prior job assignment is unavailable, the Facility Head or designee will place the offender victim in another gain time job assignment that is at least equal to the prior gain time job assignment.

(V) The Facility Head or designee will notify the Region Director in writing that the offender victim has either been returned to prior job assignment or placed in equivalent one.

(VI) Within three business days of the receipt of the written notification from the Facility Head or designee, the Region Director, Female Command Manager or their designee will request in writing to the Assistant Chief of Program Services that the offender victim’s gain time be restored.

(VII) When offender victim is released from segregation, whenever possible shall be allowed to return to previously assigned housing unit unless, in the discretion of the Facility Head, doing so exposes the offender to an increased risk to the offender victim’s safety and security or the orderly

operation of the facility.

(ii) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;

(iii) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and

(iv) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.”

In interviews with the Auditor random staff were able to describe the steps they would take as first responders consistent with their training and the agency policy. In a review of investigation files and interviews, the Auditor confirmed that in sexual assault cases, the staff did ensure certain actions in the policy were taken. Custody staff was the first to respond in all cases in the past year.

Indicator b). Interviews with, Medical, and Mental Health staff confirm they were aware of how to protect evidence and act as a first responder. NCDPS trains all facility staff on the first responder's expectation. Non-security staff and contracted staff are provided the same training that the custody staff go to annually. Training records and their ability to state the first responder duties support an understanding of how to protect the offender and the evidence. Medical and mental health staff are aware of the steps required to help an offender through the crisis of a sexual offense while protecting evidence including giving instructions to the individuals involved not to wash, eat, drink, or use the bathroom if it can be avoided.

Compliance Determination:

Bertie Correctional Institution did not have any custody staff available who had acted as a first responder to an incident of a sexual abuse case in the past 12 months. The random staff interviewed support they have an understanding of the facility's efforts to protect offenders who allege sexual abuse, protect evidence, and provide quick access to medical and mental health care. The medical staff was aware of the protocol to protect evidence on offenders until a Sexual Assault Nurse Examiner can see them. All Staff also knew the importance of thorough documentation of the incidents and maintaining confidentiality about the incident except those staff who needed to ensure care and support the investigative process. The Auditor based the determination of compliance on the policy in place, the documents supporting the process, and the interviews with staff.

115.65	<b>Coordinated response</b>
	<p data-bbox="240 143 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 208 451 239"><b>Auditor Discussion</b></p> <p data-bbox="240 271 799 302">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 327 552 358">Bertie Pre-Audit Questionnaire</p> <p data-bbox="240 383 868 414">Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p data-bbox="240 439 560 470">BCI Coordinated response plan</p> <p data-bbox="240 495 576 526">NCDPS PREA Incident Checklist</p> <p data-bbox="240 551 491 582">PREA Training Materials</p> <p data-bbox="240 667 679 698">Individuals interviewed/ observations made.</p> <p data-bbox="240 723 325 754">Warden</p> <p data-bbox="240 779 432 810">PREA Coordinator</p> <p data-bbox="240 896 491 927">Summary determination.</p> <p data-bbox="240 952 1490 1283">Indicator a). The North Carolina Department of Public Safety has put language into both the agency's Emergency Plan policy and it's PREA policy. The Bertie Correctional Institution has similarly documented an operational plan that defines the role of individuals in the institution in responding to a sexual assault incident. The Auditor reviewed the seven-page plan, which discusses the roles of the first responder, the responding supervisor, the medical staff, the mental health staff, the agency, and external investigators, , the PREA Support Person (PSP), the PREA Compliance Manager (PCM) and the review team. The document also addresses the notification and collaboration of facility administration and the DPS PREA Office. The step-by-step plan provides staff with direction during the crisis and when accompanied by the response checklist, allows for a thorough and consistent response to a sexual assault incident. The Auditor recommends adding phone numbers for outside agencies listed and updating staff names where appropriate. The Auditor did find a second document in 115.67 that updated the roles of staff in the institution and there roles related to PREA.</p> <p data-bbox="240 1368 517 1400">Compliance Determination:</p> <p data-bbox="240 1424 1490 1688">The Auditor has reviewed the policies and the BCI PREA Response Plan to determine compliance. The plan provides direction for a consistent multi-discipline response to the sexual assault which provides for the offender victim's medical and emotional health while ensuring the effort protects evidence that could lead to a criminal conviction. The plan is available to supervisory staff and interviews with the Warden and PREA Compliance Manager support swift communication occurs between all levels of the facility leadership and quick notification and support from the agency's PREA office. Interviews, observations, and the documents presented to support the facility is compliant with standard expectations. The Auditor's only recommendation would be adding specific contact information on local partners Windsor Police Department, Bertie Sherriff's Office, ECU Health Bertie Hospital for forensic exams and the local rape crisis agency Real Crisis.</p>

115.66	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<p data-bbox="242 145 742 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 454 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 327 526 356">BCI Pre Audit Questionnaire</p> <p data-bbox="242 383 542 412">NCDPS Employee Handbook</p> <p data-bbox="242 439 699 468">Web information on public employment in NC</p> <p data-bbox="242 555 619 584">Individuals interviewed/ observations.</p> <p data-bbox="242 611 470 640">Interview with Warden</p> <p data-bbox="242 667 574 696">Interview with PREA Coordinator</p> <p data-bbox="242 784 1492 1115">Indicator a). The Auditor was provided information from the PREA Compliance Manager supporting that there is no collective bargaining at Bertie. The Auditor learned from research that North Carolina is a right to work state and has had a prohibition on public sector unions. The Warden confirmed he has the ability to place employees in non-contact positions or out of work during an investigation of employee misconduct. The Auditor reviewed the employee handbook to further support compliance. Pages 83 and 84 address the rights of the DPS to place employees out on administrative leave during an investigation. The employee handbook also allows the agency to make temporary reassignment of staff to other locations to “ensure a fair and objective investigative process.” The handbook goes on to confirm these actions are not subjected to grievance. The Auditor did see in investigation files where it was documented that the staff person and inmate were separated during the investigation. Staff-related allegations reviewed were for verbal comments or questions on pat searches.</p> <p data-bbox="242 1202 874 1232">Indicator b). The Auditor is not required to review this provision.</p> <p data-bbox="242 1319 518 1348"><b>Compliance Determination:</b></p> <p data-bbox="242 1375 1476 1503">The Auditor has confirmed the Bertie Correctional Institution does not have any collective bargaining elements that would prevent the removal of a staff person from contact with an alleged victim of sexual abuse. The Auditor has determined the facility is compliant with the standard’s expectations. This conclusion was based on the NC. State laws, NCDPS Policy, and interview with facility leadership.</p>

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policies and written/electronic documentation reviewed.

Bertie Pre-Audit Questionnaire

Policy F.3400 Offender Sexual Abuse and Sexual Harassment

PREA Support Persons

PREA Staff roles

PREA Monitoring and Status reports

Individuals interviewed/ observations.

PREA Compliance Manager

Investigator

PREA Support Person

Summary determination.

Indicator a). The NCDPS policy has put in place measures to ensure all staff and offenders who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will be protected from retaliation by other offenders or staff. In Policy F .3400 (page 21) the agency describes the monitoring process in place and the steps to be taken. The NCDPS has facility heads appoint PREA Support Persons (PSP) who act as internal advocates for the offender while going through the investigation and ensuring connections to outside advocacy groups are maintained if it is the offender's wishes. The PSPs are the individuals responsible for monitoring victims and those who cooperate in an investigation. The Auditor confirmed with the PREA Compliance Manager and the Warden the individuals responsible for monitoring offenders and staff at Bertie Correctional Institution. The Auditor interviewed one of the individuals approved by the Warden to serve as a PREA Support Person (PSP). The facility has 11 individuals trained as PSPs.

Indicator b). Policy F .3400 defines the different steps that should be implemented to ensure the safety of victims or individuals who cooperate in the investigation. "Upon notification of a Sexual Abuse or Sexual Harassment allegation, the PSP will initiate monitoring the alleged victim and offender who reported the allegation or cooperated with officials during the investigation. In the case of offenders, such monitoring shall also include periodic status checks. Continue monitoring for a minimum of 90 days or beyond 90 days if the initial monitoring indicates a continuing need." Interview with agency and facility leadership confirms the agency's commitment to ensuring client safety who file a PREA complaint. The Auditor confirmed with offenders that the PREA Compliance Manager and some of the identified PSPs are routinely available. The PSP must complete regular check-in on victims and document findings and if need be, concerns on a state-approved monitoring form. The PREA Compliance Manager has met with the PSP staff to ensure that all PSP assignments are accurately documenting all required consideration for possible signs of retaliation.

Indicator c). Consistent with the standard expectation the NCDPS policy (F.3400 p 21) requires monitoring to be for at least 90 days. The Policy states at least 90 days following a report of sexual abuse, the PREA Support Person staff will monitor the conduct and treatment of offenders and staff who reported sexual abuse or cooperated with a sexual abuse investigation. The PSP will continue to monitor the case unless the investigation determines the case was unfounded. The Auditor confirmed the areas monitored through interviews and the review of the state-approved monitoring forms. The PSP is supposed to complete check-ins with the offender, address any concerns of retaliation, and monitor offender disciplinary reports, housing, or program changes. The PREA Compliance Manager confirmed monitoring will go beyond 90 days if the initial monitoring indicates a continuing need. According to the Warden the PCM would be responsible for monitoring any staff who cooperated in an investigation for retaliation. All monitoring reports are forwarded to the Warden who must sign off on the review. The Auditor was able to review monitoring forms for both staff and residents.



Indicator d). As noted in indicator c) the monitoring will include periodic status checks. The PREA Compliance Manager has reportedly met with PSP staff to further define his expectation in the ongoing monitoring process even if the individual refuses PSP support services.

Indicator e). As noted in indicator c), the protection measures would include steps taken to protect staff who cooperate in an investigation on PREA. The Auditor confirmed with the Warden and the PCM that protections are offered to any individual (staff or offender) who expresses concerns of retaliation for cooperating in a PREA Investigation. The PREA Compliance Manager had picked up monitoring of staff which had not been during the position vacancy.

Indicator f). The Auditor is not required to consider this indicator.

Compliance Determination:

The Auditor was provided with a policy that matches the standard expectations. It was identified that the monitoring was not being consistently completed in compliance with policy and the standards. The agency provided refresher training in the early spring of 2022. The Auditor focused compliance determination on cases that were being monitored at the time of the training or occurred subsequently. The documentation provided showed the process described in the policy has been operationalized. The Agency Interview with the Director and the Auditors interview with the Warden support the expectation of protecting individuals from retaliation. The NCDPS has developed identified individuals at each facility to actively support and monitor victims. Six cases each of offender and staff tracking were reviewed for monitoring compliance with timeframes and random check-ins. The monitoring forms were also observed to see the elements considered for potential retaliation were documented. The PREA Compliance Manager was aware of the expectations in monitoring for retaliation. The Auditor took into consideration policies, supporting documentation, and interviews with agency and facility administration, PCM, PSP, and offenders. The culmination of these factors supports compliance with the standard's expectations.

115.68	<b>Post-allegation protective custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Bertie Pre-Audit Questionnaire</p> <p>Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p>Individuals interviewed/ observations made.</p> <p>Warden</p> <p>PREA Compliance Manage</p> <p>Staff on Segregation Unit</p> <p>Summary determination.</p> <p>Indicator a). In interviews with the Warden, he reported it is not the practice of the facility to place victims of sexual abuse in protective custody against their will. Policy F .3400 (Page 14) states, "Offenders at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the offender in involuntary segregated housing for less than 24 hours while completing the assessment." Policy F.3400 goes on to further address the requirements of this indicator. "Offenders placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:</p> <ul style="list-style-type: none"> <li>(i) The opportunities that have been limited;</li> <li>(ii) The duration of the limitation; and</li> <li>(iii) The reasons for such limitations.</li> </ul> <p>(C) The facility shall assign such offenders to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.</p> <p>(D) If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document:</p> <ul style="list-style-type: none"> <li>(i) The basis for the facility's concern for the offender's safety; and</li> <li>(ii) The reason why no alternative means of separation can be arranged.</li> </ul> <p>(E) Every 30 days, the facility shall afford each such offender a review to determine whether there is a continuing need for separation from the general population."</p> <p>Compliance Determination:</p> <p>The Bertie Correctional Institution has not utilized segregated housing units to protect offenders from sexual abuse. The Auditor confirmed this has not occurred with the Warden and the staff working on the unit. Though the DOC has a policy consistent with the standard requirements, it shows at the facility and state level that it is the last solution. The agency's PREA office is kept aware of any individual placed in involuntary segregation for risk of sexual victimization. As a high-security institution, BCI offenders are often celled by themselves. The accused aggressor could be moved to a close housing unit. Based on the review of the agency policy, observations, and information obtained through staff interviews and documentation review, the Auditor has determined that the facility is compliant with standard expectations.</p>

115.71	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Bertie Pre-Audit Questionnaire</p> <p>Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p>2016 NCDPS Commissioners Memo to Law enforcement agencies of PREA Investigation</p> <p>NC State Law 15A-831.1 (prohibition of polygraphs in SA cases)</p> <p>Investigative files</p> <p>Coordinated response chart</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with PREA Compliance Manager</p> <p>Interview with Warden</p> <p>Interview with an Investigative Staff</p> <p>Summary Determination</p> <p>Indicator (a) North Carolina Department of Public Safety has trained staff at BCI to be responsible for administrative investigations. In policy F .3400, the agency set forth the responsibilities of the investigative team including the need for a prompt, thorough investigation of the facts and a complete report outlining the processes undertaken, the reasoning behind the findings. The policy states, "Investigations into allegations of sexual abuse and sexual harassment shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports." The facility investigator will make an initial assessment of the situation. "if an alleged act of sexual abuse or sexual harassment is reported or discovered, an immediate preliminary review shall be conducted to determine if the incident meets the standards of PREA".</p> <p>Random staff interviewed supported they must report all claims no matter the source or if they believe the incident to have occurred and described the expectation that a facility Investigator will be called to the incident. The Auditor reviewed more than two dozen investigative files that support BCI completes investigations into all allegations of sexual assault and sexual harassment. Cases reviewed included allegation brought forward by offenders, third party inmates and allegations against staff. Reports reviewed by the Auditor support an immediate response with the assignment of a trained investigator within hours of the notification. The allegations that potentially were criminal were referred to the local police who determined if there was sufficient evidence to move forward with a criminal investigation. BCI will make referrals to the local police department after providing an initial summary of the facts. None of the cases reviewed were accepted for criminal investigation. The facility continued to investigate these allegations from an administrative perspective until conclusion. The Auditor confirmed with the investigator and the PREA Coordinator if additional evidence was found they would reach back out to the Police to see if they would accept the case as a criminal complaint. The Auditor reviewed a PREA tracking report which documents all cases reviewed in the past year. The report provided information about allegations, timelines of notice and completion of the investigation. A review of the report shows that almost 30 % of the claims investigated turned out not to be PREA after the initial review. In the past year 5 of 29 were not PREA.</p> <p>Indicator (b) Policy F .3400 defines an investigator for DPS Corrections as "A staff member who has been assigned or designated to administratively investigate a report of alleged offender sexual abuse and/or sexual harassment; and has received specialized training in conducting such investigations in confinement settings." As noted in 115.34, Bertie has 4 approved investigators in the facility, including the PREA Compliance Manager. The criminal investigator will come from the local police office. NCDPS trains its investigative staff to complete preliminary investigations to determine if an apparent crime occurred before calling the local law enforcement authorities. NCDPS has several divisions, including the state police, that can support the development of investigator training. The Auditor also confirmed with the Warden and the PREA Office that there is a planned new training for approved PREA Investigators. The training will include a corresponding course on the writing of investigation reports. The Auditor had recommended that the investigative reports, at times, could be stronger in</p>

providing clear documentation of the steps taken in determining the findings. The facility's camera system does not currently record for long periods of time so some of the investigations not reported in a timely fashion lacked video reviews. The Auditor was told that the facility is expecting to have upgrades to the cameras and DVRs in the next cycle.

Indicator (c) Investigative staff interviewed, and investigative files reviewed supported the requirements of this indicator. The BCI Investigator described they have learned how to collect evidence from a crime scene to ensure the preservation of evidence, including DNA. Line staff are also trained to preserve evidence, including locking potential crime scenes and encouraging the victim to not do anything that would potentially degrade the quality of the DNA evidence. As noted in 115.21, forensic exams of the victim would not occur at BCI but at a local hospital with SANE-trained nurses. The investigation file also confirms the interview of the victim, alleged perpetrator, and witness are done routinely as part of the investigation. The PREA policy F .3400 states, "Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data including video and/or audio recordings; shall interview alleged victims, suspected perpetrators, and witnesses." There were no allegations of sexual assault where the victim came forward in a timely period to collect DNA. The Auditor asked that he be provided the corresponding medical record for one case in which the victim was sent out to the hospital and asked for clarification on if DNA testing occurred on bedsheets where evidence might have supported the allegation of the offender. Reports reviewed by the Auditor supported an organized interview of individuals involved, other witnesses, and the review of electronic information, including other incident reports and video surveillance. The Auditor reviewed the investigation files in the administrative area where hard copies of the documents are kept. This area is separate from the facility's general staff access and includes a locked file room with file cabinets that also lock. Investigation file reports are also uploaded to the NCDPS electronic reporting system that limits access. Medical and Mental Health disclosures are also kept separately in the client's secure electronic medical record. EMR's further limit information from staff disclosure and medical staff are aware of the need for confidentiality in these matters to only those with a need to know. The Investigative files support that witnesses are sought and interviews of victims and, when identified, aggressors have occurred.

Indicator (d) Compelled interviews would not be part of the administrative investigations or the preliminary steps BCI investigators would take. The agency policy ensures that the facility investigator keep in communication to ensure the criminal investigation is not compromised. Policy says, "When the quality of evidence appears to support criminal prosecution, the Department of Public Safety sexual abuse and 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." There were no compelled interviews completed as part of any investigations reviewed.

Indicator (e) The investigator confirmed that there is no requirement for a victim to undergo any polygraph or other truth-telling process to proceed with an investigation. The BCI Investigator confirmed in the discussions with the Auditor what policy requires F .3400). "An offender that alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation." The BCI investigator also confirmed that an individual's status as a staff person or inmate does not weigh greater in the credibility determinations. Reports concur that investigators look at other sources of information in the case review. NC State law 15A-831.1 also prohibits the required use of polygraphs in sexual abuse cases. "A criminal or juvenile justice agency shall not require a person claiming to be a victim of sexual assault or claiming to be a witness regarding the sexual assault of another person to submit to a polygraph or similar examination as a precondition to the agency conducting an investigation into the matter." Offenders spoken with who had made PREA Allegations denied being required to undergo any truth-telling devices. The Investigator also confirmed that he does not assume a staff person is automatically more credible. He reports he uses a preponderance of evidence as the deciding factor after the review of the consistency of statements verses other evidence (video, witness statements, etc.) and any historical information pertinent to the case.

Indicator (f). Administrative investigations into sexual harassment claims or other staff actions in sexual misconduct investigations can result in discipline outside of termination. All administrative investigations that are completed are required to have a related investigation file which includes written or oral statements, video or other physical evidence, and the reasoning behind the conclusions reached. The Auditor also confirmed with the investigator that they will assess the alleged situation to determine if staff actions or inactions might have contributed to the incident occurring. All random staff interviewed confirmed their responsibility to report immediately and document on a fellow staff member's action or inaction that contributed to an assault.

Indicator (g). All administrative investigations completed by the BCI investigators result in a written report as required in the agency's related policies. The investigative files reviewed by the Auditor included documentation of interviews, physical evidence, and videos or other documents reviewed as part of the investigatory process. All investigations are reviewed with the Warden, the Regional Director and the NCDPS PREA Office. The Auditor confirmed with the investigator and the PREA Compliance Manager that they would keep open the lines of communication with the local police in criminal investigations. The facility would request a copy of the final police report upon the completion of the investigation.

Indicator (h) Agency policy requires all criminal acts to be referred for criminal prosecution. Policy F .3400 (page 26) states, "Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution ". This expectation was confirmed in the interviews with the investigative staff. The facility routinely provides information to the Windsor police to

determine if they would accept the case as criminal. The referral is documented in the final report the investigator completes with notice if the case was accepted.

Indicator (i) The NCDPS record retention requires all investigations are documented in a written report and maintained for as long as the alleged abuser is incarcerated or employed by the agency, and then five years thereafter. This was confirmed through the investigator's interview.

Indicator (j) Agency policy and the Investigators interviewed confirmed individuals' departure from the institution would not result in the case being closed. The investigation policy states, "The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation." The Auditor confirmed this expectation with the Investigator, who stated they will complete the investigation no matter if the accuses is staff or an offender and if the individual resigned, got fired or was transfer or released from custody. The multi-level review process by facility and administration allows for clarifying of information and can improve the overall thoroughness of the investigation.

Indicator (k) Auditor is not required to audit this provision.

Indicator (l) The Bertie Correctional Institution has developed a relationship with the Windsor Police Department to complete criminal investigations of sexual abuse at BCI. If the Windsor Police Department was unavailable for any reason, the county Sheriff's Office would be called. NCDPS administration has previously sent notice to all law enforcement agencies on PREA and their requirements under the law to complete criminal investigations. The Auditor confirmed with the local police about their responsibility on investigating sexual abuse allegations at BCI. None of the cases in the past year has resulted in a criminal investigation. Review of investigation files support there is communication between agencies.

#### Compliance Determination.

The NCDPS requires all incidents are investigated promptly upon notification to staff. The agency's PREA policy requires prompt investigations of sexual abuse and sexual harassment in NCDPS facilities. In determining compliance, the Auditor took into consideration many factors. The BCI has sufficient and appropriately trained individuals who can complete sexual assault preliminary investigations and administrative Investigations. NCDPS investigates all potential sexual-related incidents as possible PREA events even if the offenders report the actions were consensual. In doing so they ensure all incidents are investigated, and evidence collected, which provides an opportunity for a reluctant victim to come forward later. The agency has a plan to continue improving the quality of the reporting process. The agency has a relationship with the local police to provide criminal investigative services when needed. The Auditor review 29 investigative files including cases that were eventually determined to not be PREA. The facility did investigate allegation that were files anonymously, through the grievance system, from health care professionals and through the hotline.

In the Auditor's interview, the investigative staff person was able to identify the steps taken to gather evidence, how the credibility of the various persons involved is determined on an individual basis, and that a polygraph exam would not be required for the initiation of an investigation. Consistent with policy, it was stated investigative reports will be completed on all administrative investigations. The Auditor reviewed the completed reports for content and reasoning for the findings. In determining compliance, the Auditor considered the stated information found in policy and actual investigative files as well as interviews with the investigative staff supportive of compliance. The Auditor also took into consideration the relationship with the local law enforcement authorities and the tracking process in place for all allegations of sexual misconduct.

115.72	<b>Evidentiary standard for administrative investigations</b>
	<p data-bbox="240 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="240 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 329 549 358">Bertie Pre-Audit Questionnaire</p> <p data-bbox="240 387 868 416">Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p data-bbox="240 499 679 528">Individuals interviewed/ observations made.</p> <p data-bbox="240 557 504 586">Interview with Investigator</p> <p data-bbox="240 672 489 701">Summary determination.</p> <p data-bbox="240 730 1490 1025">Indicator (a) Bertie and NCDPS policy F.3400 Offender Sexual Abuse and Sexual Harassment states, "PREPONDERANCE OF EVIDENCE: Is the evidentiary standard for administrative investigations. (1) The standard of proof used in most civil cases requires the party bearing the burden of proof to present evidence that is more credible and convincing than the evidence presented by the other party; (2) This standard is satisfied if the evidence shows that it is more probable than not that an event occurred; (3) Preponderance of the evidence is a lesser standard of proof than "beyond a reasonable doubt," which is required to convict in a criminal trial; (4) The agency shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated, §115.72 of the national standards." One of the trained facility investigators confirmed this standard, and the Auditor reviewed the investigation files reports for consistency of application.</p> <p data-bbox="240 1111 512 1140">Compliance Determination</p> <p data-bbox="240 1169 1495 1330">The Department of Corrections has four staff trained in the investigation of Sexual Assaults at BCI, as noted in 115.34. The Investigator reviewed PREA case files with the Auditor and described the process for working with the local police in a criminal case and the process for an administrative investigation. Have role limiting their availability. The facility will reportedly increase the number of trained investigators in the next year as some individuals previously trained have left the facility and others. Compliance was based on the policy and the interview with the trained investigative staff.</p>

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policies and written/electronic documentation reviewed.

Bertie Pre-Audit Questionnaire

Policy F.3400 Offender Sexual Abuse and Sexual Harassment

Bertie Policy 1.12 Offender Sexual Abuse

OPA-130A PREA Support Services Status Notification Form

OPA-130 PREA Support Services Status

Investigation files

Individuals interviewed/ observations.

Interview with the Criminal Investigator

Interview with the PREA Compliance Manager

Interview with offenders

Summary determination.

Indicator (a) North Carolina Department of Public Safety provides notification to all offenders on the outcome of their investigations into sexual misconduct. The agency policy OP 030.4 Special Investigations Unit page 11 requires, "Following an investigation into an offender's allegation that he or she suffered sexual abuse in a facility, the PSP shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Notification shall be documented on Form OPA-130 PREA Support Person Services." An interview with the PREA Compliance Manager supports that the offender is informed of one of these three conclusions in all sexual abuse or sexual harassment cases.

Indicator (b) This indicator does apply as NCDPS completes administrative investigations at all its correctional facilities but relies on local law enforcement for criminal investigations. The Auditor reviewed documentation and spoke with the Windsor Police representative on how cases referred for criminal investigation would be handled.

Indicator (c) As noted in indicator (a), the agency policy requires notification of the outcome of the investigation. The policy F.3400 Offender Sexual Abuse and Sexual Harassment use language consistent with this standard indicator to define the information that must be notified to the offender victim. The policy states. "Following an offender's allegation that a staff member has committed sexual abuse against the offender, the PSP shall subsequently inform the offender (unless the allegation is unfounded) whenever:

(I) The staff member is no longer posted within the offender's unit;

(II) The staff member is no longer employed at the facility;

(III) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

(IV) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Notification shall be documented on Form OPA-130A PREA Support Person Services."

The Auditor reviewed the forms in place that documents notification to victims of staff sexual abuse. Random sexual abuse investigations were chosen to prove compliance.

Indicator (d) The policy language covers the required notification for offender-on-offender sexual abuse cases, "Following an offender's allegation that he or she has been sexually abused by another offender, the agency shall subsequently inform the alleged victim whenever:

- (I) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- (II) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
- (III) All such notifications or attempted notifications shall be documented.
- (IV) Obligation to report shall terminate if the offender is released from NC Department of Public Safety custody

The same notification form for staff abuse has a section to document notification of offender abuse victims.

Indicator e). The Bertie Correctional Institution provides each offender with a written document on the outcome of their investigation (OPA-130 PREA Support Services Status). The letter explains what the words substantiated, unsubstantiated and unfounded mean. Each offender is asked to sign for the letter so there is documentation of the offender being made aware of the findings. The Auditor requested a random list of files from the agency tracking form to ensure consistency of practice. The Auditor reviewed files which support an improvement in consistency of documentation in the past 6 months. The PCM has met with the PREA Support Persons to further define expectations on documentation.

Compliance Determination:

The Auditor was able to review the documents provided to confirm the ability to provide the proper notification. In the investigation files reviewed on-site, the Auditor did find notification provided to inmates by the facility's PREA Support Persons. The Auditor confirmed with the local police how Sexual Abuse investigations would occur and how communication would be ensured to support standard requirements. The WPD representative confirmed they would pursue the case even after the victim or perpetrator had left the facility. The Auditor finds the facility in compliance with the standard based on policy, the documentation, and interviews with the facility and local police investigators and the PREA Compliance Manager.



115.76	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Bertie Pre-Audit Questionnaire</p> <p>NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p>NCDPS Policy J .0100 Conduct of Employees</p> <p>New Employee Manual</p> <p>Sexual Abuse and Sexual Harassment 101 (training)</p> <p>Sexual Abuse and Sexual Harassment 201 (training)</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Human Resources</p> <p>Interview with Warden</p> <p>Interview with PREA Compliance Manager</p> <p>Summary determination.</p> <p>Indicator a). The North Carolina Department of Corrections has policies that govern staff conduct and sanctions for violations. The agency provides staff several times with notice of disciplinary sanctions for those who engage in sexual misconduct. PREA Policy F .3400 and policy J .0100 Conduct of Employees both address the language of this indicator. All NCDPS employees sign PREA acknowledgment forms as described in 115.17 that individuals can be terminated for engaging in sexual misconduct. The Employee handbook informs violators that they will be subjected to discipline and criminal prosecution for a felony charge under NC laws. Policy F. 3400 Sexual abuse and Sexual Harassment states, "Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse." The agency new employee manual goes further to also state that staff who fail to report such behavior will also be terminated. It states, "if an employee engages in sexual relations with an offender or juvenile of the Department of Public Safety, the employee is subject to the department's disciplinary process as well as criminal prosecution. Failure to report knowledge of such behavior will subject an employee to disciplinary actions up to and including dismissal."</p> <p>Indicator b). Bertie Correctional Institution had no substantiated cases of staff sexual abuse in the past year. As noted in indicator (a), agency policy presumes termination for staff who engage in sexual misconduct with the offender. The Warden confirmed the expectation in his interview and the random staff interview clearly understood the expected discipline would be termination and criminal prosecution. Staff interviewed understood, from their PREA and Undo familiarity trainings, that there is no consensual contact between a staff person and an offender.</p> <p>Indicator c). The NCDPS Policy F .3400 states, "Disciplinary sanctions for violations of agency policies relating to sexual abuse 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." The Warden reports there have been no incidents of staff who have been disciplined for sexual harassment of offenders.</p> <p>Indicator d). All terminations for violations of NCDPS 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. As described in 115.71 the BCI has access to criminal investigators through the local law enforcement agencies with full powers of arrest and</p>

can pursue cases involving individuals who have left to other jurisdictions. The facility administration confirmed that staff or contractors who have licenses will have the misconduct reported to the governing body responsible for their licenses.

Compliance Determination:

The North Carolina Department of Public Safety has in place the appropriate resources to fully investigate staff sexual misconduct and apply discipline when deemed warranted. The agency has in place the ability to terminate staff for first offenses of sexual abuse of offenders. Policies in place and interviews with the Human Resource staff, Investigators, and the Warden were used to determine compliance. The Auditor also considered the information provided to staff in training and the interviews supporting the retention of the information.

115.77	<b>Corrective action for contractors and volunteers</b>
	<p data-bbox="242 145 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 327 550 356">Bertie Pre-Audit Questionnaire</p> <p data-bbox="242 383 952 412">NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p data-bbox="242 439 796 468">NCDPS Policy E .3400 Community Volunteer Program</p> <p data-bbox="242 495 710 524">Contractor and Volunteer Orientation Materials</p> <p data-bbox="242 611 617 640">Individuals interviewed/ observations.</p> <p data-bbox="242 667 504 696">Interview with Investigator</p> <p data-bbox="242 723 477 752">Interviews with Warden</p> <p data-bbox="242 840 489 869">Summary determination.</p> <p data-bbox="242 898 1495 1095">Indicator a). The North Carolina Department of Public Safety has systems in place to train contractors and volunteers on the consequences of engaging in sexual abuse or sexual harassment of an offender. Agency policy F .3400 states, “Any contractor or volunteer who engages in sexual abuse shall be immediately prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.” There have been no cases of staff, contractor or volunteer sexual abuse in the past 12 months. Due in part to COVID 19 the facility has not had an approved contractor or volunteers in the past year.</p> <p data-bbox="242 1180 1481 1310">Indicator b). As noted in indicator a), non-criminal violations of the agency’s standard of conduct would have to be reviewed by facility management before allowing the individual to regain access to the facility. Policy on volunteer and interns E .3400 (page 11) stated, “Allegations of Community Volunteer misconduct or policy violations shall be immediately investigated and the investigation shall proceed as follows:</p> <p data-bbox="242 1339 1386 1400">a) The Community Volunteer shall be suspended from participation pending the outcome of the investigation of the allegations.</p> <p data-bbox="242 1429 1485 1458">b) Investigations shall include an interview of the volunteer and the volunteer shall be permitted to submit a written response.</p> <p data-bbox="242 1487 1444 1547">c) The results of the investigation shall be reviewed by the Facility Head and/or Region Director and the Facility Head or designee shall make a determination of the volunteer’s status.”</p> <p data-bbox="242 1576 1449 1637">There have been no allegations against any contractor or volunteer in the past 12 months that would require retraining or administrative review before they were allowed to continue.</p> <p data-bbox="242 1724 517 1753">Compliance Determination:</p> <p data-bbox="242 1783 1495 2013">The Auditor finds the standard has been met. The North Carolina Department of Public Safety has sufficient policies to ensure if a volunteer or contractor engages in sexual misconduct, the case will be investigated. The offender will be protected by halting the alleged perpetrator’s access to the facility. The Warden confirmed his ability to halt access in these situations and confirmed notifications would be made to the appropriate licensing bodies where it applied. The facility staff is aware of the importance of removing alleged abusers from access to the victim. Absent a recent case, or actual contractors or volunteers, the Auditor took into consideration the training materials provided to contractors and volunteers by DPS to ensure awareness of the consequence of engaging in sexual harassment or sexual abuse of offenders.</p>

115.78

**Disciplinary sanctions for inmates**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policies and written/electronic documentation reviewed.

Bertie Pre-Audit Questionnaire

NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment

NCDPS Policy B.0300 Offender Conduct Rules

NCDPS Policy B.0200 Offender Disciplinary Procedures

SOAR Program Fact Sheet

Offender Booklet

Individuals interviewed/ observations made.

Interview with the Warden

Interview with the PREA Compliance Manager

Summary determination.

Indicator a). Policy F.3400 Offender Sexual Abuse and Sexual Harassment states, "Offenders shall be subject to disciplinary sanctions pursuant to formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse." A review of the Offender booklet confirms that offenders who engage in sexual abuse will have violated a Class A behavioral violation, the most serious condition. Several listed Class A violations are sexual in nature.

Indicator b). Sanctions for an offender in the institution are required to be similar to other offenders with similar histories. Policy F .3400 states, "Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories." The Agency Discipline code states that a class A incident can have discipline, up to 30 days of disciplinary segregation, and up to 60 lost days of earn good time and 90 days of lost priveledges.

Indicator c). In policy F .3400 it defines steps required to be taken if the offender who is the potential subject of discipline has a mental disability or illness. "The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction if any, should be imposed. "The PREA Compliance Manager and Warden report mental health is a consideration in the discipline process.

Indicator d). Clients at BCI can receive individualized counseling toward the underlying causes of their sexual misconduct. The facility does not have a specific program for sexual offenders, those services reportedly are available in a separate facility. NCDPS website describes a program for sexual offenders called the SOAR program (Sexual Offender Accountability and Responsibility) at Harnett Correctional Institution.

Indicator e) Agency policy does not allow for the discipline of offenders who engage in sexual contact with a staff member unless it is proven the staff did not consent.

Indicator f). Policy F .3400 defines when an offender can and cannot be disciplined for filing a PREA complaint in bad faith. The policy states, "Offenders will be held accountable for knowingly making false reports of unfounded incidents of sexual

abuse against staff or another offender. If it is clearly established that a false accusation has been made, the offender may be subject to disciplinary action. Though there were cases that were unfounded, the facility did not pursue discipline in any of those instances.

Indicator g) Bertie Correctional Institution does not allow consensual sexual contact between offenders. Offenders spoken with understood that such behavior may result in disciplinary actions. A review of the Offender booklet shows that sexual contact between offenders for sexual gratification is a Class B behavioral violation.

Compliance Determination:

The North Carolina Department of Public Safety and the Bertie Correctional Institution have in place systems for holding individuals accountable for sexual misconduct. The policies require the disciplinary committee to consider factors on the offender's mental health and cognitive capacities. The facility has had no sexual misconduct incidents in the last year that resulted in a formal discipline for the Auditor to review. The agency staff interview and policy language support the use of discipline around false reporting of PREA incidents is done in a cautious manner to not impact the overall population's willingness to report incidents. Compliance determination was based on interviews, policies, and supporting documents reviewed.

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policies and written/electronic documentation reviewed.

Bertie Pre-Audit Questionnaire

NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment

NCDPS Policy A-12 Intra-system Behavioral Health Services Screening, Appraisal, Referral and Assessment

NCDPS Policy A-1 Receiving Screening

NCDPS Policy AD-IV-3 Confidentiality

PREA Risk Guide

Classification Records

Medical and Mental Health Records

Individuals interviewed/ observations.

Interviews with Medical Professionals

Interview with Mental Health Professional

Interviews with Random Offenders

Interview with the PREA Compliance Manager

**Indicator Summary Determination**

Indicator (a) Offenders who are identified through the screening process or who admit a history of sexual trauma can be referred to either Mental Health Services at BCI or the local rape crisis agency. The Auditor confirmed this practice through the review of documented cases in offender files and interviews with offenders and Mental health and Intake staff. NCDPS policy F.3400 sets forth the requirement to refer all individuals who are admitted with past histories of sexual assault or Sexual victimization to mental health who will follow up within 14 days. Policy states, "If the screening for risk of victimization and abusiveness indicates that a prison offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening." There has been no admission in the past year where a individual disclosed any prior history of abuse. Mental health staff can see the individual's prior treatment record in HERO and determine if the issue was disclosed previously and the course of treatment. The Auditor confirmed with the Mental health Staff that if a person with victimization history does not want to pursue treatment they remind them of the RCC services and how to request to see MH in the future.

Indicator (b) As shown in indicator (a), offenders who engage in sexual assault or have a history of sexual offenses are automatically referred to Mental Health for an assessment. BCI has mental health professionals who can provide individual services to individuals with sexual offense histories. The NCDPS tool, as discussed in standard 115.41, identifies individuals with a high risk for perpetrating behaviors. The Department has a dedicated treatment program for individuals with sexual offense histories in other level custody facilities offenders' transitions after placement at BCI. There have been no cases of sexual abuse by an offender substantiated in the past year.

Indicator (c) BCI is not a Jail.

Indicator (d) The Auditor confirmed through interviews with intake staff, case management staff, medical staff, mental health staff, and the PREA Coordinator that sensitive information is protected. Custody staff does not have access to information in the medical or mental health records which are separated from OPUS. Information obtained and documented in OPUS related to an individual PREA screening is also limited in access to those individuals who need to know. The Mental Health and Medical staff provided information on efforts to ensure the confidentiality of information that could be used against an offender. Like OPUS Medical and Mental Health records are siloed further in the HERO electronic health care records system. Offenders interviewed supported that information given to counseling staff is kept confidential. Policy F .3400 states, "Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law."

Indicator (e) Policy F .3400 states, "Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18." All offenders sign for and have an understanding of the limits of confidentiality as it relates to criminal behaviors. Offenders interviewed confirmed they verbally understood the reasons why a medical or mental health staff must disclose actual sexual abuse or imminent risk situations. NCDPS Policy addresses the limits of confidentiality, it states, "Confidential information shall be disclosed without the offender's written authorization to the extent that the clinician reasonably determines that such disclosure is necessary to protect against clear and substantial risk of imminent serious injury, disease, or death being inflicted by the offender on himself/herself, or others, or a threat to the security of the unit. Material contained in the offender files may be released to approve federal and state law enforcement agencies when their representatives present proper credentials. Such agencies must agree to maintain the confidential nature of the material or information."

Conclusion: All offenders are screened when they arrive at the Bertie Correctional Institution by intake and medical staff. If there is a concern noted on sexual abuse or sexual offenses, they will be referred to Mental Health. All offenders are screened by Mental Health within 14 days of admission. Offenders with sexual assault histories and sexual victimization histories are offered treatment. In addition to the NCDPS PREA screening, the medical staff have several intake questions that are PREA related and are looking for signs of abuse. The secondary questioning allows offenders who did not disclose concerns at admission a second opportunity to disclose in a medical environment. Offender medical and mental health records are not accessible to the custody staff. Opus, the NCDPS electronic case management system, has access controls and similarly, HERO the Electronic Medical Records (EMR) limits access to the most vulnerable information protecting the offender from having information exploited. Compliance was based on policy, the documentation provided showing referrals for treatment follow-up, within 14 days, the security of records, interviews, and information provided on tours by the Medical and Mental Health staff.

**115.82 Access to emergency medical and mental health services**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policies and written/electronic documentation reviewed.

Bertie Pre-Audit Questionnaire

NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment

NC Websites on Victim Assistance and Sexual Assault Services

ECU Health Website

Individuals interviewed/ observations made.

Interviews with Medical professionals

Interview with Sexual Assault Nurse Examiner

Interviews with staff on First Responder duties

**Indicator Summary Determination**

Indicator (a) The Bertie Correctional Institution has a full-service medical clinic that operates around the clock. Registered Nurses are always available and there is after-hours availability of on-call medical and mental health practitioners. The services are diverse and consistent with community health clinics. Offenders report access to these services if they are in crisis. Medical staff report having medical autonomy if the offender must go out of the building for emergency services to facilitate that trip. Policy F .3400 "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 that the offender receives medical follow-up and is offered a referral for mental health services." In the event of a sexual assault, offenders at BCI would go to ECU Health Bertie Hospital which can provide critical care and has staff trained in completion of NC rape kit collection protocols. The facility would have to take a medically stable victim and hour away to obtain SANE-trained nurses and availability of support from both in-house trained advocates or local rape crisis agencies.

Indicator (b) Medical services are available 24 hours per day at BCI or if appropriate at the ECU Health Bertie Hospital. Random staff knew as part of their first responder duties, that immediate notification to medical was required. This is also stated in the facility's Sexual Assault Response plan. NCDPS policy F.3400 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 that the offender receives medical follow-up and is offered a referral for mental health services." An interview with the medical staff confirms that if a practitioner is not on site they will be contacted by the medical team.

Indicator (c) Discussions with both Hospital staff and facility medical staff confirmed that sexual assault victims would be offered prophylaxis medications, HIV and STD testing. The Auditor confirmed the same medications would be offered to the offender again upon return from a forensic exam even if they initially denied it. Medical staff confirmed they would educate the offender on the importance of such medications for continued health.

Indicator (d) The Auditor confirmed that medical services related to sexual assault victims are provided without cost. Payment for the medical forensic examination is done through the Rape Victim Assistance Program (RVAP), a state of NC funded entity through the NC Dept of Public Safety. "Payment is made directly to the medical facility or medical professional. An itemized copy of the bill must specify the categories of expenses under which the services fall and be submitted with the RVAP Form-2019." The clinic at BCI would function as the aftercare by providing follow up care medically and ensuring



mental health services are offered.

Compliance Determination:

North Carolina Department of Public Safety can quickly respond to and provide emergency care and referral to a local hospital for forensic services. NCDPS facility's response plan for PREA incidents outlines the steps taken to ensure access to care. The BCI has on-site medical nursing staff 24 hours per day. The facility also has on-call providers that can help to facilitate the referral to an outside medical provider. Health Service will follow the requirements as outlined in several policies. The confirmed SAFE or SANE capabilities are available at Nash General Hospital. As part of the audit process, the Auditor spoke to a hospital representative to confirm the access to SANEs and the services provided to victims of sexual assault.

There is no financial cost to any offenders in NCDPS this was confirmed not only with hospital staff but with an offender who was taken out for a forensic exam. The hospital staff confirmed they follow the national Protocol for Sexual Assault Forensic Examinations and support they offer victims HIV testing, prophylaxis treatments for STD, and in the case of female victims, emergency contraception. Compliance determination took into consideration the access to services, Health Services, and NCDPS policies, and information from the interviews completed. Absent a victim there was no file information to review.

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policies and written/electronic documentation reviewed.

Bertie Pre-Audit Questionnaire

NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment

Individuals interviewed/ observations made.

Interviews with Medical Professionals

Interviews with Mental Health Professional

**Indicator Summary Determination**

Indicator (a) The North Carolina Department of Public Safety ensures that all offenders are provided with the appropriate level of medical and mental health services for any issues of sexual abuse. Health Services staff will provide the appropriate level of care depending on how long ago the abuse occurred. If the incident has occurred recently the offender will be offered a forensic exam at the ECU Health Bertie Hospital or Nash General. If the incident is a prior life event that occurred in another institution or in the community the medical and mental health teams will complete a health assessment and mental health referral for services. If the offender is more comfortable discussing the abuse with a rape crisis agency staff person a mental health referral can be made to Real Crisis to provide appropriate level of supportive counseling.

Indicator (b) Offenders who are victims of sexual assault in a North Carolina correctional institution are immediately referred to mental health services as well as medical services. Even if the assault occurred in the community or at a county jail; the offender, once identified, is referred to mental health staff for follow-up services. If the offender prefers, they can be referred to Real Crisis for support services post an incident of sexual misconduct. The Medical and Mental Health staff spoken to confirmed, as did the Real Crisis representative, that they would make referrals to ensure continuity of care if the offender were released home or transferred to another facility.

Indicator (c) As noted in indicator (a) the medical clinic at the Bertie Correctional Institution is equivalent to an urban community medical clinic. The facility offers a full array of medical and mental health services including dental and vision. There were no cases of sexual abuse at BCI but random interview support compliance with the indicator.

Indicator (d) The Indicator does not apply as Bertie Correctional Institution is an all-male institution.

Indicator (e) The Indicator does not apply as Bertie Correctional Institution is an all-male institution.

Indicator (f) The Auditor confirmed with both, the medical staff at BCI and the representatives of the ECU Health Bertie Hospital used by BCI, that victims of sexual assault are offered testing for sexually transmitted diseases. This testing is provided free of charge consistent with agency policy. The Auditor was provided information that no offenders required any follow up services for possible sexually transmitted diseases.

Indicator (g) Treatment services are provided to victims of sexual abuse without cost to the offender including if the offender must go out for a forensic exam. As noted in 115.82 the state's Rape Crisis Assistance Program covers the medical costs associated with sexual abuse investigation.

Indicator (h) All individuals involved in a sexual assault, both the victim and perpetrator, are referred for mental health assessments. If the individual chooses not to speak to staff they can also be referred to the local rape crisis agency, Real Crisis. Real Crisis can coordinate phone support for victims and work with the facility and the nearest rape crisis organization to be able to provide on-site support in a non-pandemic period. COVID-19 has limited some outside services from being able to come to the facility.

Compliance Determination:

The NCDPS ensures offenders have ongoing access to services. The agency has policies that address the healthcare needs of offenders including services available to victims of sexual abuse. Health services staff confirm they would provide follow up medical and mental health services for victims of sexual assault or perpetrators of sexual offenses. BCI would ensure that all medical needs and follow up treatment was provided after an initial referral to Hospital. Medical staff confirmed that they could educate offenders about the importance of testing and prophylactic treatment if they initially refused these treatments at the hospital. Compliance, absent a case of sexual abuse, is based on policy consistent with the standard, the resources available on-site and at the identified hospital, the interviews with medical and mental health staff as well as interviews with representatives of Real Crisis.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policies and written/electronic documentation reviewed.

Bertie Pre-Audit Questionnaire

NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment

Investigation Files

Individuals interviewed/ observations.

Interviews with Incident Review Member

Interview with PREA Compliance Manger

Interviews with DOC Director (agency Audit)

Interview with facility Warden

Indicator Summary Determination

Indicator (a) Policy F.3400 Offender Sexual Abuse and Sexual Harassment (pages 30) sets forth the requirement of an incident review (called Post Incident Review) on all cases of sexual misconduct unless the investigation has determined the allegation was unfounded. The policy states "A PIR shall be completed for all substantiated and unsubstantiated allegations of sexual abuse and documented on Form OPA-110 Post Incident Review. The Bertie reported 0 cases in the 12 previous months for sexual abuse. The agency policy requires that sexual abuse and sexual harassment claims to go through the multi-disciplinary review process. Various members of the facility management team knew there was a requirement for a multi-disciplinary post incident review.

Indicator (b) The policy F .3400 states the review should occur within 30 days of the investigation conclusion. The Warden and the PREA Compliance Manager were aware of the timeliness of PREA incident reviews. The one case of sexual abuse in the last year is still open in both the criminal and administrative investigative process. All reviews are completed with an agency developed form and are forwarded to both the Regional DOC Director and to the DPS PREA Office.

Indicator (c) DOC policy language addresses the multi-discipline nature of the team. It states "The PIR is completed with input from upper-level management officials, investigators, and medical or mental health practitioners." Absent an actual incident to review the Auditor relied on the policy and the management staff knowledge of a review requirement.

Indicator (d) The elements described in this indicator are all covered in policy F.3400 (page 23-24) which states "The review team shall consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status; or gang affiliation; or motivated or otherwise caused by other group dynamics in the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during the different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and prepare a report of its findings pursuant to standards, and any recommendations for improvement. Submit such reports to the facility head and PREA compliance manager." Form OP A-110 reportedly has the documented elements.

Indicator (e) Interviews with the Warden, The PREA Coordinator, and the PREA Compliance Manager support that there are systems in place to ensure the information obtained in the review can be used to make changes in the facility. The Warden shared, absent a PREA incident, the facility takes into consideration all critical incidents to ensure the facility's safety. Both the Warden and the PREA Compliance Manager supported they have the ability to request additional resources or make adjustments to provide the safest environment possible. An example of this process was the splitting up of Dorm 1 to two separate Units doubling the staff needed for the building. The need to effectively quarantine new admission was identified by the management team and a response plan enacted..

Compliance Determination

The North Carolina DPS policy requires the completion of the steps outlined in this standard. The policy outlines the steps to provide for a critical incident review on all PREA sexual assault cases. The policy requires what information needs to be part of the incident review with language directly from the standard. The Auditor considered that the Warden, PREA Coordinator and Mental Health Supervisor new the review team should included a multi-disciplinary team of management, custody, and medical and mental health services staff. Compliance is based on case file reviews, policy language, staff understanding of the requirements, and examples from the Warden of the routine review of other critical events.

115.87	<b>Data collection</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 327 550 356">Bertie Pre-Audit Questionnaire</p> <p data-bbox="242 383 952 412">NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p data-bbox="242 439 558 468">PREA Incident Tracking Report</p> <p data-bbox="242 495 424 524">OPUS and HERO</p> <p data-bbox="242 551 574 580">NCDPS Annual reports (website)</p> <p data-bbox="242 669 617 698">Individuals interviewed/ observations.</p> <p data-bbox="242 725 657 754">Interview with PREA Compliance Manger</p> <p data-bbox="242 781 683 810">Interviews with Agency Head representative</p> <p data-bbox="242 837 536 866">Interview with facility Warden</p> <p data-bbox="242 956 580 985">Indicator Summary Determination</p> <p data-bbox="242 1012 1485 1176">Indicator (a) The NCDPS PREA Office produces an annual report that compiles information from all of the agency's facilities and contracted beds. The Auditor was able to review the previous years report. The 2020 report is in the process of being approved by the Secretary of the North Carolina Department of Public Safety. The agency uses definitions in its PREA policy consistent with the federal law. Policy F.3400 states, "Accurate, uniform data for every allegation of sexual abuse shall be documented in OPUS by all facilities.</p> <p data-bbox="242 1202 1112 1232">(A) The agency shall aggregate the incident-based sexual abuse data at least annually.</p> <p data-bbox="242 1258 1481 1323">(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.</p> <p data-bbox="242 1350 1450 1415">(C) The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p data-bbox="242 1442 1485 1507">(D) The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders.</p> <p data-bbox="242 1534 1449 1599">(E) Upon request, the agency shall provide all such data from previous calendar year to the US Department of Justice no later than June 30.</p> <p data-bbox="242 1626 1485 1890">(F) The agency shall review data collected 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, taking corrective action on and ongoing basis, and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. The agency's report shall be 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." The Auditor has reviewed the OPUS and HERO systems, the OPUS report screens (related to PREA) and the PREA Incident Tracking report all which support data is used for agency and facility improvement.</p> <p data-bbox="242 1917 1477 2047">Indicator (b) As noted in indicator (a) the NCDPS produces an annual report that includes data from all its facilities. The Auditor was able to review past years reports on the NCDPS website. The 2021 report is in the approval process at the time of this report. The agency's PREA Office tracks information statewide to look for trends and to identify policy or training concerns.</p> <p data-bbox="242 2074 1474 2139">Indicator (c) The NCDPS ha a full electronic case management system (OPUS) from which to obtain vast information about offenders. The agency also has an electronic medical record (HERO) that records medical and mental health supports to</p>

victims of sexual misconduct. The agency policy also requires that all incident reports, investigations, and post incident reviews be forward to the agency PREA Office where it will be assessed in the development of the report. The information will also be used by the PREA Office which is part of the agency's standards and compliance division to further make recommendations on policy and training needs. The Auditor also consider information in the PIR, the PREA Investigation Tracking reports as sources of information to be able to complete the Survey of Sexual Violence if requested.

Indicator (d) As noted in indicators (a) and (c) all data is forwarded to the PREA Office who will maintain summary reports.

Indicator (e) The NCDPS obtains information of all PREA incidents which are required to be forwarded to the agency's PREA Office. The contracted facility must also report all allegations to this office which then could be used in the annual report documentation. As noted in 115.12 the NCDPS has a staff person who regularly visits the facility and would be made aware of any such allegations or subsequent investigation findings.

Indicator (f) The Department of Justice has not requested a Survey of Sexual Violence for Bertie Correctional Institution in the past year.

#### Compliance Determination

The facility and the agency have sufficient resources from which to obtain the needed data to study patterns of sexual abuse and sexual harassment claims. The Warden and Associate Warden of Bertie CI clearly supported the use of data as a necessary management tool in protecting offenders. The agency administration interviewed also support data assessment is an important aspect of maintaining compliance with the expectations with the Prison Rape Elimination Act. Compliance is based on policy, interviews, documentation posted to the website and reports and computer systems shown during the site visit.

115.88	<b>Data review for corrective action</b>
	<p data-bbox="240 143 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 208 453 239"><b>Auditor Discussion</b></p> <p data-bbox="240 271 799 302">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 327 552 358">Bertie Pre-Audit Questionnaire</p> <p data-bbox="240 383 954 414">NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p data-bbox="240 439 576 470">NCDPS Website (Annual Report)</p> <p data-bbox="240 555 619 586">Individuals interviewed/ observations.</p> <p data-bbox="240 611 657 642">Interview with PREA Compliance Manger</p> <p data-bbox="240 667 536 698">Interview with facility Warden</p> <p data-bbox="240 723 683 754">Interviews with Agency Head representative</p> <p data-bbox="240 840 580 871">Indicator Summary Determination</p> <p data-bbox="240 898 1485 1099">Indicator (a) As noted in standard 115.87 the NCDPS PREA Office and the NCDPS Corrections Division are committed to use data to inform practice, identify trends, identify areas that could need additional staffing or electronic monitoring aids to reduce the likeness of incidents. The PREA Office is part of the agency's Standards and Compliance Division which has positioned it to be able to identify trends at both the system and facility level. Interviews with both Agency and facility Leadership described the collaborative efforts when issues are identified. The administration of BCI was able to point out the areas during the tour in which changes were made or request for monitoring technology from investigation reviews.</p> <p data-bbox="240 1124 1469 1191">Indicator (b) As noted in this standard and in 115.87 the NCDPS has the capacity to collect and use data in the preparation of an annual report and the implementation of facility and system based changes to identified problems.</p> <p data-bbox="240 1216 1449 1314">Indicator (c) NCDPS has posted to the website an annual report entitled Sexual Abuse Annual Report. The document according to the agency head representative confirms that the Secretary of North Carolina's Department of Public Safety approves the report prior to the publication of the document on the agency website.</p> <p data-bbox="240 1339 1481 1438">Indicator (d) The agency redacts information from its annual report that would otherwise identify the perpetrator or victims of sexual misconduct allegations. The NCDPS redacts offender information before publishing such information in its annual report which is publicly distributed through the agency's website.</p> <p data-bbox="240 1462 512 1494">Compliance Determination</p> <p data-bbox="240 1518 1490 1617">The Auditor finds the standard is compliant. The interviews and documents provided show a consistent commitment to acting on data. The BCI leadership also described how they use data from all critical incidents not just PREA incidents in determining the best ways to ensure offender safety.</p>



115.89	<b>Data storage, publication, and destruction</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 327 550 356">Bertie Pre-Audit Questionnaire</p> <p data-bbox="242 383 952 412">NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p data-bbox="242 439 478 468">State Archives Website</p> <p data-bbox="242 555 617 584">Individuals interviewed/ observations.</p> <p data-bbox="242 611 657 640">Interview with PREA Compliance Manger</p> <p data-bbox="242 667 683 696">Interviews with Agency Head representative</p> <p data-bbox="242 723 536 752">Interview with facility Warden</p> <p data-bbox="242 840 580 869">Indicator Summary Determination</p> <p data-bbox="242 898 1477 1227">Indicator (a) The facility is responsible for reporting facility data to the PREA Office through the OPUS Incident Reporting System. All facility data gathered by the PCM and investigators is maintained in the Associate Wardens offices. The data reported to the PREA Office is electronically maintained in the agency's PREA Office. Interviews support information for the agency's annual report is compiled from various investigative files, Incident Review Reports and data in the OPUS System. According to the state Website each state agency also has an individuals responsible to ensure record management within state agencies are maintained consistent with state laws. The Auditor also saw where critical hard copy document files were stored in a locked area accessible by a limited number of staff. Medical and Mental Health staff discussed the level of protection the (HERO) system provides. Line custody officers know they can not access PREA Scoring results in OPUS. They are also aware of the need to document reports about PREA incidents in writing to ensure that information is kept to only those with a need to know.</p> <p data-bbox="242 1256 1461 1352">Indicator (b) As noted in indicator (a) the NCDPS produces an annual report that includes data from all its facilities. The Auditor was able to review past years reports on the NCDPS website. The 2021 report is has been approved and is on the agency website.</p> <p data-bbox="242 1382 1473 1509">Indicator (c) Agency PREA policy F.3400 requires "All written investigation reports will be retained as long as the alleged abuser is incarcerated 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." As noted previously all publicly viewed documents reviewed by the Auditor did not contain identifying information.</p> <p data-bbox="242 1538 1425 1568">Indicator (d) As noted in Indicator (c) the minimum retention for documents related to a sexual abuse claim is 10 years.</p> <p data-bbox="242 1597 512 1626">Compliance Determination</p> <p data-bbox="242 1655 1469 1751">The Auditor supports that NCDPS has sufficient resources to safely manage, and store data related to sexual abuse claims at Bertie Correctional Institution. The Auditor based compliance on policy, observations made while on site, interviews, and information from state websites.</p>

115.401	<b>Frequency and scope of audits</b>
	<p data-bbox="242 145 742 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 454 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 327 550 356">Bertie Pre Audit Questionnaire</p> <p data-bbox="242 383 494 412">NCDPS Policy – F .3400</p> <p data-bbox="242 439 470 468">NC DPS DOC Website</p> <p data-bbox="242 557 614 586">Individuals interviewed/ observations.</p> <p data-bbox="242 613 582 642">Interviews with PREA Coordinator</p> <p data-bbox="242 669 678 698">Interviews with PREA Compliance Manager</p> <p data-bbox="242 725 359 754">Tour of BCI</p> <p data-bbox="242 844 582 873">Indicator Summary Determination</p> <p data-bbox="242 900 1476 996">Indicator (a) The Bertie Correctional Institution part of the North Carolina’s Department of Public Safety’s Adult Correctional system. The Agency Website has support in the first two PREA cycles a pattern of completing PREA Audits of all of its facilities. The agency’s PREA Office is working with the contracted facility to complete their initial PREA Audit.</p> <p data-bbox="242 1081 1492 1245">Indicator (b) This is the third year of the audit cycle. During the first year of the current audit cycle. the COVID-19 Pandemic occurred. The pandemic caused, out of an abundance of caution, a temporary stop in the audit of facilities at the direction of the DPS Secretary. The current cycle looks different that the previous cycle as a result of Audits being moved into year two and three as a result. The Auditor reviewed the reports posted to date and it appears from posted reports that the agency has caught up with the required audits in the second and third reporting periods.</p> <p data-bbox="242 1330 1460 1592">Indicator (h) The Auditor did have open access to all parts of the facility there was only one Pod of the facility with active cases of COVID -19 that we did not tour. The Auditor was able to view the unit from the hall which had similar set ups and visible postings and a handful of offenders. The Auditor was able to move freely about the housing units on the tour to be able to speak informally with offenders and staff to ensure they were aware of the Audit, the agency’s efforts to educate offenders, and how to seek assistance if the need arises. The facility is a high security setting that has been under some level of restriction since major incident a few months prior. The facility not had significant admissions in the past 4 months because of security procedures. Inmates were able to help with the testing of critical function in making outside calls, and testing the capacity of the inmate tablet systems.</p> <p data-bbox="242 1677 1492 1908">Indicator (i) The NCDPS provided the Auditor information in the OAS. The Auditor, Facility Leadership, the PREA Coordinator, had a zoom meeting to review material and set up information the Auditor would like to review on site. The Auditor provided an initial review of OAS information prior to coming on site. The Auditor was also able to get copies of other documentation as requested on site. The Agency provided materials in an organized manner and the Auditor and department leadership were work with to describe the additional information to be uploaded to the OAS. During the post Audit Period the Auditor worked with the PREA Compliance Manager and the NCDPS PREA Office on the corrective action steps and identifying of information to be uploaded.</p> <p data-bbox="242 1993 1460 2123">Indicator (m) The Auditor was able to interview offenders throughout the facility in private spaces. The space provided was appropriate to allow the Auditor and the offender to speak freely without others being able to hear our conversations. The Auditor was provided with the appropriate information to identify targeted and random staff and offenders to interview. The Auditor was also provided with access to interpretive services to interview ESL offenders.</p>

Indicator (n) The DX Consulting had receive no confidential mailings from offenders in the past year from offenders, staff, or other interested parties. The Auditor's information was posted, and the facility PREA Compliance Manager was informed the posting should remain up until the final report is issued. s. During the onsite visit the Auditor reviewed with the current population if they were aware of the Audit and had seen the postings on the unit. The PCM uploaded pictures of the notices up in the facility in advance of the site visit. Offenders and staff were aware of the postings and those who were not aware supported they knew where to look but PREA was not a concern for them.

Compliance Determination:

The North Carolina Department of Public Safety has had PREA audits of each of its facilities since 2014. The Auditor was given full access to the prison and was not prohibited from returning to areas of the facility if requested. The Auditor was provided ample space and privacy to conduct confidential interviews with staff and offenders. The facility did post the Audit notice, it was visible on the tour and offenders were aware of the posting and the audit. Compliance is based on the above-mentioned facts which support a culture in which PREA is monitored daily.

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>North Carolina Department of Public Safety Website</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with PREA Coordinator</p> <p>Indicator Summary Determination</p> <p>Indicator: (f) The North Carolina Department of Public Safety website has all the previous PREA Audits posted. This was determined through a review of the state's website. The DPS has published all PREA reports dating back to the agency's first PREA Audits in 2014. Bertie's Previous Audit Reports were available on the state website.</p> <p>Compliance Determination:</p> <p>The North Carolina Department of Public Safety website has all previous facility PREA Audits posted under its Prison Rape Elimination Act page. The Auditor also took into consideration that the Agency PREA Coordinator was also aware of the timing requirement for the posting of the audit report after it is finalized. The Auditor was also able to observe other finalized reports being added to the state's website over the course of the three audit phases.</p>

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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 facilities?	yes
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes

<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	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
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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 inmates (N/A if the facility does not have female inmates)?	na

<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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 inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes



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

<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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 always makes a victim advocate from a rape crisis center available to victims.)	yes
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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

<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	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
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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 criminal investigations. See 115.21(a).)	yes
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates 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, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	no
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	no
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes



<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

<b>115.42 (d)</b>	<b>Use of screening information</b>	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates 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 inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates 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 inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

<b>115.43 (b)</b>	<b>Protective Custody</b>	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
<b>115.43 (c)</b>	<b>Protective Custody</b>	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d)</b>	<b>Protective Custody</b>	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
<b>115.43 (e)</b>	<b>Protective Custody</b>	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.51 (a)</b>	<b>Inmate reporting</b>	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

<b>115.51 (b)</b>	<b>Inmate reporting</b>	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	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 an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	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
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	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 inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes



<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	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 limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	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 inmate 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: Monitor inmate 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 inmate 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 reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes

<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	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
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	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
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate 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 inmates 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.)	na
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates 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.)	na
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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

<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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 §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.87 (a)</b>	<b>Data collection</b>	
	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
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	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
<b>115.87 (d)</b>	<b>Data collection</b>	
	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
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
<b>115.87 (f)</b>	<b>Data collection</b>	
	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



<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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.)	no

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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